breaking down pus cells formed well-marked areas, which stained but little with the ordinary dyes. The muscular bundles showed considerable infiltration with pus cells and evidence of degenerative changes. The serous coat was also congested, and beneath it were accumulations of leucocytes. The vessels in all parts of the wall were intensely engorged. Examination of the œsophagus at the seat of stricture showed no evidence of growth, but abundant formation of fibrous tissue. The walls of the œsophagus, and especially the submucous tissue, showed extensive infiltration with leucocytes. Sections stained according to Gram's method showed considerable numbers of short rod-like organisms closely resembling the bacillus coli communis in general appearance.

Manchester.

INCONTINENCE OF URINE INHERITED BY AN ENTIRE FAMILY FROM THEIR FATHER.

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THE following record is of interest on account of the extent to which a single family suffers from this distressing neurosis. My notes were taken some time ago at the dispensary of the Royal Infirmary. The family consists at present of five girls and one boy. Another girl is dead. The first, a girl eighteen years of age, has been very nervous of late and sometimes has epistaxis. In her early days she wetted the bed every night like the other children. She began to suffer from rheumatic fever when aged ten and a half years and was confined to bed for a year. The mother attributed this illness to the patient lying on a mackintosh in a bed wet with urine. Different medical men said she had heart disease and one called it "valvular" disease, but at present no distinct murmur can be made out. This girl first menstruated at fourteen and was thereafter free from incontinence for almost a year, but she began to suffer again when she took to heavy work. She is still troubled occasionally at night and rarely by day. She is worse in this respect before each menstrual period, being better for two or three weeks in each interval. She never had fits. The second, a girl aged sixteen years, has to wear glasses constantly. During the day she has to leave her work so often to micturate that she "thinks shame" and even thus she wets herself occasionally. Like her elder sister, she first menstruated at fourteen, and, like her, she is worse with regard to incontinence for a few days before each menstrual period. When aged two years she had fifteen fits in one night and then slept for two weeks; she has never had fits since then. She had "decline in the bowels" before the fits began. She did not walk till she was about two and a half years old. In her schooldays she was very apt to wet her clothes. The third, a schoolgirl aged twelve years, has not yet menstruated. She suffers much from nocturnal incontinence. She has sometimes to ask to go out of school, but not often. Apart from incontinence she enjoyed good health till two years ago, but she has suffered of late from symptoms suggestive of gastric disorder. She always wets her bed. The fourth child died from whooping-cough, aged six weeks. The fifth, a schoolboy aged eight years, has given trouble almost since he was a baby by wetting the bed. His mother has found that he has wetted it as often as six times in one night. He has a high palate, and until three years ago was subject to fits, in which he would get stiff, froth at the mouth, and lose his senses. The fits began at the age of two years; he would have one severe fit at a time and then remain free for about six months. In the first one he was stiff and white; in the last his hands and feet turned inwards. The sixth, a schoolgirl aged six years, enjoys good general health, but wets her clothes by day and her bed by night. The seventh, a girl aged five years, not yet at school, does not go out much, even to play, and so does not wet her clothes by day. She wets the bed, however, perhaps once in each night. The father suffered from nocturnal incontinence till he was a big lad, but not since his wife has been acquainted with him. He is said to be nervous, but his wife is not aware that he ever had fits.

He has a brother who is free from nycturia. This brother has six boys and a girl, and all of these are free from incontinence. No other relatives are known to suffer from incontinence or from fits.

There is but little to add on the subject of treatment. The mother used to put mackintosh sheeting on the beds, but since one of her daughters suffered severely from rheumatism, apparently in consequence of lying on a wet bed, she has made the children lie on straw mattresses, which absorb the urine and are dried every morning on which they are found wet. As this drying is done in the yard of a tenement in this populous city the curiosity of neighbours is naturally aroused, and this constitutes one element in the distress entailed upon this unfortunate family by their unwelcome inheritance. One of the girls visited the dispensary, but, as the mother afterwards explained, she did not like to be questioned about her infirmity and so would not continue to attend; the boy came several times. Belladonna in increasing doses did him no appreciable good, and instructions were then given to apply a blister to the back of the neck. None of the family has returned to tell the result. If the mother and the patients were disposed to persevere in their efforts to obtain a cure, I should be inclined to ask a surgeon to apply a mild caustic to the neck of the bladder, waiting to observe the result in one of the children before operating on the others. The mother, however, gives one the impression that she is resigned to her lot, and not likely to persevere long with any treatment which does not at once yield decided results.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

AN UNUSUAL CASE OF EMPHYSEMA OF THE ORBIT.

BY CHARLES RAMAGE, M.D. EDIN.,

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A MAN aged twenty-seven years received a very severe blow over the left eye at 9.30 P.M. on Jan. 12th, 1896. At the time of the injury the back of his head was against a wall, and the force employed was great enough to render him unconscious for over twenty minutes and to cause very profuse epistaxis. When I saw the patient on the day following the injury the eyelids were greatly swollen and a slight cut existed about the middle of the upper one, while the lower was of a reddish purple colour. Palpation revealed a peculiar crepitating feeling due to effusion of air into the cellular tissue, which extended upwards over the eyebrows slightly on to the forehead and downwards over the malar. There were great proptosis and subconjunctival ecchymosis, though the eyeball was freely movable, was of normal tension, with an active pupil and vision = $\frac{5}{6}$. The remarkable fact was the marked paresis of sensation on the left side of the nose, accompanied by loss of smell on the same side. The nasal bones were perfect and the supra- and infra-orbital nerves were unaffected. These facts would seem to indicate that there had been a fracture of the anterior fossa of the base of the skull dividing the nasal nerve and branches of the olfactory nerves. Treatment consisted in insufflation of iodoform into the left nostril, with the use of purgatives and a firm compress over the orbit. The eye symptoms disappeared in a fortnight, though sensation on the left side of the nose and the sense of smell are still defective.

Leicester.

TWO CASES OF GANGRENOUS STOMATITIS, ONE ENDING FATALLY.

BY R. MILBOURNE WEST, M.R.C.S. ENG., L.R.C.P. LOND.

CASE 1.—A healthy-looking woman aged twenty-eight years sent for me on Nov. 24th, 1895, suffering from what appeared to be ordinary tonsillitis threatening quinsy. Both tonsils