

by previous ulceration, circular in form. The other half of the ring contained a second ulcer, separated from the first only by a faintly defined ridge of mucous membrane, and seemingly of more recent origin. It had also healed, except for a space as large as the finger-nail, where it was still open. The two ulcers thus completely encircled the pyloric orifice, and the thickening at the floor of the first ulcer was much more considerable than that at the floor of the second. The microscope showed nothing but cicatrix-tissue in the thickened parts; no evidence of cancer-structure.

Remarks.—The post-mortem appearances here exactly fit in with the clinical observations. The first ulcer was formed in January, and healed under treatment. The second ulcer formed in May, and, like the first, was steadily healing under treatment, but in the process of healing quite blocked up the pylorus by contraction of the cicatrix, and so indirectly destroyed life.

CASE 2.—James B—, aged forty-one, was admitted on July 2nd, 1879. He was reported to have been well and at work till eighteen months before admission, when he had begun to suffer from indigestion and flatulence. This had been followed by pain and vomiting after his meals. Lately he had been able to retain the food for a longer time, and instead of rejecting it soon after it was taken, he had kept it down for many hours, and then, after suffering great discomfort from distension, had vomited a large quantity at once, with immediate relief. Six weeks before admission he had vomited a large quantity of black blood, and passed much altered blood by stool.

On admission he was very emaciated and sallow. There was tenderness on deep pressure in the epigastrium; he had vomited on the previous evening a large potful of dark-brown fluid with a yeasty scum, which contained both torulæ and sarcinæ. He was fed by the rectum with injections of beef-tea and milk, and for a time seemed to improve, but after ten days of this treatment the injections could not be retained, the vomiting returned, and he continued to eject, at intervals of twenty-four or forty-eight hours, large quantities of fluid vomit, sometimes with, sometimes without altered blood. He got thinner and thinner, and had the sallow, cachectic look of cancer, so that a diagnosis between cancer and contracting ulcer was difficult. He died on July 30th.

Necropsy.—The stomach was much dilated; its walls in the pyloric half were thickened from hypertrophy of the muscular coat; it contained a large quantity of the same fluid which had been vomited during life; its mucous membrane was somewhat thickened. Close to the pyloric orifice was an ulcer, two inches and a half in length by one and a half in breadth, oval in shape, in the direction of the long axis, and on the posterior wall, of the stomach. One end of this ulcer extended into the pyloric orifice, and had given rise to great thickening and contraction of the pylorus. Part of it was in contact with and firmly adherent to the pancreas, and had healed, but part was still unhealed, and showed at one spot the gaping mouth of an artery of some size, which had been laid bare and opened by the process of ulceration.

COUNTY LOUTH INFIRMARY, IRELAND.

STRANGULATED SCROTAL HERNIA; RUPTURE OF THE SAC AND HÆMATOCELE; DEATH.

(Under the care of Dr. HERCULES MACDONNELL.)

PATRICK M—, aged forty-five, an active, strongly-built man, was admitted on the 22nd of August, 1879. Five years previously he noticed a swelling in his left inguinal region, which was recognised as a hernia, and for which he subsequently wore a truss. On the evening of the 20th, when jumping from a cart, he felt a snap, and immediately experienced great pain; the scrotum grew large, and the pain increased. He was seen by Dr. Blake, of Ravensdale, the following day. An effort was made to reduce the rupture, but it proved unsuccessful.

On his admission the following morning his face wore an anxious expression. On examining the scrotum a tense, bluish, semi-fluctuating mass was seen, measuring in the lateral circumference twenty-five inches, and from the perineum to the root of the penis twenty-two inches. The penis was oedematous, measuring five inches in circumference. The bowels had not been moved for three days. There was

no retention of urine. A distinct enlargement could be felt in the left inguinal region. He was given a large soap-and-water enema and a hot bath. An incision was made into the extremity of the scrotum, and twenty-one ounces of a dark fluid evacuated. This gave instant relief. The cavity was washed out with a warm, weak solution of carbolic lotion; a linseed-meal poultice, spread on tenax, was applied, with oil-silk outside. One-grain doses of opium every sixth hour were ordered, and milk and lime-water in small quantities allowed. At 8 P.M. the temperature was 99.8°, and a fair share of urine had been passed since admission.

He had no sleep that night, and had next morning some pain referred to the umbilicus. No motion from bowels; temperature 99.6°; vomited some greenish matter during the night. The oedema of penis had disappeared, as well as the redness on right side of scrotum, but the left was very much enlarged. Some blackish matter came away on the poultice. Hernial neck now well defined; slight gurgling heard on manipulation. During the day no flatus or fæces passed; the vomiting was frequent and large in quantity, but not stercoraceous. In the afternoon he was given a long bath at 100° F. Half a grain of morphia was injected subcutaneously, and the operation for the division of the stricture was commenced, ether spray being used. No difficulty was experienced in reaching the sac, which was found very much thickened. On opening this the intestine was found to be bluish and congested, but not gangrenous. The stricture was relieved, but considerable and unaccountable difficulty was found in returning the intestine, of which there were three large loops down. The patient was removed to a warmed bed, some slight stimulant given, and warm jars applied to the feet. Antiseptic dressings were applied. At 11 o'clock the patient complained of feeling sick. Some flatus escaped, and during the act of vomiting he fell back in the bed, dead. He was quite cheerful a few moments before, and complained of no pain.

Necropsy, twelve hours afterwards.—Rigor mortis well marked. Penis and scrotum discoloured, also left iliac region. On removing the silver sutures and prolonging the incision downwards, laying open the scrotum from apex to base, about a teaspoonful of dark-coloured fluid escaped. The sac of the hernia was adherent to the tissues for a great part of its extent. The testicle was smaller and softer than normal. At the lower and back part of the sac, where it began to be reflected forwards, was a rent, extending for about an inch in a horizontal direction, of a lacerated description; this was sufficient to account for the hæmatocele, and also for the difficulty experienced in returning the hernia when the structure had been fully divided, a knuckle of intestine having passed through this rent in the sac. The filling up of the scrotum took place very quickly, and immediately on receipt of the injury.

The presence of a hæmatocele with scrotal hernia is sufficiently rare to merit notice; but the cause—viz., rupture of the sac from a violent jump—is in itself such a rare injury that a case verified by post-mortem examination is worthy of being recorded.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Trephining for Traumatic Epilepsy.

THE ordinary meeting of this Society was held on the 25th inst., Mr. J. E. Erichsen, F.R.S., President, in the chair. Only one paper was read—viz., one by Mr. James West, of Birmingham, on a case of traumatic epilepsy, for which trephining was successfully practised, the author discussing at length the operation in this connexion. The paper gave rise to a prolonged and instructive debate.

Mr. JAMES F. WEST brought forward a case in which Trephining had been successfully employed by him for Traumatic Epilepsy in a girl aged fourteen. The injury was due to a blow from a stone, which caused fracture of the skull and concussion of the brain. Since 1871, when it was inflicted, the girl had been subject to epileptic fits, which had year by year increased in number and severity, until they had at last reduced her to an almost idiotic state.