decays and gives rise to very unpleasant odours. Owing to some pandemic cause or seasonal influence some years are more unhealthy than others, and some summers are cooler, and there are differences in the internal economy of regiments which influence their respective health-rates.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

AN ILLUSTRATION OF THE ADVANTAGES OF THE CRÉDÉ METHOD IN THE PREVENTION OF OPHTHALMIA NEONATORUM.

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I AM indebted to Dr. Herman and Dr. Cullingworth, under whose care the patients were, for permission to publish the following notes.

The excellent results to be obtained from the Crédé method for the prevention of ophthalmia in new-born infants are exemplified in the following brief notes of an outbreak so cut short in the wards of the General Lying-in Hospital. The method consists in dropping a two per cent. solution of nitrate of silver into the eyes immediately the head is born. Up to the time of the outbreak the usual method of treating the eyes in this hospital had consisted in wiping them with clean cotton-wool as soon as the head was born (the wool being immediately afterwards burnt). A few drops of perchloride of mercury solution (1 in 2000) were dropped in each eye after birth, and this was repeated twice a day during the fourteen days the infant remained in the hospital; and every mother had a vaginal douche of Condyl's Fluid (half an ounce to the pint of water) previously to delivery. At the end of last and at the commencement of this year numerous cases of ophthalmia occurred in the hospital for which no cause could be found. From Jan. 1st to 22nd out of seventeen children born alive seven were so affected, this being more than 42 per cent. On the latter date the Crédé method was put in force. Not one single case occurred afterwards. The treatment gives rise to inflammation of the conjunctiva with an abundant thin muco-purulent discharge, commencing a few hours after the application; in nearly every case, however, this completely subsides in from four to five days, when the eyes regain their normal appearance.

EPIDEMIC INFLUENZA AND DRAINS.

BY AUGUSTUS H. BAMPTON, M.D. R.U.I.

THERE is considerable evidence accumulating of a nature to force one to the unpleasant conclusion that influenza has become endemic amongst us, and the assurance of epidemiological prophets that, as in former times, the epidemic would be only of three years' duration has been weighed in the balance of experience and been found wanting. To me it has always been a belief that influenza is as likely to be always with us as any other of the zymotic diseases. The problem I offer for solution to my professional *confrères* is, Where is now the lurking-place of the germs of this disease? I venture to suggest that the most probable habitat and favourable environment would be the drains. And my reasons for thinking so are based upon the facts that in badly drained houses I have noticed that first one member of a household and then another member are continually down with the complaint, and this in spite of isolation and disinfection; that where the drains have been made airtight the attacks cease; also in well-drained houses influenza is absent. It may be urged that sewer air only renders the individual exposed to its baneful influence more susceptible to attack by lowering the general health. That may be true in part, but it does not explain away the influenza germ, nor does it help in the solution of the problem. In conclusion, where influenza never seems to be out of the house I say, "Look to the drains."

Ilkley.

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.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF TORSION OF THE SPERMATIC CORD, WITH
STRANGULATION OF THE TESTICLE.

(Under the care of Mr. A. E. BARKER.)

WE publish below the notes of another of the rare and interesting examples of strangulation of the testis due to twisting of the epididymis in which the symptoms were those of strangulated hernia. We have previously presented our readers with reports of similar cases under the care of Mr. Whipple, Mr. Bryant and Mr. Page, and have referred to others. A boy aged sixteen, under the care of Mr. Whipple¹ in the Plymouth Hospital, had sprained himself the day before admission, when a swelling in the left groin was present, and he gave a history of vomiting. The swelling was hour-glass shaped. "The lower half of this was the left testicle lying in the upper part of the scrotum; the upper, lying over the external abdominal ring, about the size of a hen's egg, was very tense, dull on percussion, and gave no impulse on coughing." In this case the epididymis appeared to be twisted twice on its own axis, and there was an omental hernia, the piece of omentum being attached to the testis. The testis was removed. Mr. Page's² case was that of a lad aged seventeen, admitted for urgent symptoms presumably in connexion with a right congenital inguinal hernia for which a truss had been worn. The symptoms commenced three days before admission, with severe local pain, tenderness and swelling. He vomited once and had constipation. The temperature was normal. Operation proved the symptoms to be due to gangrene of testis after twisting of the cord, two turns to the right, at the external ring. The open funicular portion of the peritoneum was closed by ligature and the boy made a rapid recovery. Mr. Bryant's case was that of a boy aged fifteen, who had been suffering from symptoms supposed to be due to strangulated hernia. Three half-twists made inwards completely untwisted the cord. The testis was not removed but afterwards wasted. Mr. Barker also reminds us of two others, one under the care of Dr. Keen (referred to by Mr. Bryant), that of a man aged twenty-three, the subject of an undescended testicle and reducible inguinal hernia on the same side. The cord had made three half-turns; the testis was removed. The other, under the care of Mr. Davies-Colley, was that of a boy aged fourteen, with undescended testicle but no hernia, in which the cord was twisted outwards three turns. The testicle was not removed, but the cord was untwisted. This testicle sloughed. We have purposely limited our references to cases in which the retained testis had become inflamed in consequence of a twist in the cord, and excluded those cases, much more common, in which an injury has produced the symptoms and in which no such twisting of the cord has been met with, although the symptoms produced were similar.

A healthy lad aged fifteen stated that the right testicle had been always small and had never fully descended into the scrotum, and that he had had a rupture on the same side since he was seven years old. This rupture disappeared until about one year ago and since then had usually been down to the top of the scrotum when he was in the erect position. He had never worn a truss. On March 2nd, 1893, the bowels were moved and soon afterwards the "rupture" came down as usual, but could not be reduced. He was at work throughout the nights of the 2nd and 3rd. On the latter day he was sick twice, but was at work again at night, although the swelling was increasing in size and becoming painful; he was sick twice again on the 4th. On the 5th³ he took to his bed and remained there until admission into hospital on

¹ Reported by Mr. Nash: THE LANCET, May 16th, 1891.

² THE LANCET, July 30th, 1892.

³ Under the advice of his medical attendant, Mr. Hereward Wake.