colour of the muscles, lungs, kidneys, and other organs was remarkable; it was not due to hypostasis, but affected every portion of each organ, and yet during life there was neither cyanosis nor increased rapidity of inspiration; the weather was not warm at the time, and the post-mortem examination was made within thirty hours of death.

SAMARITAN HOSPITAL FOR WOMEN, NOTTINGHAM.

A CASE OF RADICAL CURE OF UMBILICAL HERNIA.

(Under the care of Mr. H. MICHIE.)

Mrs. H— was admitted with umbilical hernia of ten years' standing, during the last six of which it had been irreducible, and lately the patient said that she had suffered several attacks of obstruction of the bowels, with the symptoms of strangulation, these attacks occurring with increased frequency. The hernia having become strangulated, taxis having failed to reduce it, and the symptoms having become urgent, Mr. Michie performed the following operation. An incision extending from the upper to the lower border of the hernia, eleven inches long, was made down to the sac, which was then also freely laid open. The contents of the sac were the omentum, adherent to the walls of the sac, the transverse colon, the greater part of the ascending and descending colon, and small intestine, which was also adherent at several parts, some of the adhesions being very firm. A knuckle of small intestine at the lower border was constricted and of a slightly livid hue. The hernia could not be reduced. The upper margin of the umbilical opening was freely incised, the whole of the omentum removed after being ligatured in sections, the adhesions of the bowel to the sac separated, and after the bleeding, which from some parts of the bowel was considerable, had been stopped by pressure forceps and sponge pressure, the bowel was returned into the abdomen; the redundant sac and skin were removed, the margins of the umbilical opening were brought together by four deep, stout, catgut sutures, and the skin wound by fine silk. The patient has made an excellent recovery. She was not sick once after the operation; the bowels were moved every morning by a small enema of soap-and-water. The temperature remained normal throughout, and the highest pulse was 96 on the second night.

Remarks by Mr. MICHIE.—I had at first intended to treat the wound as in any ordinary abdominal section, but the patient was so stout that I had not a needle long enough to go through the whole thickness of the abdominal wall, hence the reason for using both deep and superficial sutures. No opiate was allowed either before or after the operation, an important element, I think, in the success of the case. Of course sufficient time has not yet elapsed to say that the cure is permanent, but I can see no reason why it should not be so, or to suppose that this woman will not have as much chance of freedom from a hernia as, for instance, a case of ovariectomy. In the text-books operation for strangulated umbilical hernia when the sac has been opened is said to be attended with an excessively high mortality, and one can easily understand why this should be so in a case where an operation for the radical cure has not been performed; but by carrying out at the same time some such proceedings as were adopted in the present case, we get rid of one at least, and I think two, of the great dangers. These two greatest dangers are, I feel certain, mechanical injury in effecting reduction, and entrance of discharge from the wound into the peritoneal cavity. Having determined upon such an operation, it need not give us much concern to make the incision through the constriction as free as we like. We may make it an inch or two long if we please. Now, with this free incision reduction can be effected with the greatest ease, and so we get rid of the first great danger—mechanical injury. By coaptation of the edges of the peritoneum by means of sutures we produce a radical cure, and at the same time get rid of the second great danger—discharge from the wound into the peritoneal cavity. In a case of strangulated umbilical hernia, where the taxis has failed after a reasonable trial, such a method of procedure as was adopted in this case, and which I have endeavoured to describe, appears to me to be the rational course to pursue; and when done early, before gangrene has taken place, I feel certain that such an operation is as safe as, I believe, it is sound in principle.

Medical Societies.

MANCHESTER CENTRAL MEDICAL SOCIETY.

At a meeting of this Society on April 19th, Dr. OWEN showed an unusual case of Purpura Hæmorrhagica. The patient, a well-grown girl aged eleven years, had suffered more or less from hæmorrhages for about twelve months. Hæmorrhage from the bowel occurred first. This lasted only a few days, and had not recurred. Epistaxis followed occasionally, but during two months previously to her admission to the Clinical Hospital it had occurred daily, excepting three or four days, during which interval there was bleeding from the left ear. Bleeding from the ear had already occurred upon one day. She had never had purpuric spots upon the body, or swelling of the joints. There had been no bleeding from the mouth. Hæmophilia and purpura were entirely absent from her family history. Her mother was not hæmorrhagic. The girl was not anæmic, and the heart was healthy, and free from murmur. Upon admission she was treated with solution of arsenic, and advised to take freely of oranges and fresh vegetables. She had greatly improved under this régime. The special interest in this case rested on the absence of purpuric spots. Dr. Owen pointed out that mucous hæmorrhages, and especially epistaxis, frequently preceded the appearance of purpura, but that in almost every case recorded the spots, sooner or later, occurred as a striking feature of the complaint. The rarity of hæmophilia in the female, and its entire absence from the family history of the patient, excluded that disease from the diagnosis. There was no enlargement of the spleen, no anæmia, and no deterioration of the general health. It appeared impossible to place the case under any other category than that of purpura hæmorrhagica without the spots.

Mr. BISHOP showed a woman suffering from Osteitis Deformans. The bones mainly involved were both tibiae; the femora, especially the right; the clavicles; the spine; and, but slightly, the right radius and skull. The patient was forty-nine, and had noticed the changes in her limbs for thirteen years. She attributes the results seen to falling over a cat, when, as she believes, the ankle was dislocated. The differences between osteitis deformans and rickets, as also those between it and osteomalacia, were pointed out. The woman shown, with the exception of any marked cranial enlargement, was a very good specimen of this rare disease.

Mr. BAIN read the notes of a case of Corporeal Endometritis, of which the following is an abstract:—L. C—, aged forty-three, married; has had four children and ten miscarriages. No history of syphilis, but several members of her family died of phthisis. Normally the menstrual period lasts about a week, and she loses about ten ounces. The first labour was instrumental; the child died from injuries received during delivery. The perineum was torn, but the laceration was not observed for some time after. The patient attributes all her subsequent illnesses and misery to this accident. Five consecutive miscarriages followed. Her health during this period was most indifferent. After her last miscarriage she had repeated attacks of flooding for some months. Four years ago in March she had a miscarriage. In the following July she again miscarried, and subsequently suffered from an enlarged prolapsed anteverted uterus, for which an air ball pessary was employed. The pessary produced considerable irritation. She has been more or less confined to bed ever since. When she came under Mr. Bain's care, two years ago, she was exceedingly weak and emaciated, and suffered acutely from indigestion. She had continuous back-ache and severe pain in the right ovarian region, and shooting down the right leg. She could not move in bed without aggravating the pain. Her menstrual periods lasted about a week, accompanied with intense pain and a profuse discharge—about a pint and a half. During menstruation her face seemed altered in appearance, and the prostration was extreme. On examination, the vagina was exquisitely sensitive. No matter how gently the finger was insinuated, it set up a severe aching, which lasted for about four hours. The cervix was enlarged, swollen, and tender, the os slightly lacerated and granular. The body of the uterus was elongated and bulky. The fundus was anteverted. The right ovary was enlarged and intensely tender. The treatment that had been