possible until the space is cleared; there is seldom if ever any necessity, if the patient is kept quiet and there is no vomiting, to keep applying the sponge and endeavouring to stanch the bleeding each time the forceps are removed; it needlessly prolongs the operation, and the finger, and on occasions a great portion of the hand, serves to a certain extent as a plug. To the uninitiated there always seems an enormous quantity of blood, and for this reason it is advisable not to allow any lay friends or relatives of the patient to be present if it can possibly be avoided; the bleeding as a rule stops immediately the gag is removed. It adds greatly to the comfort of the patient if some warm water is syringed gently through the nostrils and allowed to run out through the mouth before he comes round, as it washes away clots and débris. For after-treatment I generally leave the patients alone for twenty-four hours, keeping them, if possible, in bed. The next two or three days I have a warm boracic wash syringed through the nostrils twice a day, and then an alkaline wash, such as borax and bicarbonate of soda, of each twelve grains, three grains of carbolic acid, and perhaps three minims of tincture of iodine to the ounce of water. This should be warmed, and sniffed or sprayed through the nose twice a day. It has to be continued for a varying time, from a week or two to months, the longer time being required when a chronic hypertrophic rhinitis coexists.

When possible, operate at the patients' homes or wherever they are staying, or take them into a nursing home or hospital for twenty-four hours, or, if they are obliged to go home, warn them against the danger of taking cold, for in a few of my cases where otorrhœa existed the discharge was increased; in one or two instances an old one reappeared, and in one case a rather severe attack of acute middle-ear suppuration set in, with an inflammatory condition down the sterno-mastoid, accompanied by great pain. All these complications occurred in hospital patients who returned home within an hour or so of the operation and caught cold going home; they happily all got well, but in the last case the result was some loss of hearing power. The time taken to effect a complete cure varies from a week or two to a few months, the longer time being more especially necessary when chronic rhinitis complicates the case, but in an ordinary uncomplicated case the patient is generally well in a week.

There is one other rock ahead I might mention before concluding, and that is a hæmorrhagic diathesis; it is rare, and can to a certain degree be steered clear of if a little trouble is taken to inquire into the patient's history. These unfortunates must, as I said before, be treated by caustics or cautery. I have only seen one case where a complication of this sort occurred; it was not one of my own, but I happened to be present, and the only way the bleeding was controlled was by thoroughly plugging the naso-pharynx with antiseptic wool, and this had to be kept in for some considerable time. A rather extraordinary case also occurred, I hear, a short time ago at one of our London hospitals. After removal of a few growths there was a sudden gush of blood, with immediate death as the result. "The operation was performed with Woakes' modified Löwenberg's forceps; the posterior wall of the naso-pharynx had been cleared, and the operator was proceeding to remove a growth from the right side, when the fatal gush of venous blood took place. Unfortunately, no post-mortem examination was allowed, but the supposition was that an enlarged vein of the pharyngeal plexus was torn down." This is how the case was related to me. We know that the veins of this plexus are at times very large, but this hardly explains to my mind the almost instantaneous death. It, however, directs attention to a most serious danger in these operations, and, I think, is a point scored in favour of the ring knife. I can only repeat what has so often been said before, that it would greatly add to our knowledge if men would only publish their failures as well as their successes.

Devonshire-street, W.

YORKSHIRE COLLEGE.—Plans for the new medical department of the College, which is about to be erected on the site acquired near the General Infirmary, are, we learn, in preparation. Accommodation is to be provided for about 400 students, and it is intended that it shall be one of the best equipped institutions of the kind in the country. With that purpose in view, Mr. Thorp, the architect, is at present visiting the medical schools of Newcastle, Edinburgh, Cambridge, and London.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF LIVER ABSCESS WITH DISCHARGE OF GALL-STONES.

BY J. R. WHITE, M.B.

IN March, 1889, Mrs. O—, aged fifty-six, came under my care suffering from a hardened tumour, painful and tender, in the hypogastric region, below and somewhat to the right of the ensiform cartilage. A consultation was held, and it was decided to incise the part, the diagnosis being deep-seated abscess with possible cancer of liver. After incision no pus escaped, but a week afterwards a purulent discharge took place in the site of the puncture; this was poulticed, and about two months afterwards several gall-stones were discharged. Since then, at intervals of about a month, a discharge of gall-stones has taken place, varying in number at different times. The last discharge occurred a few days ago, when five were extruded. The number altogether in my possession is seventy-four, varying in size and shape, but mostly faceted and up to ten grains in weight. They are striated in appearance, and no doubt composed chiefly of cholesterine. The constitutional symptoms in this case were some fever, skin yellowish, tongue foul, fæces pale, and urine turbid. I think it is impossible to predicate, without the evidence of a necropsy, the exact state of things, but consider we are justified in saying there has been obstruction of either or both the cystic and common ducts, and adhesion with ulceration between them and the liver. I should consider a probable cause of the disease would be fatty degeneration of the liver and gall-bladder, which latter, according to Budd, is analogous to the atheromatous disease of arteries, and causes an undue secretion of cholesterine. As the liver, from being considerably swollen at first, has latterly become much shrunken, I should say, no doubt, a large portion of its secreting structure is destroyed; but instances are on record where in such circumstances life has been prolonged for many years.

Brentwood.

A CASE OF LUPUS VULGARIS.

BY WM. BULL, F.R.C.S. ED.

MRS. E—, aged thirty-eight, married, no children, a native of Devonshire, has lived in various parts of London for seventeen years. She is stout built, fair haired, and for her social status very intelligent. She appears to be in very good general health, but for some few years, owing to bad teeth, she has suffered from dyspepsia. When a child she had a severe blow on the nose, which led to loss of the septum and consequent flattening. Her family history is good, and no evidence of constitutional or acquired syphilis can be traced. Her father and mother are both living. The disease first made its appearance on the left cheek, about sixteen years ago, by the formation of what she calls "little knobs" under the skin. At first no attention was paid to these, but when she found them spreading she applied for treatment, which consisted of scraping and the application of acids. This led to what she describes as two severe attacks of erysipelas, and the pain and untoward result induced her to decline further treatment. For six years or more the disease had gone on spreading. I first saw her on April 22nd, 1890, while she was doing some housework at the house of a relative, and, as much out of curiosity to have such a case to watch as with any hope of successful treatment, I took her under my charge. At this time the disease had spread over both cheeks across the nose; there was ectropion of the left lower lid, and there were patches on the right eyebrow and forehead. I first commenced the treatment by applying ethylate of sodium, as recommended by Mr. Taylor of Handsworth; but the separation of the scab resulted in no benefit, and the application in spite of