and from this date he gradually recovered and now enjoys perfect health.

Remarks.—The interest in this case lies in its exceptional prolongation. Twenty days passed before the slightest cessation of spasm took place, twenty-four before the muscles even commenced to relax, while fifty days passed before there was absolute freedom from spasm and rigidity. This I believe to be the longest case on record, and the question which suggests itself is, Did the drug, Calabar bean, exert any influence for good in this case? It will be seen that it produced, at least, physiological effects which are unusual, if not unique, the patient being for three days totally blind.

Midhurst.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

LARGE CERVICAL LYMPHADENOMA; EXCISION; RAPID RECOVERY.

(Under the care of Mr. R. CLEMENT LUCAS.)

FOR the report of this case we are indebted to Mr. J. D. Hughes.

C. C—, a woman, aged thirty-eight, was admitted into Martha ward on Jan. 8th, 1883, when the following notes were taken:—Her parents are healthy, and both over sixty years of age. She is married, and has five children. There is no tendency to hereditary disease. She has generally had fair health; but during the last seven years she has been subject to rheumatic attacks of short duration, which have not necessitated her lying in bed. These were chiefly rheumatic pains in the shoulders and head accompanied by nervous headaches.

About fifteen months before admission she first noticed a lump about the size of a walnut, below the left ear and in front of the sterno-mastoid muscle. It was movable and not tender on pressure. It caused her little inconvenience or pain. She applied iodine without benefit and some other applications. Internally she took medicines and cod-liver oil, but without reducing the swelling. She then, finding the swelling gradually increasing, sought advice at the Charing-cross Hospital, with a view of operation, where she remained three weeks, at the end of which time she was discharged, and, it is stated, was told nothing more could be done for her. This was last autumn, since which time the tumour has doubled in size. The patient is a somewhat delicate-looking person of fair complexion, but not very anæmic or emaciated. Her teeth are much decayed, appetite bad, and breath offensive. There is a large mass projecting from beneath and behind the left sterno-mastoid, extending from the lobule of the ear rather more than half way down the muscle. The tumour measured from above downwards five inches, and from before backwards four inches. It is distinctly lobulated, firm, almost hard, and somewhat tender. There is a lobule in front of the sterno-mastoid, beneath the jaw, about one inch by one inch, and a larger one behind about two inches by an inch and a half. The different lobules are joined together with the exception of one about the size of a walnut situated in the posterior triangle above the left clavicle. The tumour does not swell more one day than another, but of late has been increasing rapidly. There is no enlargement of the lymphatic glands in the axillæ or groins, and the spleen and liver are not enlarged. An examination of the blood was made under the microscope, and some increase of white corpuscles was observed, fourteen white corpuscles being found in a field which with normal blood only showed ten. Mr. Lucas determined to postpone operating till after her menstrual period.

Jan. 16th: The patient being in a better state of health than when admitted, and the menstrual period having passed, Mr. Lucas decided on operating. Chloroform was administered, and the carbolic spray was employed. An incision five inches in length was made along the outer

border of the sterno-mastoid, commencing behind the lobule of the ear. A second incision, two inches and a half in length, was then made at right angles to the former, in a direction downwards and backwards. The platysma was divided and the skin retracted by hooks. The small occipital, great auricular, and spinal accessory nerves were divided over the tumour, which was dissected out from under the sterno-mastoid with the aid of the handle of the scalpel and a blunt dissector. There appeared to be no proper capsule to the growth, which was raised with great care from the sheath of the carotid vessels, to which it was adherent. The occipital artery was injured, then seized by two pairs of torsion-forceps, divided, and its ends twisted. The carotid artery and internal jugular vein could now be distinctly seen at the bottom of the wound. The real difficulty which presented itself was how to remove the glands in the submaxillary region without making a fresh incision or dividing the sterno-mastoid muscle. The muscle was well raised by means of a large hook, and the skin in front was then pushed back and invaginated, so as to thrust the glands under the muscle. They were then separated from their attachments and removed. At this time the patient's pulse became very feeble and her breathing shallow, so that it was necessary to finish the operation with rapidity. After the heart had been stimulated by the subcutaneous injection of brandy, Mr. Lucas made another incision, two inches and a half long, just above the clavicle, and having divided the platysma, turned out the last gland, which was about the size of a walnut. The wound was closed with wire sutures, and a drainage-tube passed under the sterno-mastoid into the submaxillary region. A small drainage-tube was also inserted into the wound above the clavicle. The operation lasted an hour and ten minutes.—17th: The patient has suffered a good deal from shock and was ordered brandy during the night. Pulse feeble and compressible. Temperature 97°. She vomited once in the night. The wound was dressed and looked well.—18th: Patient complains of headache and slight pain in the neck. She could not sleep, so was ordered a subcutaneous injection of a quarter of a grain of morphia last night.—19th: She complains of less headache and appears well, though slightly pale and weary-looking. She has a dry throat and slightly furred tongue. Temperature 99°; pulse full, slow, and regular.—20th: Her bowels being constipated, she was given ten grains of colocynth and hyoscyamus pill. Three sutures were taken out to-day and the drainage-tube removed; the incisions have united primarily; there is no discharge.—22nd: Progressing favourably. Three more sutures were removed. She has a feeling of numbness in her ear.—25th: The remainder of the sutures were removed to-day. There is no discharge. Temperature, pulse, and respiration normal. Has a good appetite. She was ordered quinine and iron in a mixture. Dry dressings are now used over the upper part of the neck, and carbolic spray and gauze over the small wound over the clavicle. The patient has lost all headache and nausea.—30th: Bandages have been dispensed with and the patient gets up daily. There is no discharge, the edges of the wound being entirely healed throughout the whole extent by primary union.

Feb. 3rd: All that is now noticeable is a slight superficial scar where the incisions were made on the side of the neck, and this being behind the edge of the sterno-mastoid it appears as a natural crease. She has no pain in the neck. Her appetite is good, and she has regained colour.—5th: The patient left the hospital well.

The tumour removed consisted of a glandular mass six inches in length, and varying in diameter from two inches to two and a half. It was firm and lobulated, the different lobules being strung together. In no part did it show any tendency to caseation or suppuration, and appeared to consist of hypertrophied gland tissue. Some glands were separately removed. The patient's temperature after the operation never once reached 100°.

NEWCASTLE-ON-TYNE INFIRMARY.

STRANGULATED FEMORAL HERNIA; OVARIAN CYST; OPERATION; DEATH.

(Under the care of Mr. PAGE.)

ON Friday, November 10th, a woman, aged sixty-two years, was admitted into the infirmary suffering from pain in the abdomen and vomiting. She said she had been confined to the house for a month in consequence of severe pain in