death the right lower limb was found to be very evidently shortened by about three inches, and the right thigh appeared to be much broadened out. By using force I was able to undo the impaction and I found the seat of fracture quite at the root of the femoral neck.

The chief points of interest to me and those with which I was not absolutely familiar were the very slight amount of shortening which could be discerned and the absence of any evidence of severe bruising of the hip. The characteristic eversion of the foot, the broadened appearance of the thigh, and the helplessness of the limb were the chief signs of injury.

West Bridgford, Nottingham.

THE ORCHITIS OF MUMPS.

BY CLEMENT DUKES, M.D. LOND.,

PHYSICIAN TO RUGBY AND SENIOR PHYSICIAN TO
RUGBY HOSPITAL.

In the elucidation of facts with regard to diseases it behoves us to be careful that our facts are real and universal and not subject to the alteration of time and circumstances. By virtue of a very long experience, dating from April, 1871, I have from time to time discussed the question of the orchitis of mumps. I have emphasised these supposed facts: (1) that the orchitis of mumps is not a metastasis; (2) that it almost invariably occurs on the seventh or eighth day of mumps, though occasionally mumps commences with orchitis on the first day, when it may occasion very alarming symptoms; (3) that it never arises before puberty; and (4) that it does not occur after puberty if the patient be kept in bed over the eighth day.

We have just passed through an epidemic of 30 cases of mumps at Rugby which indicates that my previous experience of the orchitis of mumps was inaccurate when applied over a long series of cases extending over many years, for this series of cases belies all my former ones.

No. of case.	Residence.	Mumps.	Date.	Orchitis.	Date.	Day of orchitis from mumps.
1	G. S.	Right parotid.	Oct 27, 1899.	Right.	Nov. 3.	Seventh day.
2	"	"	Nov. 13, 1899.	"	" 21.	Eighth "
3	P. S.	Both parotids.	Nov. 15, 1899.	"	" 20	Fifth "
4	G. S.	Left parotid.	Nov. 16, 1899.	Left.	" 23.	Seventh "
5	P. S.	Right "	Dec. 6, 1899.	Right.	Dec. 9.	Third "
6	R. W.	Left "	Dec. 5, 1899.	Left.	" 11.	Sixth "

Here, therefore, we have these facts—that out of 30 cases of mumps 20 per cent. developed orchitis, although not one of the boys moved from his bed for any purpose whatever for eight days; also the days on which the orchitis showed itself varied between the third and the eighth days, which is quite a new experience to me.

Rugby.

A BOY'S EAR BITTEN OFF BY A HORSE.

BY JOHN MUNRO MOIR, M.D. ABERD.

IN THE LANCET of Dec. 2nd, 1899 (p. 1572), Mr. E. W. Cuming asks for information regarding any cases of the above accident. The following case may prove of some interest to him.

A few years ago I was called to attend the son of a patient of mine who while grooming his father's horse, or rather small pony, had one of his ears completely bitten off, quite as cleanly and neatly as if a surgeon had done it with a knife. The whole of the structure of the external ear was removed and was intact. It was some time after the accident before I saw the boy—I should say about

two hours. The ear, which had been carefully preserved was cold and shrivelled up, and I regret that I did not adopt the treatment mentioned in the case referred to in THE LANCET of June 4th, 1898 (p. 1533), with such a successful result—viz., that of sewing on the severed ear. I thought that in my case there would be but little chance of union owing to the length of time elapsing from the occurrence of the accident until I saw the boy, but this will not deter me from doing so should I see another case. The disfigurement resulting from this accident is very marked; the organ is a very difficult one to model artificially, and even were this done successfully it would be difficult to attach it and keep it in position. Fortunately, as pointed out by Mr. E. W. Cuming, these accidents are rare.

Inverness.

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.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF SUPPRESSION OF URINE ASSOCIATED WITH A SINGLE KIDNEY.

(Under the care of Mr. D'ARCY POWER.)

FOR the notes of the case we are indebted to Mr. Percival Wood, house surgeon, and Mr. H. P. Johnson, dresser of the case.

A man, aged 36 years, was admitted into St. Bartholomew's Hospital on the evening of Saturday, August 26th, 1899, vomiting and saying that he had total suppression of urine. The patient stated that he had been in his usual health until Sunday, August 20th, when he passed no urine all day. He was not inconvenienced in any way and went to his work as usual on the Monday and afterwards had a bicycle ride. On the Tuesday he still felt in excellent health and went to his work, though he still passed no urine. On the Wednesday he did not feel well and stayed at home. On the Thursday he began to feel weak and to vomit and his condition became gradually worse until his admission to the hospital on the Saturday. He then had a slight headache and a little giddiness but "beyond the vomiting and weakness he did not feel much wrong." He had seen a medical man frequently during the week who passed catheters, but he had "not passed more than half an eggcupful of urine the whole week." His bowels were opened every day but only slightly. There was nothing of importance in his history. He had never had any abdominal pain suggestive of renal colic or any difficulty in passing urine. His urine had never contained gravel, blood, or sediment.

When the patient walked into the surgery he looked ill, his face was drawn, and he was very sallow. His skin was moist and his breath was foul, but there was no urinous odour about him. He was evidently very weak, but he did not seem to be giddy. He could see quite well and the pupils were equal and contracted. The pulse was very soft and was regular both in strength and frequency, beating 84 to the minute. The legs pitted slightly on pressure. The abdomen moved well. It was neither distended nor tender and except for a slight dulness in the right loin it was everywhere resonant. No tumour could be felt either in the bladder or the kidney region, the only abnormality being a slight muscular rigidity on the right flank. The heart and lungs were apparently normal, the respirations being 12 or 14 a minute. The face was not puffy anywhere; the tongue was dry and somewhat cracked. One eye was examined under atropine with the ophthalmoscope. The edge of the disc was slightly blurred, but otherwise the retina was normal.

A catheter (No. 10) was passed and went easily into the bladder; no urine was withdrawn. A sound was also introduced, but nothing was discovered. The diagnosis of obstructive suppression was made and the patient was therefore