that the child had not been allowed to approach this one. Two days previously the child had a rigor, was very sick, and complained of a sore throat and bad headache, and on the morning on which I was sent for a rash had come out all over its body. Upon examination I found the child flushed and restless, with the temperature 101°F ., the pulse 110, strong, and full, and the usual strawberry tongue. The tonsils were inflamed, the glands at the angles of the jaws were tender and slightly enlarged, and the child was covered with a uniform red rash. The case went on well until the eighth day, when the face became puffy, and upon examination the urine was found to contain a trace of albumen. The patient was treated and dieted accordingly, and the case henceforth progressed favourably, desquamation commencing on the twelfth day and lasting for about fourteen days. On Aug. 14th I was again called to see the same child, and I found it in the following condition: the temperature was 103° , the pulse was 120, full, and bounding, the face was puffy, the hands and feet were œdematous, the glands at the angles of the jaws were much enlarged and very tender, the tonsils were enlarged and ulcerated, and a very pronounced bright red uniform rash covered the whole of the body. The mother informed me that, believing her child would not be liable to catch scarlet fever (having had an attack so recently), she had allowed it to play with another child who was recovering from scarlet fever, and that this was the result. The urine was loaded with albumen, and the child's temperature rose to 104.5° . Desquamation commenced on the tenth day, and the child has since progressed favourably and is now quite well.

CASES 2 and 3.—On Sept. 8th, 1892, I saw a youth aged sixteen years, who complained of a sore throat and headache accompanied by vomiting and rigors. The next evening he was covered by a bright red rash, and his pulse was 100 and temperature 100.5°F . He passed through the stage of desquamation, but had not finished on Sept. 31st, on which day his sister, aged six years, was taken ill with similar symptoms and had a severe attack of scarlet fever, which was accompanied by nephritis, her urine being loaded with albumen. Both cases progressed favourably, desquamation occurring, and the lad became quite well; but when I last saw the girl, about two months after her attack, she still had a trace of albumen in her urine. On Sept. 1st, 1893, I was sent for to see the girl again. Her temperature was 103° , the pulse 125, the tonsils were enlarged and inflamed, the glands at the angles of the jaws were enlarged, and the patient was delirious. She was covered with a red rash, and remained in a precarious condition for three weeks. Desquamation was very pronounced, some of the scales being exceptionally large. On the 14th her brother was taken ill with the same symptoms, but his temperature this time rose to 103.2° and his pulse was 180; he, however, had no albuminuria, but was very scarlet from his face downwards, and suffered greatly in his throat. Both patients have since done well, and although the girl still has a trace of albumen in her urine the lad is almost well.

I consider these cases worthy of attention as showing that sometimes, at all events, an attack of scarlet fever does not act as a preventive to a second attack after even a very short interval.

Earl's-court-gardens, S.W.

A CASE OF FIBRO-SARCOMA OF THE ORBIT.

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On July 31st, 1893, a middle-aged native woman was admitted to the Civil Hospital, Secunderabad, and was by the courtesy of Surgeon-Lieutenant-Colonel Fawcett, I.M.S., placed under my care. Five or six months previously she had been struck over the right eye, and from that blow she dates the commencement of her present symptoms—viz., shooting pain around the eye, loss of sight in it, and exophthalmos. On admission the condition of the patient's right eye was as follows: there was pronounced exophthalmos, the conjunctiva was congested and chemosed in its lower half; there was no evidence of inflammatory changes within the eye; tension +? The lens was somewhat opaque, the anterior chamber was shallow, and vision was absent. She

denied perception of light. There was some enlargement of the veins in the supra-orbital and temporal regions, with puffiness of those parts. The left eye was normal. On July 31st the patient was placed under chloroform and, kindly assisted by Surgeon-Lieutenant-Colonel Fawcett, I.M.S., and Surgeon-Captain Giffard, I.M.S., I enucleated the eyeball and then proceeded to clear out the cavity of the orbit down to the periosteum. This was greatly facilitated by the division of the external canthus upwards and downwards by a V-shaped cut. The whole orbit was found to be filled by a dense growth, which had replaced all the natural structures and was evidently a fibro-sarcoma, originating probably in the orbital connective tissue. Having dissected the mass back to the apex of the cavity, the stump that was left was touched with chloride of zinc lotion (twenty grains to the ounce), a sponge plug was put in, and antiseptic dressings were applied. The patient made a good recovery, the cavity filling up extremely well, and when the woman was last seen, early in October, she presented no signs of recurrence.

The granulating mass seemed to be covered with a kind of mucous membrane, but was yet very sensitive to cold or draught. This at first caused some uneasiness, as the pains in the head resulting from such catarrhs were at first feared to be due to cerebral growths. Protection of the parts, however, had the satisfactory result of relieving anxiety on this head. Seeing Dr. W. J. Collins' cases in THE LANCET of Sept. 16th, 1893, I thought it might be of interest to place this case also on record.

Bellary, India.

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.

KING'S COLLEGE HOSPITAL.

HYDATID CYST OF THE ANTERIOR MEDIASTINUM PERFORATING THE THORACIC WALL; REMARKS.

(Under the care of Mr. WILLIAM ROSE.)

ALTHOUGH the formation of hydatid cysts in the mediastinum is not unknown, still it is an occurrence of extreme rarity in this country, and the account of the following case will be read with attention. Dr. Hare, who wrote on the subject of Mediastinal Disease, gives a summary of recorded cases, comprising 134 of cancer, 98 of sarcoma, 115 of abscess, 16 of non-suppurative inflammation, 21 of lymphoma, 7 of fibroma, 6 of hæmatoma, 11 of dermoid cysts, 8 of hydatid cysts, and 104 of various mediastinal diseases. He came to the conclusion that the anterior mediastinum is affected far more frequently than are the other two spaces, and that most mediastinal growths occur in adult males. Hydatid cyst of the lung is a far more common disease, though it is also very difficult to diagnose. It is rather strange that a cyst in this position, behind the resistant wall of the thorax, and of such a size, did not produce more trouble than the patient appears to have experienced. For the notes of this case we are indebted to the late house surgeon, Mr. W. R. Smith.

A domestic servant twenty-five years of age was admitted to King's College Hospital on Oct. 11th, 1893. The patient was born, and had lived most of her life, in the country. She was single and had always enjoyed good health, with the exception of an attack of bronchitis six years ago which laid her up for a fortnight. Her father and mother are alive and well. She has four sisters and one brother, all healthy. Six years ago, after her recovery from bronchitis, she one day noticed a small lump about the size of an acorn just above her right breast. It steadily increased in size, but never gave her any pain or inconvenience. There had been no cough or respiratory embarrassment, and it was simply on account of the increasing size of the lump that she sought advice. On admission she presented a well-nourished, but somewhat anæmic appear-