how difficult it is to take and preserve accurate returns of such details as are here given. I could have wished that they had been even more complete, especially that the numbers for the inner and outer prepuce had been given separately. There are some other points on which it would be interesting, and perhaps profitable, to have accurate records. These are—(1) The relative proportions of single and multiple infecting sores; (2) the comparative frequency or rarity of the absence of induration; (3) the varying periods of incubation in days; and (4) the proportionate frequency of the presence of indurated inguinal glands. It is somewhat remarkable, seeing how greatly syphilitic diseases prevail in these kingdoms, so few English statistics have been compiled, most of them being those of foreign countries. Two possible reasons for this are the paucity in this country of lock hospitals and lock wards, and the immense labour involved in preparing such statistics. To reduce this latter as much as possible I am having printed forms prepared which will enable us to record with ease all the preceding details, as well as the exact site of the initial lesion. I shall probably be able to give these in some future issue of THE LANCET from the returns of a large number of cases. Should any readers of THE LANCET desire to have a specimen of these forms, I shall have much pleasure in forwarding it. We have also observed the site of the infecting sore in females, but the number is not sufficiently large for statistical purposes; these I shall hope also to give in a future article.

Liverpool.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SAMARITAN FREE HOSPITAL.

(DORSET HOUSE BRANCH.)

CASE OF REMOVAL OF LARGE INTRA-UTERINE FIBROID.

(Under the care of Dr. PERCY BOULTON.)

E. B—, aged thirty-five, was admitted on account of profuse loss of blood at her periods which had rendered her exceedingly anæmic, and latterly, during the whole intra-menstrual interval, she had suffered from a foul-smelling discharge. Being single and the hymen intact, she had never undergone a vaginal examination. Dr. Percy Boulton found the os dilated and the brim of the pelvis completely blocked by a fibroid tumour a little larger than the foetal head at term. A broad anterior attachment was made out, and it was found that the presenting part was decidedly sloughy and causing the foul discharge complained of.

The patient was prepared and the tumour was removed. Owing to the large size of the growth and the smallness of the vaginal outlet, it was necessary to trisect the tumour. The wire of the écraseur was placed over it and tightened sufficiently to act as a tourniquet round the thick pedicle, while the other portions were removed with another instrument, the last third being removed by the écraseur that was first placed round the pedicle, and in this manner the severe hæmorrhage which was anticipated from so broad a base was prevented.

During the first twelve hours the vagina was packed with wool impregnated with iodoform and eucalyptus, and afterwards the parts were douched several times a day with iodine lotion.

Some slight pelvic cellular inflammation occurred afterwards, from absorption of the discharge through the stump, but the temperature never exceeded 102.4°, and the patient made an excellent recovery and left the hospital convalescent after seven weeks.

As the usual difficulties in removing large tumours were much increased by the small space for manipulation, and a broad pedicle is always an element of danger after the removal of fibroids, the case was regarded as interesting and satisfactory.

WOLVERHAMPTON AND SOUTH STAFFORDSHIRE GENERAL HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA; DEATH FROM INTESTINAL HÆMORRHAGE; REMARKS.

(Under the care of Mr. KOUGH.)

FOR the following notes we are indebted to Mr. J. W. Batterham, B.S. Lond., house-surgeon.

George S—, aged thirty, was admitted at 1.30 P.M. on September 5th, 1884. He stated that he had been ruptured all his life, had never worn a truss, and had always been able to reduce his hernia when it came down; that when lifting a mass of iron early on the morning of admission the rupture came down in larger amount than usual, and he had been unable to reduce it. Patient was a spare, delicate-looking man, but had never suffered from any other ailment than his hernia. He was cold and pale with a small, feeble pulse.

Upon examination a scrotal hernia was found on the left side about the size of the patient's head. The tumour was not very tense and was resonant on percussion, but succussion showed it to contain a considerable amount of fluid. Gentle efforts at reduction being ineffectual, the patient was placed in a hot bath for twenty minutes, and then removed to bed with hot bottles to his feet and an icebag on the scrotum. He was left in this condition till 7 P.M. During this time he was extremely restless and complained of great thirst. He vomited a few ounces of bilious matter. At 7 P.M. he was becoming extremely collapsed, and complained of dyspnoea. The hernia was slightly smaller than on admission. At 7.30 P.M. chloroform was administered and the hernia readily reduced. The patient's pulse improved somewhat under the influence of the anæsthetic, from which he soon recovered, but he rapidly reassumed his collapsed condition, and died about 9.30 P.M.

Necropsy, sixty hours after death.—The sac in its empty condition was nine inches long and nine inches in circumference. It appeared to be the sac of an acquired inguinal hernia of the external or indirect variety. The mouth of the sac was large, admitting three fingers. The pelvic cavity was full of blood-stained serum, a little of which was also found in the sac. The last nine feet of the ileum, the cæcum, and ascending colon (in all, about one foot of large bowel) were of a dark-purplish tint, and had evidently formed the recent contents of the sac, though the exact point of strangulation could not be detected. A long meso-cæcum was present. The above-mentioned ten feet of intestine were ligatured and removed. The peritoneal surface was firm and polished. On laying the gut open about a pint and a half of blood escaped. The inner surface of the bowel was of an even darker colour than the outer, and presented throughout large slate-coloured patches of ecchymosis. Peyer's patches and the villi were very well marked, being turged with blood. No ulceration or other sign of disease was detected. The heart was anæmic, but healthy; the lungs were congested and cedematous; the liver congested; other organs were normal. The large venous trunks contained hardly any blood.

Remarks.—The above case presents several unusual features. 1. The large size of the hernia. 2. The great length of the mesocolon and mesocæcum, which allowed the first 12 in. of the large bowel to occupy the sac of a left inguinal hernia. 3. It is difficult to account for the presence in the bowel of so large a quantity of blood. The large size of the opening into the sac, and ease with which the hernia was reduced under chloroform, do not point to a very severe strangulation of the bowel by the neck of the sac. To what then was the intense congestion and subsequent hæmorrhage due? Is it possible that a twisting and stretching of the mesentery may have produced so grave an interference with the circulation? The patient presented the symptoms of internal hæmorrhage, and his death was apparently due to this cause. I am not aware that any case has been reported where death after hernia has occurred in this manner.

CASE OF RUPTURE OF THE LIVER; NECROPSY.

(Under the care of Mr. KOUGH.)

The notes of this case also have been furnished by Mr. J. W. Batterham, B.S. Lond., house-surgeon.

John B—, aged twenty-three, was admitted into the hospital at 2.40 A.M. on Sept. 5th, 1884, having been run over by an empty railway truck (weighing about four tons)