have had an anæsthetic administered, but I find this is seldom necessary, as the pain is slight. The operation can now be proceeded with. The negative needle electrode is plunged into the root of the hair for about one-sixteenth of an inch, and the positive electrode sponge is applied in the immediate neighbourhood. The needle should be kept in for about the space of five seconds, then the sponge electrode should be removed and afterwards the needle electrode. To know that the operation is effectual the needle should produce slight frothing of the tissues. The hair destroyed can now be easily epilated with an ordinary pair of dressing forceps, and it should come out without the slightest adhesion. This operation applies more especially to hairs that are noticeable to the naked eye. Fine downy hairs can always be destroyed by the application of a properly made depilatory. A slight inflammation of temporary character occurs for an hour or two after the operation in the destroyed follicle; this can be controlled by the use of a soothing lotion. The operation, if carefully done with a battery in good working order, is invariably successful, especially if the hairs are few and of good size—from a quarter to half an inch long. If many hairs have to be removed, then several sittings will be required at intervals of about ten days. A hundred hairs can be removed at a sitting. The following cases may serve to illustrate the operation.

1. A young woman, aged thirty-two, consulted me on March 15th, 1884, with superfluous hair on the upper lip and chin; she had pulled them out herself, and there remained about a hundred short, dark, stumpy hairs. I removed in two sittings as many as I could see; for the removal of the remainder I prescribed a depilatory for her to use. I recently saw this patient, showing the result of the operation to be successful.

2. In August, 1884, a young lady, aged thirty, was sent to me from the north of England, who had had a superfluous growth of hair on the upper lip and chin for about five years. I removed all I could see in two sittings. I heard recently that the operation was successful.

3. I removed a patch of superfluous hair from the neck of a young lady last August, and I received a letter from her mother last week to say the operation was successful.

4. In October a young woman came to me to have a large quantity of hairs removed from the chin and upper lip. This was the worst case I have had, both from the numbers of the hairs, their depth of growth, and the extreme sensitiveness of the patient to electricity. I used the electrode with difficulty after painting the skin with a 5 per cent. solution of hydrochlorate of cocaine, and could only remove about fifty at a sitting. After seven sittings I have nearly accomplished their removal.

5. A gentleman consulted me in the summer of 1885 for a few superfluous hairs on the tip of the nose. I removed these at one sitting, the result being successful.

6. In July, 1885, I removed about fifty hairs an inch in length round the nipples of the breast of a young woman, also some from her upper lip. One operation proved successful.

Since I wrote this paper I had the honour to show my battery and electrodes in the museum, and demonstrate the process in the Surgical Section to the President and members, at the meeting of the British Medical Association in August last, in connexion with the destruction of the lupus nodule, moles, warts, and nævi, in a paper on the "Surgical Treatment of Lupus and Acne" I read at Brighton.

Sackville-street, W.

NECROPSY OF A CASE OF MYXEDEMA.

By GILBERT BARLING, M.B., F.R.C.S.

By the courtesy of Dr. Suckling I had the opportunity of examining the body of a patient of his suffering from myxœdema. A clinical note of the case has been reported by Dr. Suckling in THE LANCET of May 15th, 1886.

The necropsy was made thirty-six hours after death. External appearances: The body of a very stout old woman; the lower lip much everted and swollen; cheeks of a bright-red colour; a well-marked arcus senilis. The legs, face, and arms pitted on pressure, but no fluid could be made out in the abdomen. Incision into the tissues did not reveal the mucoid appearance mentioned in other cases. Head: The cranial bones were very thick, especially in front, there reaching to nearly a third of an inch. The brain and its

membranes presented no abnormal appearance. Weight of brain 2lb. 10 oz. The pituitary body was reserved for microscopic examination, but no change was subsequently found in it. The cervical sympathetic showed no change to the naked eye, but it was not examined with the microscope. The thyroid body was small, especially the right lobe, and it was very tough to the feel, and so intimately blended with the cervical fascia that it was difficult to separate the two exactly. The weight of the organ was 155 grains. Microscopic examination showed a simple atrophy of the gland structure—in some places complete, in others only slightly advanced. If a fairly plump lobule were examined, it showed at its periphery the remnants of atrophying capillaries; next to this a zone in which the capillaries had not undergone marked change, but the meshwork formed by them, enclosing the alveoli, had lost its epithelial lining, as well as the colloid material found inside. In the centre of the lobule, capillaries, epithelium, and colloid material appeared in the relative proportions found in health. There was nothing to indicate that the disappearance of gland tissue was due to a formation of granulation tissue resulting in a cirrhosis. The submaxillary glands weighed one ounce. No abnormal condition was found in them either by the unaided eye or with the microscope. Thorax: The lungs were crepitant throughout, and presented a few caseous and calcified nodules scattered sparsely through them. The heart weighed fourteen ounces, and there was marked hypertrophy of the left ventricle. The valves were fairly healthy, but there was considerable atheroma of the aorta. Abdomen: On opening this cavity several ounces of glairy but clear fluid were found. Some of this collected and boiled became practically solid in the test-tube. The liver was adherent to the stomach, its capsule was much thickened, and microscopic examination showed a slight cirrhosis in places advancing from the surface. The gall-bladder was distended with about four ounces of pus, the cystic duct being plugged with a calculus which was solitary. Kidneys: The pair weighed ten ounces; the capsule was thickened and adherent, and the cortex rather narrow. Microscopic examination showed a moderate amount of interstitial nephritis. The spleen was firm and dark, and weighed three ounces.

Birmingham.

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.

DISEASE OF THE KNEE-JOINT, SECONDARY TO SYNOVIAL CYST; AMPUTATION.

(Under the care of Mr. THOMAS SMITH.)

THE following case is one in which acute arthritis followed the formation of a large synovial cyst of the kind to which special attention has been drawn by Mr. Morratt Baker. Independently of the rarity of the case, the condition of the knee-joint, as found after removal, is of considerable clinical interest. Before amputation there was no swelling along the track of the cyst (which had been previously drained), the swelling of the joint was not excessive, and the temperature was normal. The extensive disease of the joint at the time of amputation was only foreshadowed by the excessive pain experienced by the patient on the slightest movement of the limb or even jarring of the bed; he was in a constant state of terror, unable to sleep, and begged for the removal of his limb. For the following notes we are indebted to Mr. H. E. Knight, dresser to the case:—

A. B.—, aged forty-five, bootmaker, was admitted into Henry ward on August 2nd, suffering from a swollen left knee-joint. In June, 1885, he was in the hospital, and a synovial cyst of Baker (supposed before opening to be an abscess) was opened in the calf of his left leg; about one

pint of clear synovial fluid was evacuated from it. This was done under antiseptic precautions, and the wound healed by first intention. He was discharged at the end of a month with his leg in a Martin's bandage, at which time there was no sign whatever of any disease of the knee-joint, neither had the cyst refilled. In December he came back again as an out-patient, and had a back splint applied, as he complained of pain in the knee, and this relieved him. In May, 1886, the patient took off the splint for two months, and then the knee began to get bad. The splint was again applied, with great pain to himself, and he came into the hospital. Family history good.

On admission, the left knee was much swollen and very tender; there was no heat or redness of the joint. The following measurements were taken: Round left knee, 13 in.; round right knee, 12 in.; above left knee, 11 in.; above right knee, 12 in. He says he has sharp shooting pains in the joint at night, which last for about three minutes and then subside, leaving a gnawing pain in their place. There is a large fluctuating swelling in the popliteal space; no lateral movement.

August 31st.—Various splints and extension have been tried, with only temporary relief. To-day liquor epispasticus is to be employed to raise a blister, and then savine ointment is to be applied to the knee.

Sept. 16th.—MacIntyre's back splint applied.

24th.—Pain is getting worse, and the application of cocaine only stops the jumping very slightly. Indiarubber springs have been put under the bedposts to deaden the vibrations of the footsteps in the ward.

Oct. 7th.—After consultation with Mr. Willett, Mr. Baker, and the assistant surgeons, it was decided to examine the joint under an anæsthetic prior to amputation. This was done, but led to no new discovery. The man has most excruciating pain in the joint and cannot bear it being touched, however lightly.

13th.—An anæsthetic having been administered, Mr. Smith amputated the limb just above the knee-joint by anterior and posterior flaps. An incision was first made into the joint and a large quantity of bloody fluid escaped, but no pus. On examination after removal the following conditions were discovered:—The under surface of the patella is carious, and the cartilage on it is ulcerating and mostly gone. The condyles of the femur and head of the tibia are in a similar condition. The large cyst at the back of the joint, which contained a large quantity of bloody fluid, communicated with the bursa between the inner head of the gastrocnemius and semi-membranosus muscles, and so with the joint. The shrivelled-up sac of the old cyst was found running along the inner border of the gastrocnemius for about an inch and a half. It communicated by a very narrow passage with that at the back of the knee. The ligaments were all loosened, though not destroyed. Cartilages almost entirely destroyed; synovial membranes pulpy. No pus found in the joint.

Nov. 3rd.—There has been no hæmorrhage, and the man is progressing fairly towards convalescence.

15th.—The temperature was quite normal up to the time of the operation; after the operation it was elevated for about four days. The wound is healing and the patient doing well, gaining flesh and strength. The operation has given very great relief.

GENERAL INFIRMARY, LEEDS.

TWO CASES OF RUPTURE OF THE BLADDER; REMARKS.

(Under the care of Mr. W. H. BROWN and Mr. M'GILL.)

FOR the notes of these cases we are indebted to Mr. H. Littlewood, resident surgical officer.

CASE I.—James L.—, aged twenty-six, by occupation a professional cricketer, was admitted on Oct. 18th, under the care of Mr. W. H. Brown, with the following history. For the past few weeks he had suffered from constipation, and had taken a good deal of aperient medicine. During the last week he has complained of having to pass his urine frequently and in small quantities, the urine dribbling away at times. He had a slight gonorrhœal discharge. On Oct. 15th he took a large dose of castor oil, and whilst making violent efforts at defecation he felt something give way on the right side of the body lower down—i.e., the right inguinal region,—and immediately felt a burning sensation all over the abdomen, which was succeeded by severe pain. Vomiting shortly afterwards commenced, and he had not passed flatus

or fæces since the pain began. On Oct. 17th he was seen at 11 P.M. by Dr. Hogg, Mr. Hayman, and Mr. Brown. His condition was as follows. He was vomiting fæcal matter, was much collapsed, pupils widely dilated, pulse small and thready, surface cold and damp, abdomen greatly distended and tympanitic, and respiration rapid. The rectum on examination was found empty. Prostate large and tender; beyond the prostate a hard elastic swelling could be felt pressing upon the rectum. A No. 10 silver catheter was passed, four ounces of urine drawn off, and immediately afterwards about one ounce of coffee-coloured liquid containing some portions of what appeared to be breaking-down blood clot. A long tube was passed about eight inches up the bowel and ten ounces of warm water injected, with a negative result. The man's surroundings were so bad, and he himself so ill, that it was thought advisable to postpone any abdominal exploration pending his removal to the infirmary. Mr. Brown then punctured the abdomen with a No. 1 trocar with a view of relieving the difficulty of breathing. A puncture was made midway between the umbilicus and pubes, with the result that fluid, apparently urine, escaped and continued to drain for upwards of an hour, in all about two pints and a half. The catheter was again introduced, but only a teaspoonful of urine came through. Before admission to hospital, and after the trocar had been withdrawn, the patient passed urine voluntarily. He thinks he must have passed nearly a pint. Bowels not open, but he has passed flatus. No history of blow or other injury to abdomen can be obtained.

State on admission.—The patient is a strong, well-nourished man, of fairly regular habits; complains of some pain in the lower part of the abdomen; says he feels more comfortable than he did last night; appears collapsed; surface of body clammy. Temperature 98.4°; pulse 100. Abdomen somewhat distended, resonant all over.

Soon after admission he was seen by Mr. Brown and Mr. M'Gill. A catheter was passed and about eight ounces of urine drawn off, which was slightly tinged with blood. A feeling of fluctuation was obtained in the hypogastric region; a trocar was put in, but no fluid escaped. On examining the rectum, the prostate was found enlarged and tender. A sixth of a grain of morphia was ordered, and the abdomen poulticed. Patient vomited at 12 and again at 3 P.M.; vomit offensive and green. Complaints of hiccough. At 6 P.M. the condition was more favourable. At 12 P.M. a sixth of a grain of morphia was given hypodermically; after this he slept off and on until 4 A.M. Vomited twice between this and 10 A.M., the vomit being of the same character as before.

Oct. 19th.—10 A.M.: After consultation it was decided to open the bladder by the median perineal incision. This was done by Mr. Brown, the patient being under ether. On exploring the bladder with the finger a slight roughening was felt, but no rupture made out. A large tube was then put into the bladder. The patient did not recover from the operation and died suddenly at 1 P.M.; troubled a good deal with hiccough before death. The temperature was never above normal.

The necropsy was made by Dr. T. Wardrop Griffith. Body singularly well nourished; abdomen rather fully distended. On opening the abdomen, a quantity of fluid, dirty orange-coloured and somewhat opaque, but not purulent, escaped. The folds of the small intestine protruded from the wound, and the further dissection showed that they were all greatly distended, and adherent to one another and to the under surface of the great omentum. The adhesions were quite recent, and the intestines could everywhere be separated from one another with perfect ease. Towards the pelvis the amount of fibrinous lymph was greater there, also the intestines were more matted, and their arrangement was such that fluid was incarcerated in small amount between the adjacent folds. Especially was this the case about the seat of the abdominal puncture, the mark of which was seen midway between the umbilicus and pubes. In order to explore the pelvis the intestines had to be separated from the back of the bladder and from the sides of the pelvis. Here there was a large amount of lymph in soft masses, but no evidence in old adhesions of any antecedent inflammation. The posterior part of the bladder was coated with an extremely irregular covering of soft lymph, and about an inch below the reflection of the peritoneum from the upper part of the bladder, slightly to the right of the middle line, was an aperture that would admit one's forefinger with difficulty. The axis of this opening was vertical, and its margins were rough from the presence of a small amount of