patient must have been struck by the almost total absence of all local symptoms as well as by the non-existence of constitutional disturbance, with the exception of occasional vomiting. The man occupied a comfortable position as he lay extended in bed, and complained only of slight discomfort in the left groin. The patient was made to stand and cough, the result being negative. Neither bulging nor tumour could be detected, either by the hand or when the abdomen was examined in profile. It might also have seemed remarkable that no evidence whatever of violent taxis existed (neither tenderness, swelling, nor ecchymosis of the integuments), but this was strictly in accordance with the history of the reduction given by the patient himself. Now this was a most important fact to bear in mind in connexion with this lesion, and is one to which special attention had been drawn by Messrs. Luke and John Birkett, because, should the practitioner suppose that great force is necessary to effect reduction *en masse*, he may be deceived into discrediting his patient, and an operation which should be immediately resorted to may thus be fatally postponed. Mr. Maunder had, he said, operated on at least 120 cases of strangulated hernia, but this was the first case of the kind that had come under his personal care. The probable explanation of the lesion was this:—The necessity for the first operation arose from strangulation following the sudden descent of bowel into the funicular portion of the vaginal process of the peritoneum. This operation had led to obliteration of that process, while the tendency to hernia persisted. This persistence, meeting with an obstacle in the shape of a truss and agglutinated structures in the inguinal canal, led to the formation, by continuous pressure, of an *intraparietal* sac, which formed a nest for itself in the position where there was least opposition, partly in the canal, but chiefly in the iliac fossa. At the same time the opening into the peritoneal cavity, which had corresponded to the internal abdominal ring, had been pushed away from this, and lay deeply placed within the abdominal parietes.

WESTMINSTER HOSPITAL.

PARALYSIS FOLLOWING A BLOW ON THE HEAD; RECOVERY.

(Under the care of Mr. DAVY.)

For the following notes we are indebted to Mr. George F. Poynder, house-surgeon.

Philip L—, aged forty-nine, was admitted into Henry Hoare ward on June 20th, 1876, at 7.30 P.M. The account of his accident was as follows. In the evening, about an hour before admission, the patient was walking down the stairs of the Underground Railway, when his foot slipped on the brass edging of the steps, and he fell about twenty steps, striking his head, face, and left shoulder. He had been drinking before the accident, but was able to walk without staggering. He was stunned by the fall, and when he recovered consciousness he found himself being carried through the streets on a stretcher.

On admission he was sensible; complained of pain in left shoulder; pupils dilated; breath smelt strongly of alcoholic liquor; face drawn to the left; tongue protruded to the left; able to move both legs—right rather more freely than left; pulse normal; slight graze and bruising of scalp on upper and back part of right side of head; bruise over spine of left scapula and over crest of left os innominatum. At 10 P.M. he seemed better; protruded his tongue in a straight line. Got out of bed during the evening to micturate, but fell down and had to be raised. Had no difficulty in passing urine. Did not know what caused him to fall, except that his legs seemed to give under him.

June 21st.—Feels much better, but did not get much sleep through the night. Pupils normal; tongue protruded in a straight line; bowels open; able to walk across the ward; face still drawn to the left, but not so markedly as yesterday, not noticed by patient when he looked at his face in a glass; able to move his forearm on his arm, but cannot lift his arm from the side without assistance; can grasp pretty well with his left hand, but not nearly so firmly as with the right.

22nd.—Slept well; moves forearm a little more freely than yesterday; bowels acted; tongue clean.

23rd.—Feels better; able to raise arm from side, when he starts it by raising the elbow slightly with the other hand; bowels open twice.

24th.—Better again this morning; slept well. Pulse 80. Able to raise his arm over his head to-day slowly without any assistance from the sound arm.

25th.—Able to raise the arm more easily to-day, but still suffers slight pain in the shoulders when he moves his arm.

27th.—Patient was up for a short time yesterday, and felt all the better for it. Is able to grasp with the left hand almost as well as with the right.

28th.—As the patient was anxious to return to his work he was discharged. He was not able to move his arm quite so freely to-day, as it feels stiff—caused, he thinks, by his sleeping under one of the ward windows without a flannel shirt,—but he is able to use the affected arm as readily as the sound arm for ordinary purposes. Face still slightly drawn to the left, but not noticed by himself.

Remarks—The speedy recovery made by the man from the commencement is curious, as it began very soon after the time that he regained consciousness, and steadily continued till his discharge from the hospital. The diagnosis was that pressure had existed probably at the floor of the fourth ventricle, and in the vicinity of the right corpus striatum, the gradual subsidence of which was coincident with his speedy improvement.

BRISTOL ROYAL INFIRMARY.

TWO CASES OF SUNSTROKE, WITH UNUSUALLY HIGH TEMPERATURE ("THERMIC FEVER"); DEATH.

(Under the care of Dr. SHINGLETON SMITH.)

THE following records of three severe cases of sunstroke are especially interesting at this hot season. The effects of the injection of quinine in Mr. Fox's case are worthy of note.

CASE 1.—J. B—, aged about forty-five, a labourer, was admitted on July 15th, 1876, at half-past one P.M. Had been working on board a steamship from eight A.M. turning a winch, exposed to the full glare of the sun. At one o'clock he complained of feeling unwell, and went away from his work to lie down and rest in a neighbouring tavern; a few minutes afterwards he began to talk incoherently, became pale, and then insensible, throwing about his arms and legs. He had been drinking water freely during the morning, and at eleven o'clock had one pint of beer.

On admission he was deeply comatose, with pupils contracted to pin-points; his breathing was laboured, and the pulse was 160, weak and intermittent. Face was not noticeably flushed, and skin was perspiring freely. His temperature at 1.45 P.M. was 107° F; at 1.55, 108°; 2.5, 108.8°; 2.12, 109°; 2.17, 109°; 2.22, 108.8°; 2.37, 108°; 3.5, 106.8°; 4.7, 105.4°; 5.7, 103.8°; 6.7, 102.2°; 6.37, 101°; 7.12, 99.8°; 7.40, 100.4°. The temperature was taken at intervals of about ten minutes, by Mr. H. M. Chute, the house-surgeon, and the above extracts indicate the principal thermometric variations. Immediately on admission, ice was applied to the head, and kept in close and constant contact by a nurse whose sole duty it was to see to this, and iced water was applied to the body by means of Roberts's coils, two of them being used, one over the patient's chest and abdomen, the other being placed underneath the patient as he lay on his back. On administering fluid by the mouth, it was found that there was considerable risk of its entering the trachea; accordingly, two ounces of brandy were given as an enema, simply diluted with water. Afterwards the patient's ability to swallow improved, and he took brandy by the mouth. Altogether, seven ounces of brandy were given in about six hours. At 3.30 it was noticed that there was some twitching of the eyebrows and eyelids; the pupils were becoming less contracted. Pulse 128; respiration 40. At 4.15 the pupils were of normal size, and the conjunctivæ were slightly sensitive. At 4.25 the pulse was so weak that it could not be counted, and there was general tremor of the limbs. The pupils were sensitive to light. After this the pulse improved in character, but at 6.47 it was again too weak to be counted, the respiration became more laboured, and the pupils were dilating. Both coils were removed, dry blankets applied, and hot-water bottles kept to the feet. About eight minims of solution of ammonia,