Winchesters. The branch tube is now wiped free from serum by repeated pellets of sterile wool, and it is finally replugged. As a rule, a two-litre flask of blood yields one litre of serum, but some horses' blood does not yield anything like that amount.

Sudbury.

AN UNUSUAL CASE OF MULTIPLE HERNIA WITH HYDROCELE; STRANGULATED FEMORAL HERNIA; OPERATION; RECOVERY.

By ETHELBERT COLLINS, L.R.C.P. LOND.,
M.R.C.S. ENG.

THE patient, a man aged sixty-five years, had on the right side a complete inguinal hernia and a femoral hernia, and on the left side an incomplete inguinal hernia. There was also a hydrocele of the right tunica vaginalis. According to the patient's statement both inguinal herniæ appeared about ten years previously, and were caused by lifting heavy weights; he was, however, uncertain as to the duration of the femoral hernia. The hydrocele had existed about six years, having been regularly tapped twice a year. On the morning of Jan. 4th, 1895, I was summoned to this case "as one of the man's ruptures had come down, and he was unable to get it back." When I saw him (about three hours after his rupture had come down) he presented the symptoms of a case of strangulated hernia, he had vomited several times, there was distressing hiccough, and pain in the region of the hernia and at the umbilicus. On examination I found that the femoral hernia was strangulated; it was about the size of a large walnut, tense, hard, and there was no impulse on coughing. I was unable to reduce it. I again saw the case in the afternoon with my brother, Mr. J. B. Collins, and we agreed to operate. After the patient had been fully anæsthetised I again tried to reduce the hernia, but was unsuccessful. Having first tapped the hydrocele, which was rather in the way, as it contained twelve ounces of fluid, I proceeded to operate in the usual manner. The sac was excessively thick, and contained a small quantity of clear fluid and a knuckle of intestine; it was tightly gripped in the femoral ring. After making a few notches in Gimbernat's ligament the gut was easily returned. I then ligatured the sac with carbolised silk and removed it, closed the wound, and dressed it with sal alembroth gauze and wool. Carbolic acid was used during the operation, and all the antiseptic precautions it was possible to take in an ordinary cottage were observed. The patient made an uninterrupted recovery, no rise of temperature or any unfavourable symptom occurred, and he was able to leave his bed on the twelfth day after the operation with the wound perfectly sound. On Feb. 11th he was in good health and, wearing a suitable truss, was walking about as usual.

I quote this as being an unusual case of herniæ complicated with hydrocele. I cannot recall a case of double inguinal hernia and a femoral hernia in the same subject, leaving the hydrocele out of the question. Of course, it is not surprising that the femoral hernia should have become strangulated, as the man was wearing a double inguinal truss—which he had obtained from some quack—leaving the femoral hernia to take care of itself. Before I ventured to record this case I sought the opinion of my friend and former teacher, Mr. C. B. Lockwood, as to whether he considered it worth publishing. His large experience and original work on this subject, together with his concordance with my views, form my excuse for doing so. I may add that Mr. Lockwood suggested that the man had an abnormally long mesentery, which might account for his several herniæ, and certainly the shape of his abdomen would indicate that he has, it being flattened above and bulging below. I am indebted to my brother for his valuable assistance, to which I largely attribute the success of the operation.

Sawbridgeworth, Herts.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SUPERNUMERARY MAMMA IN A MAN.

By W. F. ADAMS, M.R.C.S. ENG., L.R.C.P. LOND.,
FORMERLY HOUSE SURGEON TO KING'S COLLEGE HOSPITAL.

WHEN I was at the Kashmir Mission Hospital last summer a Hindu pundit aged about thirty-five came to me for some gastric ailment. When about to examine his abdomen I noticed a tumour above the left hip. This proved to be a fully developed mamma, as seen in the accompanying engraving, which is from a photograph taken at the time. In consistency and appearance it was exactly

like the mamma of a virgin. The nipple was small and rather flattened, but the areola was perfect. I was unable to express any milky fluid. The man told me that it had developed at the time of puberty and never gave him any annoyance. He, therefore, did not desire its removal. His proper nipples on the chest were quite normal, and I detected no trace of other abnormalities. I believe the position, though not the commonest, is not unusual for supernumerary mammae, but its large size and the fact of its occurring in a man seem to me to make this case worthy of record.

C.M.S., Bannu, N. India.

SINGULAR COMPLICATION OF DEATH FROM DROWNING: IMPACTION OF A PIECE OF COKE IN THE LARYNX.

By WILLIAM EVANS, M.R.C.S., L.R.C.P. LOND.

THE following case is perhaps worthy of being recorded on account of the remarkable circumstances attending it. A boat containing six persons was capsized in the river Thames, near Wandsworth Pier, on Bank Holiday (Aug. 5th), and two of the party lost their lives. The body of one of them, a man aged about twenty-one years, was recovered on Aug. 9th, and I made a post-mortem examination on the following day. Having opened the chest, I observed that the lungs were not distended and nearly overlapping the heart, as is usual in death from drowning, neither did they pit on pressure. I removed the tongue, larynx, &c. complete with the lungs, and found a piece of coke firmly impacted in the larynx, the vocal cords grasping it a little below its centre.

This was of irregular shape, flattened, and broadest in the middle, from which it tapered to each end. The extreme measurements were $1\frac{1}{2}$ in. long, 1 in. wide, and $\frac{1}{2}$ in. thick. Where encircled by the vocal cords the extreme measurements were $\frac{7}{8}$ in. by $\frac{3}{8}$ in. The narrow tapering end was directed downwards. The lungs were only slightly crepitant and contained little or no frothy fluid. The other signs were those of asphyxia.

Pimlico-road, S.W.

A CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

By D. J. COLLINS, M.B., B.CH., B.A.O. R.U.I.,
SURGEON-LIEUTENANT, ARMY MEDICAL STAFF

A PRIVATE of the 4th Battalion Rifle Brigade, aged nineteen, was admitted to the Station Hospital, Devonport, on Feb. 25th, 1894, with syphilitic iritis. The orthodox treatment was adopted, and by March 25th all traces of the inflammation of the iris had disappeared, when a yellowish tinge was noticed in the skin and conjunctiva. He complained of severe headache, anorexia, and intolerance of light; there were no fever, no hepatic tenderness, and no enlargement of the liver. The patient had never been to India and had never previously suffered from any liver trouble. On March 27th the jaundice was more intense, there were considerable bilious vomiting, severe headache, clay-coloured motions, and bile-stained urine, the temperature was normal, and there was no hepatic tenderness. The area of liver dulness appeared to be diminished, and the possibility of acute yellow atrophy suggested itself. On March 28th cerebral symptoms became marked, with restlessness, delirium, and convulsive twitchings. The vomit presented a coffee-ground appearance; the pulse was quick and full, 120 to the minute; and the tongue was dry and brown. The liver area was markedly diminished, but pain and tenderness in the hepatic region were absent. On March 29th the patient was comatose, with stertorous breathing and dilated pupils; the liver dulness had quite disappeared, both in front and behind, the liver area being replaced by intestines. The temperature was $100\cdot2^{\circ}$ F., the pulse 136, and the respiration 40. The urine contained bile pigment, some blood, leucin, and tyrosin. The patient died at 11 A.M. on March 30th. A post-mortem examination was made on March 31st. The body was well nourished and the skin a deep yellow colour. The liver was much diminished in size, soft and flabby, and weighed only twenty-three ounces. The capsule was wrinkled and looked almost like a bag with fluid contents. The surface was of an orange colour, with patches of dark red and purple; the section was of a dark-yellow tint, in some parts bright red, and in others entirely yellow. The gall-bladder and bile-ducts were empty; the spleen was enlarged and the heart and kidneys had undergone fatty degeneration; the endocardium was stained with bile. Treatment was symptomatic. This case is interesting in its extremely acute course, only five days elapsing between its first onset and the death of the patient; and in that the liver, which was exhibited at the Plymouth Medical Society, was extremely small in size, even for this peculiar disease, weighing, as above stated, only twenty-three ounces.

AN UNUSUAL AND REMOTE SEQUELA OF OVARIOTOMY.

By WALTER FALLA, M.R.C.S. ENG., L.R.C.P. LOND.,
SURGEON TO THE JERSEY GENERAL HOSPITAL.

A WOMAN aged fifty-two was admitted into the Jersey General Hospital on April 12th, 1894, suffering from a large ovarian cyst. On April 17th I performed the operation of ovariectomy. The cyst was unilocular and quite free from adhesions. The pedicle being rather broad, it was transfixed and tied in the usual way with a stout silk ligature and the abdominal wound closed with a few silk sutures, which were removed on the eighth day, the wound having quite healed. The highest temperature recorded was $101\cdot6^{\circ}$ F. on the fourth night, after which it was normal. On May 3rd the patient

got up for the first time, sixteen days after the operation; she made an uninterrupted recovery and was discharged from the hospital quite well on May 17th, a month after the operation. She continued in perfect health until the end of December last, when she said she first felt pain on micturition, but did not have any medical advice for it. In April she noticed a little blood in the urine. These symptoms, the patient said, continued and gradually became worse until she consulted me on June 30th last. She then had all the symptoms of stone in the bladder, but would not submit to an examination. On July 19th she again consulted me as she was in great pain, and the following day I sounded the bladder and found a calculus approximately one and a half inches long and three-quarters of an inch broad. On July 26th, with the assistance of Mr. Bentlif and Mr. Sullivan, I performed the operation of lithotomy. The calculus was phosphatic and was easily crushed. On attempting to withdraw the lithotrite I found it impossible to do so without using undue force, but after some further crushing and manipulation I was able with more or less difficulty to withdraw the instrument, when between the blades I was astonished to find a thick silk ligature covered with a certain amount of phosphatic deposit, which easily accounted for the difficulty I had just experienced. The bladder was afterwards washed out in the usual way and all the fragments removed. The patient had no bad symptoms and in a few days was practically well. On examining the ligature carefully I found that it was undoubtedly that which had been used for tying the pedicle of the ovarian cyst.

Remarks.—It seems difficult to understand how a ligature used in tying the pedicle of an ovarian cyst could ultimately become the nucleus of a vesical calculus in a case in which there was no injury to the bladder during the operation and no difficulties whatever connected with it, the patient continuing in perfect health for about nine months afterwards. It is also remarkable how the ligature, which must have set up a certain amount of irritation and which eventually perforated the bladder, could do so without giving rise to any symptoms until it became lodged in that viscus.

St. Heliers, Jersey.

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.

GUY'S HOSPITAL.

CASE OF FRACTURE OF OS CALCIS; UNION OF FRAGMENTS
IN BAD POSITIONS; RESECTION OF PORTION OF OS
CALCIS; USE OF STEEL SCREW; RECOVERY;
REMARKS.

(Under the care of Mr. W. ARBUTHNOT LANE.)

THIS is one of those cases which require no comment, the reasons for the performance of the operation and the operation itself being clearly given in the account. The necessity of operation for badly united fractures has not infrequently arisen in other parts of the body, but so far as we are aware this is the first time that it has been required for fracture of the os calcis. For the notes of this case we are indebted to Mr. J. T. Roberts, dresser.

A young man aged twenty-one years was admitted into Guy's Hospital under the care of Mr. Lane for injury to the left foot on Nov. 18th, 1893. The patient lost his balance while cleaning a second-floor window, and in order to try to save himself he jumped, alighting on his feet on the pavement below after falling from a height of thirty-five feet. He was immediately conveyed to the hospital, and on admission his left foot and ankle were found to be very much swollen and discoloured. When he had been anaesthetised distinct crepitus could be felt in the os calcis by fixing the posterior part of that bone with one hand and flexing and extending the foot with the other. The line of fracture, however,