examining this patient. The measurements, taken as before, showed now an increase of half an inch in the right limb as compared with the left. The tendon did not stand out in the same relief as on the healthy side. When the muscle was put into action, the tendon could be felt distinctly, but it was nearer the middle line than normal. There was slight but unmistakable weakness on that side in running, and the man seemed inclined to save the right leg somewhat. In swimming, some want of power was complained of; also, after riding, local fatigue was felt.

I have reported this case for the following reasons. Firstly, because the injury is exceedingly rare, and is not especially mentioned in any of the surgical literature to which I have access. Secondly, the final result tends to indicate that a suturing operation might have achieved a more perfect cure. The question of operation was raised within two days of the injury, but was negative on consultation.

Kashmir.

A NEW TREATMENT OF ACNE.

BY JAMES STARTIN,

SENIOR SURGEON TO THE LONDON SKIN HOSPITAL, CONSULTING SURGEON TO THE SHEFFIELD PUBLIC HOSPITAL FOR SKIN DISEASES.

THE successful treatment of acne—especially acne comedones and acne rosacea—always appears to be of some considerable difficulty. In addition to the ordinary treatment of acne by careful attention to diet, the use of chalybeates and vegetable acids, medicines, and sulphate of lime, and applications of sulphur and zinc, I have recently obtained some very good results in a number of cases by using a vaporiser or steam producer, to which can be added the drug for the purpose of treatment. This process of steaming the skin of the face is not only very beneficial to the complexion itself, but speedily removes impurities and black specks, such as are seen in acne comedones, and the redness of acne rosacea. This handy little instrument or vaporiser consists of a small kettle

A, Vaporiser. B, Boiler. C, Cage. D, Movable glass measure. E, Stand with spirit lamp. F, Glass funnel for more accurate direction of spray. J, Small collar for fixing glass funnel.

set in a framework (B), with a non-conducting handle, over a spirit lamp; the vaporiser (A) projects from the kettle like an ordinary scent vaporiser, the end of which tube is inserted into the glass measure (D) attached to the frame containing the drug required to be used to the skin. The whole apparatus is much the same as the carbolic spray producer now used, only smaller. Its beneficial action consists in its power to assist the functions of the pores and to cleanse the skin of all impurities, and is very similar to the Turkish bath in its effects on the skin generally, and, like it, is delightfully refreshing to the skin. As soon as the steam is produced in the vaporiser, it can be applied at about a foot and a half from the patient, for twenty minutes or half an hour, and the face should then be gently rubbed over with a soft towel. This handy little instrument can be used with benefit also in all diseases that affect the throat, lungs, mouth, ears, and eyes—such as diphtheria, croup, bronchitis, laryngitis, and asthma.¹

Directions for use.—Screw on the handle; take the little boiler (B) from the cage (C); unscrew the vaporiser (A), fill the boiler with water with the exact quantity contained in

the measure (D), and replace it; then lift the cage (C) from the stand, and fill the lamp (E) with spirit; replace the cage; fix on the funnel (F) by pushing its fork into the collar (J), and fill the glass vessel (D) completely with water and two drachms of benzoin tincture or any other drug necessary to suit the case. If a more powerful spray be desired, use the vaporiser without the funnel.

Sackville-street, W.

TRICHINOSIS.

BY DAWSON F. D. TURNER, M.B., C.M., B.A. EDIN.

THE following case may be of interest to some of the readers of THE LANCET.

At a post-mortem examination lately held in the Vienna Krankenhaus upon a man who died of carcinoma of the oesophagus, it was found that his muscles were studded by innumerable white calcareous nodules, which on microscopical examination turned out to be encapsuled trichinae. With the single exception of the heart, all his muscles seemed to be pretty equally affected. This condition had been quite unsuspected; but it was found, on consulting the patient's previous history, that twenty-six years ago he had suffered from a very severe attack of muscular rheumatism—so severe, indeed, as to keep him for some months in bed. As under the microscope the trichinae seemed to be in an excellent state of preservation, and even seemed to show some signs of life, it became a matter of much interest to put this to a definite test, and accordingly some rabbits were fed upon the diseased tissue, with the result that when (after the expiry of three weeks) one of them was killed and examined trichinae were found in numbers in its muscles and intestine. This period—viz., twenty-six years—is believed to be the longest yet recorded in which encapsuled trichinae have been observed to retain life, and to be capable under suitable circumstances of active propagation. The longest previously recorded case was one of thirteen years, observed by Virchow after the Hamburg epidemic.

Vienna.

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. Mort.*, lib. iv. Proœmium.

PADDINGTON INFIRMARY.

CASE OF HYSTERIA MINOR AND "OVARIAN PHENOMENA" IN A MALE SUBJECT; REMARKS.

(Under the care of Dr. SAVILL.)

IT is not very uncommon to meet with the "hysterical state" in the male, but it is unusual to see an attack of hysteria in one, at all events in this country. "The subjects are usually boys about the age of puberty or men from thirty-five to fifty years of age, and its causes are excessive venery or masturbation, over-work with long-continued worry and anxiety, violent shock, senile degeneration, and commencing chronic cerebral disease."¹ In the lectures on Nervous Diseases by Dr. Wilks there are cases given in which the following symptoms developed: laryngismus, aphonia, spasms, convulsions, and malleation. Other cases are recorded. The case which Dr. Savill mentions as present in the ward at the time the symptoms came on in the case which we publish below, is that of a hawker, aged twenty-nine, who had had fits for five years. He had persistent contracture, analgesia, and anaesthesia limited to the upper extremity, which had been present for two years and a half. In London hospital practice it is rare to see hysteria developing as the result of injury, although it does undoubtedly occur at times.

Charles G—, aged twenty, who had been a shoeblick

¹ The apparatus can be obtained at 29, Ludgate-hill.

¹ Roberts; Practice of Medicine, p. 888.