and spoke to him at 8.30 P.M., and at 9 P.M. a patient called the nurse, and said he could not hear him breathing: he had died apparently without a struggle. At the post-mortem the larynx was removed, and there was practically no opening through the glottis, the parts being so swollen and infiltrated; the larynx was divided with scissors, and in the middle of the cricoid cartilage, posteriorly, a small abscess the size of a pea was cut through; this was apparently between the cricoid and its perichondrium; its walls were ossified. The vocal cords were tightly strung over the surface of the mucous membrane, leaving a mere chink. This appeared to be all the mischief, but on passing a probe into the right sacculus laryngis, the upper surface of the cricoid was felt bare, ossified, and carious, and on opening the right crico-arytenoid joint, both surfaces were in the same state, resembling the carious surfaces of a diseased knee-joint; much of the cricoid was ossified; the thyroid was totally unaffected. The state of the vocal cords and the general swelling explained why nothing could be seen laryngoscopically.

If this man's trachea had been opened the parts would have been comparatively at rest, the crico-arytenoid joint would possibly have become ankylosed, and the cricoid abscess would possibly have dried up. What voice he would have recovered I do not feel prepared to give an opinion upon, but almost certainly his life would have been saved. As he had attended at two other hospitals, the case was evidently not considered urgent, but it gives a lesson that a patient with persistent stridulous breathing owing to laryngeal mischief, whether ulceration, polypus, or necrosis, is not safe without a tube. It is also remarkable that he never suffered pain even on pressure, or dysphagia.

Had laryngotomy been performed instead of tracheotomy, it would inadvertently have been a wrong selection, as the tube would have been in close proximity to the diseased upper margin of the cricoid, and so would have most probably aggravated the disease.

CASE OF

HYDATIDIFORM DEGENERATION OF THE OVUM COMPLICATED WITH HÆMORRHAGE; REMOVAL OF THE MASS.

By WILLIAM C. WISE, M.D. ST. AND., L.R.C.P. LOND., &c.

M. A—, aged twenty-eight, married, four children (youngest ten months, still at the breast), last catamenia two months, consulted me on October 3rd, 1871, for a discharge of blood from the vagina which had taken place at the same hour for several days prior to her seeking advice. She estimated the quantity discharged each time at from two to four ounces. She had also vomited every morning for two months. The vaginal examination showed the os to be patulous, and the cervix short and plastic, but the speculum revealed no ulceration or other lesion. I diagnosed early pregnancy, directed her to wean the infant, and prescribed rest and the acid infusion of roses with dilute sulphuric acid. As the bleeding continued, in a few days I gave gallic acid in five-grain doses every four hours, and advised her to suck ice and take iced drinks. This treatment being of no avail, I gave ten minims of the solution of extract of ergot (P.B.) with fifteen minims of the tincture of perchloride of iron three times a day, hoping either to stop the bleeding, which had now (Oct. 24th) much increased, or induce the womb to expel its contents; but neither of these results occurring, I substituted for the ergot and iron ten minims of the tincture of cannabis indica three times a day, and ordered vaginal injections of alum. No improvement taking place, the case was now seen by Dr. Mason, of Finsbury-square, London, who ordered fifteen minims of tincture of perchloride of iron three times a day, and a free supply of Wenham-lake ice, and considered that this treatment persevered in would eventually stop the bleeding. At the end of a fortnight the general health, which had previously suffered much, was improved, and the hæmorrhage, although not stopped, was certainly less. At a second consultation with Dr. Mason, as there was a certain periodicity about

the discharge of blood, he suggested that two grains of quinine be given with each dose of the tincture of perchloride of iron. This was on December 7th, and on the morning of December 8th, on my visiting the patient, she told me she had had bearing-down, forcing pains since 4 A.M. at regular intervals. On examination, I found the os dilated to the size of a florin, and a soft, firm, flesh-like substance, which I could not break down, planted over the mouth of the womb. There was still hæmorrhage, though slight, which came and went with every pain. After waiting some hours and finding no progress, I gave two half-drachm doses of ergot at an interval of two hours, neither of which appeared to have the slightest effect. I now called in Mr. Mason, F.R.C.S., of Woolwich, who placed the patient under the influence of chloroform, while I with great difficulty worked my hand through the placenta-like substance planted over the mouth of the womb, into the cavity of the latter, from which I scooped out a large wash-basin half full of hydatid cysts (so called), which resembled a large number of white grapes floating in claret. There was not the slightest trace of any ovum unless the fleshy mass referred to represented the placenta. We got good contraction of the uterus, the patient slowly regained her strength, and was quite convalescent by the end of a month.

Burrage-road, Plumstead, S.E.

A Mirror

HOSPITAL OF 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.

PSOAS ABSCESS; ACUTE TUBERCULOSIS; DEATH.

(Under the care of Mr. ERICHSEN.)

THIS case is one that throws some light on the origin of tuberculosis. Since Villemin first announced that tubercle may be introduced into the lungs and other organs of the body by inoculation, the views on the pathogeny of tuberculosis have undergone great changes both in this country and on the continent. It is, however, chiefly owing to the advocacy of Buhl and Niemeyer in Germany, and to the results of experiments carried on by Drs. Burdon-Sanderson and Wilson Fox in this country, that the origin of tuberculosis from a pre-existing inflammation has come to be regarded as a fact. The only point under dispute is, whether every tuberculosis has such an origin; some observers answering in the affirmative, while others as positively deny this to be the only mode of origin. In all cases, however, it is acknowledged that there must be a certain predisposition in the patient to the acceptance of this condition; this predisposition Niemeyer calls a vulnerability of the constitution. The facts appear now to be too numerous to allow of the sequence of events being attributed to a coincidence.

William T—, aged twenty-three, said that up to two years before admission he was quite well, but that about October, 1869, he suffered rheumatic pain in the hip and lumbar region of the left side. For this he was treated at the Great Northern Hospital, and in about two months got well. About October, 1870, he felt some weakness in the back, so that he was unable to rise from the horizontal position without using his arms. In January, 1871, he had a severe cough, and spat up a large quantity of mucus, but no blood. He then lost appetite, and suffered pain in the chest. At the end of February of the same year he noticed a swelling in the left groin, and a week after this a swelling in the left lumbar region. These increased in size rapidly for three weeks, but since then have not grown much. At this time he was ordered cod-liver oil. At the beginning of July, 1871, he had a return of the rheumatic pains, but this time in the fingers and in the forearm of the right side. At the end of October he felt pain as of a cord tied tightly round the abdomen. At the time of admission, Nov. 1st,