The supernumerary digits were symmetrically placed on the ulnar borders of the hands; each possessed a metacarpal bone but only two phalanges. The extra toes were also symmetrically placed on the outer borders of the feet and possessed a metatarsal with two phalanges each.

No history could be elicited of any malformation in the parents or elder relatives of the patient, but a younger brother, aged five years, possesses seven fingers on each hand, six left toes, and the normal number on the right foot. This brother had also a median hare-lip exactly similar to the one now described.

Gaya, Bengal.

CARCINOMATOUS GROWTH OF CÆCUM CAUSING INTUSSUSCEPTION AND INTESTINAL OBSTRUCTION; REMOVAL THROUGH TRANSVERSE COLON; RECOVERY.

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A WOMAN, aged 53 years, was admitted to the West Suffolk General Hospital under my care on July 15th for intermittent attacks of abdominal pain of a colicky nature, sometimes accompanied by vomiting and distension, with gradually increasing constipation and emaciation. A large, firm, painful, moveable mass could be felt in the right hypochondrium. The tongue was coated, the breath was foul, the temperature was 97° F., and the pulse registered 106. The patient was placed upon fluid diet and was given castor oil and saline aperients by the mouth and large rectal injections twice daily. Under this treatment the bowels were unloaded, the attacks of pain became less frequent, and the mass became smaller and softer and moved downwards towards the right iliac region. The tongue cleaned and became moister, and the patient was more comfortable. After a few days, however, symptoms of subacute intestinal obstruction recurred, the mass became larger and firmer, and moved upwards and towards the middle line. The attacks of pain became more frequent and severe, and the patient was unable to retain even liquid nourishment.

Operation.—The patient was anæsthetised by a mixture of chloroform two parts and ether three parts, and the abdomen was opened by a median incision extending from two inches below the ensiform cartilage to the umbilicus. The peritoneum was incised and the transverse colon, greatly distended, was found immediately beneath. This was lifted out of the wound and a large, solid, lobulated mass was felt inside of it. A longitudinal incision six inches in length was now made in the transverse colon and the mass was explored. It was found to be a carcinomatous infiltration of the cæcum, of the size of an orange, which had caused a progressive obstruction of the lumen of the bowel. The latter for the space of an inch or more from the ileo-cæcal valve barely admitted the passage of a person's little finger. The cæcum, carrying with it a portion of the ileum, had become invaginated into the ascending colon, forming an intussusception with its apex at the ileo-cæcal valve, the appendix lying between the entering and returning layers. The growth was gently drawn out through the incision in the transverse colon and was resected. The ileum was divided at the ileo-cæcal valve and the cæcum just above the orifice of the appendix. The cut ends of the ileum and the invaginated cæcum were next united by end-to-end anastomosis with a continuous Lembert's suture of fine catgut, the appendix was amputated, and the anastomosis was gently returned to the interior of the ascending colon, thus reducing the invagination. This was a matter of some difficulty on account of the cedematous state of the bowel. The longitudinal incision in the transverse colon was now closed with Lembert's sutures of fine catgut, the mesentery was drawn well over it, and the abdominal wound was sutured with silk-worm gut, completing an operation which occupied one hour and 25 minutes. The preliminary treatment had completely emptied the bowel, and faecal matter was never encountered. The patient left the table with a pulse of 130 and, though collapsed, rallied with the aid of saline rectal injections within 24 hours.

The after-history of the case was uneventful. The bowels acted in response to a turpentine enema, given to relieve flatulence, on the second day after the operation. On the seventh day solid food was allowed, and the patient left her

bed on the seventeenth day and the hospital at the end of four weeks.

My thanks are due to my colleagues, Dr. C. S. Kilner and Dr. J. S. Hinnell, at the West Suffolk Hospital, for their kind and skilful assistance during the performance of the operation, and to the house surgeon, Mr. A. D. Rope, for his excellent administration of the anæsthetic.

Bury St. Edmunds.

A CASE OF HYSTERICAL DEAFNESS TREATED BY SUGGESTION.

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THE occurrence of true hysterical deafness is not common, and in the following case, although the treatment ultimately failed, the partial success which resulted from hypnotic suggestion makes it worthy of publication.

The patient, a woman, aged 37 years, was first seen at the Royal Ear Hospital, Soho, on May 7th, 1908. She had just returned from India, where she had been for 30 years, and stated that she had been deaf two years, the deafness coming on suddenly after the birth of her seventh child. Before this time she was subject to severe hysterical fits, lasting over an hour, during which she shrieked and kicked and became semi-maniacal. These fits recurred about every six weeks.

On examination both tympanic membranes were normal, the Eustachian tubes were free, and there was nothing noteworthy to be seen in the nose or throat. Functional tests gave the following results: The acoumeter was only heard when in contact with the mastoids. Rinné's reaction was negative on both sides. Bone conduction to C (128), — 15 seconds both. Galton's whistle, both sides *nil*. By air she appeared to hear from 3 C 16 to C¹ on both sides, C² and C³ were doubtful, C⁴ both *nil*. Placed on increasing doses of strychnine, she was again tested on July 3rd, and so unreliable were her reactions that it was probable that the results obtained on May 7th were quite erroneous. She said she could hear forks which were not vibrating, and *vice versa*. Valerian was prescribed, and on Sept. 3rd it was noted that she was beginning to lip-read unconsciously. On Sept. 24th she was seen in consultation with a colleague (Mr. R. Lake), who could find no evidence of hearing except that when he stood behind her she held up her hand whenever he spoke.

The patient was finally placed under the care of Dr. Wingfield (after consultation with Dr. J. Milne Bramwell), who reports as follows:—"I first saw — on Nov. 6th, 1908, and altogether saw her on nine different occasions, the last being on Dec. 30th. Though she was apparently quite deaf when I first saw her, her hearing returned for about two hours soon after she left my house, but her deafness then returned. On the third occasion she told me that she could hear me quite well, but that the moment she heard she forgot what I said. The result of the treatment was that she could hear fairly well when she left me on Dec. 30th. Since then I have heard from her husband, with whom she is now in India, saying, 'The improvement she made while under your treatment has gradually disappeared, and she is now in the same state she was in when you first saw her.' It was unfortunate that treatment had to be so very much curtailed owing to her having to go to India. While it is impossible to say that she would have been permanently cured, there can, I think, be no doubt that the relapse might have been considerably delayed."

The case well illustrates the absence of any signs of aural disease and the unreliability of functional tests in these conditions. A certain number of cases of true hysterical deafness are on record, but very few appear to have been submitted to careful and systematic testing. Suggestion has been known to be successful in some cases, and that under consideration certainly appears to have been one in which hypnotic treatment would have succeeded had not circumstances unfortunately prevented longer trial. An interesting phenomenon in the case was the patient's statement that "the moment she heard she forgot" what was said. It would appear as if there was some fault in the connexions of the auditory centre, possibly similar to that in the rare cases of "word-deafness" met with in children