tion, for visiting the patient, avoided touching him, and took a bath immediately after my visit. On our arrival at Adelaide those of the passengers who had reached their destination were placed in quarantine, and the boat in which the patient was (who was now becoming convalescent, the scabs commencing to fall off, showing well-marked "pits") lowered into the sea, and taken off to a separate island to undergo his quarantine. We subsequently arrived at Sydney, where we were placed in quarantine for three weeks, the time to date from our arrival at Adelaide. All the rest of our passengers were landed on the quarantine ground at Melbourne and Sydney. The patient, who had never been vaccinated, had confluent small-pox, highest temperature 104° , never had any delirium, and made a good recovery. At the commencement of disease there was an uncertain history of vomiting and pain in the back. The "secondary fever" was well marked. None of the passengers, officers, or crew subsequently contracted variola. I believe the main factor in preventing the spread of the disease was the early isolation of the patient. Variola, never easy to diagnose, is rendered much more difficult in hot climates. I have seen cases of "prickly heat" closely simulating variola, and a mosquito bite which has not been scratched has exactly the hard, shot-like feel of a papule in small-pox. Of course these cases will not have the constitutional disturbance which variola usually has, though I have seen constitutional symptoms in bad cases of prickly heat, and these symptoms in modified variola are sometimes, at any rate at the commencement of the disease, very slight. I can strongly recommend the treatment of patients suffering from variola in a boat which is partly covered in, thus forming a tent, provided the climate is suitable.

The Australians have a great dread of variola, yet vaccination is not compulsory amongst the inhabitants. The sanitary authorities made a great point about the vaccination of our passengers and crew. All who had not been successfully vaccinated within two years had to undergo the operation or remain in quarantine for an indefinite period. Some of the quarantine regulations are very strict, but in other matters the sanitary authorities are lax.

Ald-erney-street, S.W.

CASE OF THYROTOMY FOR EPITHELIOMA OF THE LARYNX.

By W. R. H. STEWART,

AURAL SURGEON TO THE GREAT NORTHERN CENTRAL HOSPITAL,
SURGEON TO THE LONDON THROAT HOSPITAL, ETC.

B. K.—, aged forty-five, a chimney sweep, came under my care in 1883. A slightly-made, delicate-looking man, married, no children; does not remember his parents; one brother and two sisters living, all healthy; no history of hereditary taint; had been a sweep from boyhood; had suffered from difficulty of breathing for the last six months, which was much worse lately; paroxysmal cough; had lost flesh. When first seen there were marked laryngeal stridor, harshness of voice, and severe attacks of dyspnoea. There were no enlarged glands in the neck. Laryngeal examination revealed a rather large, irregular growth, springing from below the right vocal cord, and projecting across the larynx. A portion removed by laryngeal forceps and placed under the microscope proved to be epithelioma. A preliminary tracheotomy was performed, and when the patient was sufficiently recovered, the growth being large, thyrotomy was determined on. Ether having been administered and a tampon tube inserted in place of the ordinary one, the superficial structures were divided in the middle line, the thyroid cartilage was then carefully cut through in its whole length with a knife (there was no ossification), and the *alæ* drawn aside with retractors. Through this small opening the tumour was seen to be growing from the under surface of the right vocal cord, and involving the soft tissues around. It was seized with forceps and as much as possible of the tumour, with the vocal cord and adjacent structures, cut away with small curved scissors; the remains of the growth were then scraped away with a sharp spoon, and solid nitrate of silver applied. The hæmorrhage was rather profuse at first, but soon stopped. The *alæ* were then carefully adapted and brought together with silver sutures, strapping applied to the external wound, a drainage tube inserted, and antiseptic dressings used. The tampon tube was left in for twenty-

four hours, after which an ordinary tube was used for a couple of days. The patient was entirely fed for the first week by nutrient enemata. There was no sign of perichondritis, and the patient made an uninterrupted recovery. At the end of the fourth week, when he left at his own desire for domestic reasons, the external wound had completely healed and the internal one was cicatrised over, but up to that time he had not regained his voice. The cartilages, however, having firmly united, would lead one soon to expect a complete return. There was no sign of a recurrence of the growth.

I unfortunately lost sight of the case, as I was obliged soon after to leave England on account of my own health, and subsequent inquiries have failed to find the man. Where possible, either the above operation, or removal of half the thyroid, as illustrated in a case recently published in a medical journal, is, I think, preferable to the extremely fatal one of excision of the larynx. I strongly advise preliminary tracheotomy with retention of the tube for some days after the operation, and also feeding per rectum.

Devonshire-street, W.

HERNIOTOMY IN A VERY YOUNG CHILD.

By J. LIONEL STRETTON.

H. G.—, born July 28th, 1886; male child. On Aug. 16th a swelling was noticed in the right scrotum; this was found to be a rupture, and was reduced by my assistant. On Aug. 25th the rupture again appeared, and all attempts at reduction failed. Fæcal vomiting set in, and the child was evidently losing ground. There had been no evacuation, and, so far as the mother could tell, no passage of flatus since the rupture appeared, thirty hours previously to my seeing him. Under such circumstances I determined upon immediate operation. Chloroform was administered and an attempt made to reduce the rupture; this failing, I made an incision over the swelling about three-quarters of an inch in length, and exposed the bowel, which was an exceedingly difficult proceeding in such a small space. The stricture, which appeared to be situated at the inner ring, was exceedingly tight, and required two or three nicks before the bowel, which was in a healthy-looking state, could be reduced. Silk sutures were employed and the wound dressed with oiled lint. Ordered half a minim of tincture of opium every four hours; the mother to continue suckling.—Aug. 27th: Passed flatus last night; no sickness since operation. Temperature normal. Takes breast well. Wound looks healthy.—28th: There were two natural evacuations during the night. Child seems quite well. A little local inflammation round the wound.—Sept. 1st: The bowels have acted regularly. Sutures removed. Slight gaping.—7th: The wound has quite healed; the child has gained much in flesh, and appears to be quite well. There is no bulging, even on violent crying.

Remarks.—This case is remarkable on account of the age of the child, the immediate subsidence of all symptoms after operation, and the rapid recovery. I have been unable to find any account of operation in so young a child; but when I take into consideration all the disadvantages I laboured under in this case I should not despair of success in even younger subjects. He was the child of poor parents, and was brought to my house for me to examine him, and knowing that he was in better air and surroundings I operated at once, and he was carried home in a blanket, and certainly did not receive any skilled nursing afterwards, nor was it possible to prevent the dressings being soaked in urine.

Kidderminster.

A RARE COMPLICATION IN A CASE OF PLACENTA PRÆVIA.

By GEORGE D. LOGAN, M.B. & C.M. ED.

IN July last I was called to see a woman who lived four miles away, and who was said to be in labour and bleeding to death. On arrival I found her blanched and in a cold sweat. Her pulse was quick, irregular, and feeble. I was informed by an attendant that the patient, who was a primipara, had fainted twice, and that the pains were neither so strong as they had been, nor so frequent. She