whole organ. The patient was in addition to this put upon mercury (by inunction) and the iodide, and a 10 per cent. solution of boracic acid to wash his mouth with after meals was recommended, together with healthy exercise. A few days afterwards the rigid edges of the posterior fissure were destroyed by the cautery and the nodule at its extremity was freely punctured, as well as any portion of thickened mucosa that was missed at the first application. In three weeks' time the dorsum of the tongue had almost assumed a healthy appearance; the raised nodules were gone, the tracks filled up and the ulcers were healed. The patient was forbidden the use of tobacco and stimulants for one year and was told in the meantime to live almost exclusively on farinaceous food, milk &c. A week later the mucosa was healed and was normal to the touch and painless. The ulcers could be traced by three linear cicatrices, which were soft and pliant. The two nodules near the tip were almost gone and the other nodule was just traceable. The inunction was still continued.

Remarks.—At first sight the tongue presented a most suspicious appearance and was referred to guardedly by other medical men who had seen it. The pain was considerable and worried the patient. The three nodules in its substance were also suspicious, although one authority asserts that cancer rarely appears at more than one spot. Yet this statement is not generally accepted. The only treatment adopted had been persevered in for four years without result. There is no doubt that the curette and galvano-cautery were mainly instrumental in bringing about the successful issue. The removal of the sodden epithelium and other decayed products must have lessened the irritation, but the cautery at once abolished pain by destroying terminal nerve twigs. It also destroyed much of the infiltrated tissues and stimulated healthy repair by the absorption of what remained.

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STRANGULATED UMBILICAL HERNIA IN A PATIENT AGED EIGHTY; OPERATION.

BY A. MARIUS WILSON, M.B., B.S. DURH., L.R.C.P. LOND. &c.

ON the evening of Feb. 13th I was called in to see an old lady aged eighty. The patient, who was not very stout, had had an umbilical hernia for forty years, but she had managed by means of a belt to keep it smaller than an orange. When I saw her the swelling was the size of a child's head, tense, smooth, resonant in parts, dull in others, and tender on manipulation and with dilated veins coursing over it. The site of the umbilical scar could not be determined. The symptoms were—moderate pain in the swelling, constipation (which was usual with her and for which her friends had given her castor oil) and a considerable amount of thirst and nausea, besides which she had vomited once. Slight taxis made no impression on the swelling, but revealed most tenderness at the upper part. I diagnosed an irreducible obstructed hernia and gave her an enema and put her on ice and iced milk. The enema after a time brought away a soft, fairly healthy motion. Next morning the patient's general condition was still fairly good, but the swelling appeared to be unaltered; there had been more pain during the night, the feeling of nausea was constant, and she had vomited four times. I now explained to the patient and to her friends how hopeless the condition was unless something further was done, and in any case the prognosis was somewhat unfavourable considering the condition and age of the patient. They decided to let me do what I considered best, but postponed matters until her worldly affairs had been arranged. It was nearly six o'clock before the patient was ready, so that everything had to be done by candle-light. Mr. Chas. Jackson gave the patient some brandy and then administered chloroform, which she took well. I then attempted cautious reduction for a few minutes, but without success. Then, having well washed the parts with soap-and-water and bathed them with carbolic solution, I made an incision down the middle line about four and a half inches long and opened the sac on a director for nearly the same distance. There was only a slight amount of bleeding and that came from the dilated veins mentioned above. The sac contained intestine, omentum and a large quantity of clear serum. The intestine and omentum were both adherent in a number of places to the sac and were only moderately congested. Reduction being impossible even after freeing a few of the adhesions, I divided the constricting part upwards and

to the left and then returned the gut and omentum into the abdomen. The rest of the thick adhesions were left alone, as, although the patient's condition remained satisfactory, it was not thought advisable to prolong the operation. After cleaning the wound it was closed with carbolised catgut sutures, first the sac and then the integuments, separately. The wound was dressed with cyanide gauze and sal alem-broth.

At 11 P.M. the patient's condition was good; she had not been sick since the operation and she had lost the feeling of nausea, but she complained of some pain in the abdomen. She was then given a quarter of a grain of morphia by the mouth and small quantities of iced milk. Next morning she felt quite comfortable, was free from pain and quite refreshed after a good night's rest. The wound was dressed again in the same way and looked quite satisfactory. Since then Dr. Plowright of King's Lynn, whose practice I was taking at the time, has written saying that the case went on very well at first, but that vomiting soon returned. She was kept under opium, consequently the bowels never acted, though she passed flatus. Owing to the retching some of the superficial stitches gave way, but the deeper ones held and that part of the wound closed properly. The patient gradually became weaker and died on the eighth day after the operation, remaining free from pain till the end.

RUPTURE OF TONSILLAR ABSCESS INTO LARYNX, CAUSING SUFFOCATION.

BY THOMAS GANN, M.R.C.S. ENG., L.R.C.P. LOND., J.P.

ON Aug. 26th, 1892, I was called to see a robust, well-nourished Creole woman, who gave the following history. Two days previously she had had a rigor, and since then she had suffered from severe pain in the throat and under the angles of the jaw, together with great difficulty in swallowing and sleeplessness. On examination I found, immediately below the angle of the jaw on the right side, a distinct swelling with pain on pressure. The submaxillary glands and the glands about the angles of the jaw were enlarged and painful and the skin was hot and dry. The temperature was 105°; pulse 118. The tongue was thickly coated with white fur. Great pain was complained of in the back of the throat with inability to swallow even small quantities of fluid; there was constant dribbling of saliva from the mouth. The pillars of the fauces and soft palate were greatly swollen and were of a deep purplish colour; the left tonsil was also swollen and injected. The right tonsil was occupied by a large abscess, which reached beyond the mid-line of the faucial canal and touched the left tonsil, the soft palate and pillars of the fauces being pushed downwards and forwards on this side. The uvula was elongated and adherent to the right tonsil. I at once returned to my quarters for a lancet to open the abscess; but I had scarcely arrived when the patient's son came hurriedly and told me that about five minutes after I had left his mother she had, whilst lying back in her hammock, suddenly raised herself, making a loud gurgling, choking noise, and then had fallen back dead. On returning I found this to be the case. I at once performed tracheotomy and had recourse to artificial respiration, but without effect. On post-mortem examination I found the right tonsil occupied by a large abscess cavity containing about one drachm of very thick, viscid, offensive pus. The abscess had ruptured and discharged the greater part of its contents into the larynx, which was almost filled with the same thick offensive pus.

The Cayo, British Honduras.

CHLOROBROM IN SEA-SICKNESS.

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AFTER an extended trial of chlorobrom in marine practice where the patients were under observation for some months I have no hesitation in pronouncing it the most satisfactory remedy yet produced for the treatment of sea-sickness. In those cases particularly where the patients, though not suddenly and violently sick, were in a state of chronic misery