hereditary. She came from Dover, where she had been residing, and had tried various remedies. The eruption consisted of several patches, their white scales sufficiently indicating their nature, and situated close to the elbows and on the upper part and front of the legs. The treatment consisted in giving small doses of the bichloride with iodide of potash twice a day, the red ointment to be used daily, and an alkaline bath twice a week. At the end of four weeks she was free from any trace of the eruption.

In *lepra alphoides* the patches rarely attain the same size as in the last variety. The scales are very white and abundant. It is more allied to psoriasis guttata, and, like it, appears usually in early life.

Lepra circumscripta is the name given by Mr. Startin to that kind of lepra which occurs as a solitary or circumscribed patch. It may be found on the face or extremities, and is not unfrequent on the scalp. It presents no particular characters.

E. C—, an unmarried woman, aged twenty years, applied March 11th, 1861, with lepra of the scalp. It was limited in front by the forehead, where it appeared as a white patch. The hairs were entangled in the crusts, which were thick and fissured. It was of ten days' duration, and not in the least degree painful. No specific history; general health good. At the end of April she was discharged cured, the same remedies being employed as in *lepra vulgaris*.

George-street, Hanover-square, Aug. 1863.

OPERATION FOR STRANGULATED HERNIA IN A PATIENT AGED EIGHTY-THREE.

SUCCESSFUL RESULT.

BY HENRY SMITH, Esq., F.R.C.S.,
ASSISTANT-SURGEON TO KING'S COLLEGE HOSPITAL.

I WAS called on the evening of the 16th of January, 1863, by Dr. Wildbore, to see Mrs. L—, who was in her eighty-fourth year. She was very thin and spare, and did not look much over seventy. She had been suffering from strangulated hernia on the right side for twenty-four hours, and was in most violent agony, and vomiting everything. I have never seen the symptoms attending this disorder so severe. On examination I found a large tumour, of a very peculiar appearance, situated in the right groin; it was about four inches in length, lay parallel with Poupart's ligament, and had more the aspect of a fibrous or fatty tumour than that of a hernia, it being hard and nodulated. The form and situation of the swelling were such as to render the diagnosis as to the precise nature of the hernia difficult, and I therefore determined to proceed with great caution in the operation, which was rendered necessary by our inability to reduce the hernia.

I made a very free vertical incision over the middle and inner portion of the tumour, and on opening the sac, found a large mass of omentum, forming the principal portion of the tumour. On further examination I discovered a knuckle of intestine almost black. Without much trouble I divided the constricting tissues at the inner side of the neck of the tumour, and returned the strangulated portion of intestine. As the omentum was not diseased, and there was a doubt as to the possibility of returning the whole, I left it *in situ*. The patient was ordered a good dose of Battley's sedative solution, and brandy and beef-tea each hour.

On the next day I found the patient free from pain and sickness, cheerful and calm, and taking plenty of nourishment. She went on well until the evening of the 19th, when the bowels were purged three times by castor oil, which had been given her, and her pulse became rapid and intermittent; but on the following day her bad symptoms had disappeared under the influence of opium and catechu, brandy and beef-tea. The wound was dressed, and looked very healthy.

Jan. 31st.—For a few days since the last report we feared this patient would sink from an exacerbation of an old bronchitic attack. Dr. Wildbore and myself despaired of her recovery. She has, however, rallied wonderfully under the influence of a large quantity of stimuli. Another disturbing element exists in the circumstance of a profuse purulent discharge from the wound. I doubt not the omentum is acting as a foreign substance, and causing this irritation, and I have

been compelled to make a counter-opening below the wound. This measure has given great relief.

The old dame was sitting up within another week, and when I last saw and examined her, I found the wound thoroughly cicatrized, and the omentum which had been left behind had become hardened, and formed, as it were, a good truss.

This case is related for the purpose of showing that we may operate for strangulated hernia at a very advanced age. I have never before either operated myself, or seen the operation performed upon a patient over seventy years. Mr. Partridge operated successfully on an old woman aged eighty, and I believe that cases have been recorded where patients older than eighty-three have lived after the operation, but I cannot recollect any such. This patient had a good deal to contend against: first, in the excessive action of the purgative; then in the super-vention of bronchitis—a most unfavourable sequel in such cases, and generally fatal; lastly, in the existence of the profuse purulent discharge, the result of a questionable bit of surgery—viz., leaving behind a large mass of omentum. On this account I determined on the next opportunity to remove the omentum; and curiously enough I was enabled within a few days to test the two opposite modes of treatment, for on the 29th of January Dr. Noel, of Tooting, sent for me to operate on a strangulated femoral hernia in a female aged fifty. The tumour was of large size and extraordinary shape, and on opening the sac I found, as in the last case, a large mass of omentum and a small knuckle of gut. I returned the latter after dividing Gimbernat's ligament, and then removed the whole of the omentum, first placing a ligature around its base. This patient made a good recovery, but she was not out of bed for three weeks, and there was a great amount of irritation and purulent discharge. There seemed, therefore, to have been no superiority in either mode of treatment. Possibly, however, the irritation in the latter instance might have been less had I placed ligatures upon the bleeding vessels of the omentum rather than tying the whole mass—a proceeding which, although more speedily executed, is not free from some objections.

Caroline-street, Bedford-square, Aug. 1863.

ON THE VALUE OF THE HYPOPHOSPHITES OF SODA AND LIME IN THE TREAT- MENT OF PHTHISIS.

BY ACHILLE VINTRAS, M.D.

I HAVE read in THE LANCET of April 25th and May 2nd a report by Dr. Cotton of twelve cases of phthisis treated by the hypophosphites of soda and lime. As I have myself made some experiments with this new mode of treatment, the results of which rather differ from those of Dr. Cotton, I think it only fair to Dr. Churchill and the profession to publish a few cases in which the hypophosphites appear to have done good, so that this new remedy may not be thrown aside hastily without further trial. I may state here that I do not know Dr. Churchill, nor have I ever corresponded with him, but was induced to try the drug in consequence of reading the successful results published by him in the medical journals. I have selected four cases, not because they are the only satisfactory ones, but because they appear to me conclusive.

CASE 1.—M. P—, aged twelve, was brought to me on July 2nd, 1862. Had been suffering from what the mother called a "bad cold" for two months. Had been in a school at Richmond, and received medical attendance there. Not getting better, she was sent back to her parents. There was incessant cough; much expectoration; had lost her appetite and become very thin; perspired at night.

Examination detected dulness on percussion under the right clavicle for a large space, with gurgling rhonchus; on the left side, respiration short but healthy. Cough mixture and tonics were ordered, but no improvement took place.

July 10th.—Has brought up a great quantity of most offensive matter, with immediate relief.

13th.—Has coughed up a little blood.

18th.—Has slightly improved, but night perspirations continue. Ordered the citrate of iron and quinine, which she took for a fortnight without apparent benefit.

August 2nd.—Has again vomited a quantity of purulent matter; had been feverish for a day or two. Now commenced

the use of the hypophosphite of soda, one grain twice a day, and a teaspoonful of cough mixture night and morning.

10th.—Has improved a little; appetite beginning to return. Discontinued the cough mixture, and increased the dose of the hypophosphite to three grains daily.

20th.—A little dry cough at times; hardly any expectoration; appetite good; night perspirations ceased.

Sept. 11th.—Has again brought up some purulent matter, much less in quantity, though still offensive. The attack came on quite suddenly, without any previous constitutional disturbance.

I persevered with the hypophosphites until February, when the child had become quite fat and healthy-looking. Her cough having ceased, I therefore discontinued all treatment. I have seen her several times since, and her health appears very good.

In this case a continued improvement followed the use of the hypophosphites.

CASE 2.—Mrs. D—, aged thirty-eight, consulted me in December, 1862. She had had four children; nursed the last for thirteen months; was obliged to wean it last October, on account of her bad health. Three months previously she had hæmoptysis for a week; since October the cough had been incessant, the spitting abundant; she perspired at night, and had no sleep; catamenia absent.

Dulness on percussion under the right clavicle, with pain there at times; large crepitant rhonchi. Respiration feeble, but natural, on the left side.

Began the treatment with the hypophosphite of soda on the 21st December; she took four grains a day, and a tablespoonful of cough mixture every four hours.

A week afterwards her appetite had slightly improved, the tongue was cleaner, the cough had diminished, and she could sleep a little at night. Ordered to continue the hypophosphite of soda; the cough mixture to be taken night and morning only.

Jan. 6th, 1863.—Much better; the cough had diminished, the expectoration was easy and less in quantity; the appetite had returned. She had not touched any meat for months, and now she could eat it readily.

At the end of January I saw her again: the improvement continued; she was much stronger; appetite good; tongue clean; she only coughed in the morning; had ceased for some time to take the cough mixture; was going on with the hypophosphite.

In February she called to tell me she was quite well; had no cough at all; slept well; catamenia had returned.

In this case it seems to me that the beneficial action of the hypophosphite is quite evident, as no other medicine was exhibited; and during the whole time she remained under treatment she was following the laborious occupation of school-mistress.

CASE 3.—F. C.—, aged twenty-nine, brassfounder; first seen Nov. 29th, 1862; died March 15th, 1863. Had been ill for five months. Began by spitting a large quantity of blood; night perspiration; troublesome cough; expectoration copious; tongue clean; appetite good; great thirst. Had been confined to bed for three weeks when I first visited him. He was living in great poverty, and unable to provide himself with necessary food. A medical friend who saw him with me did not think he could live a fortnight. I administered the hypophosphites with the view of watching their action in this extreme case. There was great emaciation, flattening of the chest, and a large cavity at the apex of each lung. He was ordered one grain of hypophosphite of soda three times a day, and a cough mixture every four hours. Three days after his first taking the medicine, he told me that if he continued to improve daily as much as he had already done he should be able to resume his occupation in a week. Two grains of the hypophosphite were now ordered three times a day, and one grain of quinine before meals twice a day. The improvement continued for a month; he could sit up for several hours in the day, and walked about the room. But he went out without my permission to see a friend and over-tired himself, took to his bed, and never left it, though he lived for two months.

In the above case I think the immediate effect of the phosphatic salt is undeniable, and verifies the statement of Dr. Churchill, that "from the very first day there is frequently observed a remarkable increase of nervous power." Although the *specific* action of the drug may be questioned, yet it must have exercised some powerful influence in stimulating the vital energies of this patient under very adverse circumstances.

CASE 4.—Mrs. T—, aged twenty-eight, married, without

children, applied to me Nov. 18th, 1862. She had suffered from a cough for nearly two years; had had hæmoptysis several times; night perspirations; no sleep; no appetite; had lost flesh, and become very thin and weak. She had great pain between the shoulders, and had been told by her last medical attendant that she was consumptive.

On examining her chest, there was dulness on percussion under both clavicles, the extent of which was larger on the right side than on the left; the respiration was short and hurried, with subcrepitant rhonchus; she could not take a deep breath. On the left side the breathing was short and harsh, with prolonged expiration. Ordered one grain of the hypophosphite of soda thrice daily, and a cough mixture to allay the irritation of the cough and procure sleep.

Nov. 28th.—Cough less troublesome. She was in better spirits, but still complained of night perspirations and want of sleep; had no appetite for meat. No change in the medicines.

Dec. 8th.—There was some improvement; the cough and expectoration had greatly diminished; she could sleep at night, and only perspired a little towards morning. One grain of quinine twice a day was added to the above treatment.

Jan. 6th, 1863.—Had been to a ball, and fancied she had caught cold; cough much increased; pains in the chest and between the shoulders. Had not taken the medicine very regularly of late. Same treatment without the quinine.

14th.—Better; regaining strength and appetite. To continue the phosphatic salt as before, with one grain of quinine twice a day; cough mixture at night only.

I saw her every week until the 11th of March. The improvement was gradual and steady; she had discontinued the quinine for some time, but had persevered with the hypophosphites; had no cough, no perspiration at night; the catamenia regular.

I called upon her in May: she had no unfavourable symptoms, and expressed herself as being quite well.

In this case the patient had been ill for nearly two years, and under the care of several medical men. She had taken all sorts of medicines without any benefit. The disease was progressing in spite of treatment until she took the hypophosphites. After using this remedy for four months, she felt so much better that she considered herself well. Whether this reappearance of health will last or not, is a most important question; but there must be something in a drug which has produced such results.

I shall abstain from making any further remarks on the above cases, and leave them to speak for themselves. But I must say that I fail to see with Dr. Cotton why steel or quinine or any other medicine should not be given at the same time as the hypophosphites. The drug appears to me to stimulate the "nervous power," and certainly a tonic treatment in combination with it is not there contraindicated, nor can it tend to depreciate the remedial action of the salt. Dr. Churchill's own statement is, that the hypophosphites are "a *specific* remedy for the tubercular diathesis, and prevent new tubercular deposits." Assuming this to be the case, it is no reason why the existing lesions or the many complications of phthisis should not be treated by the appropriate remedies. One might almost as well say that a simple cough mixture or wine given during the said "specific treatment" renders its ultimate success inconclusive.

Without claiming a *specific* action for the hypophosphites, I have, however, often prescribed them at the French Dispensary with very satisfactory results.

Regent-street, 1863.

ON A CASE OF MEDIASTINAL TUMOUR SIMULATING AORTIC ANEURISM

DETECTED BY PHYSICAL SIGNS DURING LIFE.

BY KEITH N. MACDONALD, L.R.C.P. LOND.,

RESIDENT PHYSICIAN TO THE EASTERN DISPENSARY, BATH.

G. H—, aged fifty, a labourer, enjoyed pretty good health up to April, 1859, when, on making some unusual exertion in tolling a church bell, he suddenly felt "something give way" in his chest, which was noted *à priori* as rupture of a blood-vessel. Shortly after this occurrence he was attacked with pain beneath the manubrium of the sternum, cough, shortness of breath, and expectoration without hæmoptysis, which soon rendered him unable to undergo any active exertion, and to seek hospital relief. Notwithstanding the temporary benefit