similar case reported by Mr. Hancock;* and, looking back, I feel that the severity of the early symptoms would have justified such a course. My decision in favour of delay was, perhaps, too much influenced by my unwillingness to interfere as long as there appeared to be even a remote chance of spontaneous resolution of the obstruction.

Leeds.

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.

GUYS' HOSPITAL.

CASE OF EXOPHTHALMIC GOITRE ASSOCIATED WITH DIABETES.

(Under the care of Dr. WILKS.)

IN the St. Bartholomew's Hospital Reports for 1874, at page 255, will be found the notes of a case of exophthalmic goitre associated with diabetes, and remarks thereon by Dr. Brunton. For the notes of the following case we are indebted to Mr. Alfred Finch.

A. B., aged forty-four, married, and had three children, was admitted Jan. 28th. She had been subject to bilious attacks and to palpitation all her life, but had enjoyed moderate health till twelve years ago, when her friends noticed that the right eye was rather prominent. Shortly after this the left eye became prominent also, but the thyroid body did not enlarge until several months after. She then attended at the Ophthalmic Hospital, and subsequently was under the care of Mr. Bader. About twelve months after the eyes began to protrude the cornea of the right eye ulcerated, and was operated on at the Ophthalmic Hospital, but the sight of the eye was lost. The thyroid body was never larger than a duck's egg, and had not caused much inconvenience. For three years she had been getting thinner, and about six months ago she began to suffer thirst and to pass large quantities of urine, varying from 16 to 18 pints a day. On examination sugar was found in the urine. All her life she had been a great drinker of highly-sweetened tea. For the last three months she had been subject to various delusions, mostly of a suspicious character; and her temper had been very excitable. Since the commencement of the diabetes the thyroid body had returned to its normal size. The patient had not been dieted, but had been treated with opium and bark.

On admission, the patient was greatly emaciated. The skin was dry and rough; appetite not voracious, but she had a craving for food, especially for sweet things; thirst moderate; bowels very costive; conjunctivæ much congested and eyes very prominent; right cornea destroyed. On examining the left eye with the ophthalmoscope, the inner half of the optic disc in the inverted image was anæmic as compared with the outer half, and the outer margin was a little indistinct. The whole disc appeared to be bulging forwards. The urine was of a pale-straw colour, had a peculiar faint smell, and was strongly acid; there was no albumen; sp. gr. 1036; sugar 4 grs. per ounce; there was a deposit of uric acid and oxalate of lime crystals. The heart's impulse was very diffused; apex beat not definable; no cardiac dulness; the first sound varied—sometimes it was clear and sharp, like the normal second sound, intermittent and without bruit, at other times it was loud but followed by a distinct rough bruit; the second sound was normal. Pulse 84, intermittent at times. The resonance of the chest was good all over, and there were no morbid breath-sounds. Liver normal.

* Druitt's *Vade Mecum* (p. 104).—"In an apparently desperate case of acute inflammatory disease of the appendix cæci arising from impaction of feculent matter, Mr. Hancock made an incision close above Poupart's ligament into the abdominal cavity, and gave issue to some offensive serum, to the great relief of the patient, who recovered. He proposes a similar operation for the purpose of letting acrid effusions drain away in cases of unhealthy peritonitis, and the hint is a valuable one."

The patient was ordered to take three times a day a pill containing half a grain of codeia and three grains of extract of aloes, also a mixture containing sulphate and carbonate of magnesia with peppermint-water. The diet to consist of meat, greens, bran biscuits, butter, toast-and-water, and four ounces of brandy.

Jan. 30th: Urine, 3 pints 15 oz.; sp. gr. 1032; 4 grs. of sugar per oz. The patient has been very excited in the night; quiet and rational to-day.—Feb. 1st: Urine, 1 pint 14 oz.; sp. gr. 1020; 4.36 grs. of sugar per oz.—2nd: 4 pints 6 oz; sp. gr. 1020; 5.85 grs.—3rd: 2 pints 12 oz.; sp. gr. 1026; 13.33 grs. Still very excited and under the influence of delusions; no cardiac bruit heard since admission; bowels not open. Ordered castor-oil enema.—4th: Urine, 1 pint 10 oz.; sp. gr. 1032; 15 grs. of sugar per oz. Had a subcutaneous injection of hydrochlorate of morphia last night. Repeat injection.—5th: Urine, 1 pint 2 oz.; sp. gr. 1032; 16.5 grs. of sugar per oz.—6th: 10 oz.; sp. gr. 1026; 13.13 grs.—7th: Gets up daily; much improved mentally; bowels thoroughly open.—9th: Urine, 2 pints 5 oz.; sp. gr. 1017; 3.75 grs. of sugar per oz.—10th: 1 pint 10 oz.—12th: sp. gr. 1032; 24 grs.—15th: 2 pints; sp. gr. 1019; 10.90 grs.—17th: Sp. gr. 1026; 7.16 grs. Perfectly recovered from her delusions, and greatly improved in strength.

MIDDLESEX HOSPITAL.

CASES OF COXITIS TREATED BY EXCISION.

(Under the care of Mr. HULKE.)

THE following is a continuation from page 334 of the series of cases commenced at page 268.

CASE 9.—J. O.—, aged eleven, an emaciated, pale, weak boy, was admitted into Percy ward with coxitis on February 27th, 1872. His right thigh and leg were very wasted, and the thigh flexed on the trunk at an angle of about 113°. When the pelvis was securely fixed, a slight mobility of the thigh-bone in the hip was discoverable; but, unless it was fixed, the pelvis was always twisted with the thigh. The patient referred his pain exclusively to the knee. Four inches below the anterior superior iliac spine was an open sinus. His abdomen was large; there was no enlargement of the liver; urine turbid, cleared by the addition of nitric acid.

He was placed on a firm, level mattress; an extension splint was put on, and an ice-bag laid against the hip. This treatment was followed by considerable improvement. On Nov. 13th the pain in the knee had nearly gone; the limb was much straighter, and the discharge had become much less.

He continued to improve for several weeks, but in the spring his strength declined, and on April 24th the head of the thigh-bone with the neck and trochanter major were excised through a curved incision. The head had lost its cartilage and was carious. Although little force was applied to tilt the end of the bone out of the socket by grasping the shaft just above the knee, the shaft snapped across within the hand. Short splints were immediately applied about the fracture, the bone cut through *in situ* below the trochanter, after which the remains of the head were seized with a lion forceps and dissected out. A strong adventitious band joining the head and the acetabulum formed the impediment. All the acetabular cartilage had disappeared, and the upper and posterior margin had undergone an upward and backward prolongation. The wound was dressed and the limb put up in the usual manner. In the course of the afternoon there was slight bleeding, but not enough to demand the opening of the wound. It soon ceased. He vomited several times through the afternoon and night (from chloroform?), and he rallied slowly from the shock. On May 2nd he had a rigor, with high temperature and retching. On the 5th he wandered at 4 o'clock A.M. He became convulsed, and died at 9 o'clock A.M., eleven days after the operation. His mother forbade any post-mortem examination of his body.

CASE 10.—E. R.—, aged eight, who had been in the Middlesex Hospital during five months in the preceding spring and summer with coxitis, was readmitted into Queen ward Oct. 8th, 1866. Her condition at this time was thus described:—"She is lying on her left side with her pelvis very twisted, and her right thigh flexed and adducted, so