how difficult it is to take and preserve accurate returns of such details as are here given. I could have wished that they had been even more complete, especially that the numbers for the inner and outer prepuce had been given separately. There are some other points on which it would be interesting, and perhaps profitable, to have accurate records. These are—(1) The relative proportions of single and multiple infecting sores; (2) the comparative frequency or rarity of the absence of induration; (3) the varying periods of incubation in days; and (4) the proportionate frequency of the presence of indurated inguinal glands. It is somewhat remarkable, seeing how greatly syphilitic diseases prevail in these kingdoms, so few English statistics have been compiled, most of them being those of foreign countries. Two possible reasons for this are the paucity in this country of lock hospitals and lock wards, and the immense labour involved in preparing such statistics. To reduce this latter as much as possible I am having printed forms prepared which will enable us to record with ease all the preceding details, as well as the exact site of the initial lesion. I shall probably be able to give these in some future issue of THE LANCET from the returns of a large number of cases. Should any readers of THE LANCET desire to have a specimen of these forms, I shall have much pleasure in forwarding it. We have also observed the site of the infecting sore in females, but the number is not sufficiently large for statistical purposes; these I shall hope also to give in a future article.

Liverpool.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SAMARITAN FREE HOSPITAL.

(DORSET HOUSE BRANCH.)

CASE OF REMOVAL OF LARGE INTRA-UTERINE FIBROID.

(Under the care of Dr. PERCY BOULTON.)

E. B—, aged thirty-five, was admitted on account of profuse loss of blood at her periods which had rendered her exceedingly anæmic, and latterly, during the whole intra-menstrual interval, she had suffered from a foul-smelling discharge. Being single and the hymen intact, she had never undergone a vaginal examination. Dr. Percy Boulton found the os dilated and the brim of the pelvis completely blocked by a fibroid tumour a little larger than the foetal head at term. A broad anterior attachment was made out, and it was found that the presenting part was decidedly sloughy and causing the foul discharge complained of.

The patient was prepared and the tumour was removed. Owing to the large size of the growth and the smallness of the vaginal outlet, it was necessary to trisect the tumour. The wire of the écraseur was placed over it and tightened sufficiently to act as a tourniquet round the thick pedicle, while the other portions were removed with another instrument, the last third being removed by the écraseur that was first placed round the pedicle, and in this manner the severe hæmorrhage which was anticipated from so broad a base was prevented.

During the first twelve hours the vagina was packed with wool impregnated with iodoform and eucalyptus, and afterwards the parts were douched several times a day with iodine lotion.

Some slight pelvic cellular inflammation occurred afterwards, from absorption of the discharge through the stump, but the temperature never exceeded 102.4°, and the patient made an excellent recovery and left the hospital convalescent after seven weeks.

As the usual difficulties in removing large tumours were much increased by the small space for manipulation, and a broad pedicle is always an element of danger after the removal of fibroids, the case was regarded as interesting and satisfactory.

WOLVERHAMPTON AND SOUTH STAFFORDSHIRE GENERAL HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA; DEATH FROM INTESTINAL HÆMORRHAGE; REMARKS.

(Under the care of Mr. KOUGH.)

FOR the following notes we are indebted to Mr. J. W. Batterham, B.S. Lond., house-surgeon.

George S—, aged thirty, was admitted at 1.30 P.M. on September 5th, 1884. He stated that he had been ruptured all his life, had never worn a truss, and had always been able to reduce his hernia when it came down; that when lifting a mass of iron early on the morning of admission the rupture came down in larger amount than usual, and he had been unable to reduce it. Patient was a spare, delicate-looking man, but had never suffered from any other ailment than his hernia. He was cold and pale with a small, feeble pulse.

Upon examination a scrotal hernia was found on the left side about the size of the patient's head. The tumour was not very tense and was resonant on percussion, but succussion showed it to contain a considerable amount of fluid. Gentle efforts at reduction being ineffectual, the patient was placed in a hot bath for twenty minutes, and then removed to bed with hot bottles to his feet and an icebag on the scrotum. He was left in this condition till 7 P.M. During this time he was extremely restless and complained of great thirst. He vomited a few ounces of bilious matter. At 7 P.M. he was becoming extremely collapsed, and complained of dyspnoea. The hernia was slightly smaller than on admission. At 7.30 P.M. chloroform was administered and the hernia readily reduced. The patient's pulse improved somewhat under the influence of the anæsthetic, from which he soon recovered, but he rapidly reassumed his collapsed condition, and died about 9.30 P.M.

Necropsy, sixty hours after death.—The sac in its empty condition was nine inches long and nine inches in circumference. It appeared to be the sac of an acquired inguinal hernia of the external or indirect variety. The mouth of the sac was large, admitting three fingers. The pelvic cavity was full of blood-stained serum, a little of which was also found in the sac. The last nine feet of the ileum, the cæcum, and ascending colon (in all, about one foot of large bowel) were of a dark-purplish tint, and had evidently formed the recent contents of the sac, though the exact point of strangulation could not be detected. A long meso-cæcum was present. The above-mentioned ten feet of intestine were ligatured and removed. The peritoneal surface was firm and polished. On laying the gut open about a pint and a half of blood escaped. The inner surface of the bowel was of an even darker colour than the outer, and presented throughout large slate-coloured patches of ecchymosis. Peyer's patches and the villi were very well marked, being turged with blood. No ulceration or other sign of disease was detected. The heart was anæmic, but healthy; the lungs were congested and oedematous; the liver congested; other organs were normal. The large venous trunks contained hardly any blood.

Remarks.—The above case presents several unusual features. 1. The large size of the hernia. 2. The great length of the mesocolon and mesocæcum, which allowed the first 12 in. of the large bowel to occupy the sac of a left inguinal hernia. 3. It is difficult to account for the presence in the bowel of so large a quantity of blood. The large size of the opening into the sac, and ease with which the hernia was reduced under chloroform, do not point to a very severe strangulation of the bowel by the neck of the sac. To what then was the intense congestion and subsequent hæmorrhage due? Is it possible that a twisting and stretching of the mesentery may have produced so grave an interference with the circulation? The patient presented the symptoms of internal hæmorrhage, and his death was apparently due to this cause. I am not aware that any case has been reported where death after hernia has occurred in this manner.

CASE OF RUPTURE OF THE LIVER; NECROPSY.

(Under the care of Mr. KOUGH.)

The notes of this case also have been furnished by Mr. J. W. Batterham, B.S. Lond., house-surgeon.

John B—, aged twenty-three, was admitted into the hospital at 2.40 A.M. on Sept. 5th, 1884, having been run over by an empty railway truck (weighing about four tons)

an hour and a half previously. He was conscious, but cold, pallid, and almost pulseless. He was found to have sustained a simple fracture of the right femur, a compound fracture of the right forearm, and a simple fracture of the ribs on the right side. His respiration was thoracic and chiefly confined to the left side. Pain was complained of in the upper part of the abdomen, being felt most acutely in the epigastric region. There was no retching or nausea. Patient exhibited extreme restlessness and complained much of thirst. He died about two hours after admission.

Necropsy, eighty hours after death.—The fifth and sixth ribs on the right side were found to have been fractured just in front of their angles. The bruising of the tissues, &c., showed that the wheel of the truck must have passed over these ribs about an inch external to their cartilages. Hemorrhage had occurred into the old adhesions by which the right lung was universally covered. The thoracic viscera were otherwise normal, and the diaphragm intact. On opening the abdomen about thirty ounces of blood were found in the posterior part of that cavity. The abdominal viscera were all intact except the liver. Extending along the posterior border of the right lobe, between the attachments of the coronary ligaments, was a rent four and a half inches long. From the centre of this a second similar lesion extended forwards across the upper surface of the right lobe. This T-shaped laceration affected the hepatic tissue to the depth of two inches.

ASHBURTON AND BUCKFASTLEIGH COTTAGE HOSPITAL.

DISLOCATION OF THE HIP-JOINT IN A BOY; REDUCTION
FIVE WEEKS AFTER THE INJURY.

(Under the care of Dr. JAMES ADAMS.)

W. E.—, aged twelve, was brought by his mother on July 1st walking by the help of a crutch and stick. The history was that he had been thrown from a horse on May 31st and injured his left thigh.

On examination it was at once evident that there was a dislocation of the femur at the hip-joint, and the following symptoms existed, indicating it to be a dislocation into the sciatic notch—viz., shortening of about an inch, with great toe resting on the ball of great toe of right foot, leg slightly inverted; on lying on the back the left knee was advanced, and on attempting to bring the knees down to same level the back was considerably arched; almost complete immobility of the joint, and on applying Nélaton's test, the trochanter was found to be displaced.

Next day he was admitted into the hospital; and on July 4th, Mr. Ubsdell having given chloroform, Dr. Adams attempted to reduce it by Bigelow's method of manipulation, but failed. Mr. Ubsdell also tried, with a similar result. Pulleys were put on, and used with as much force as was thought prudent for nearly half an hour, without success, although the use of pulleys contributed materially to the subsequent reduction of the dislocation by stretching the tissues and muscles, breaking down adhesions, and giving more play to the head of the bone in its new situation. Manipulation was tried again, and the plan of flexion, rotation outwards, and bringing down the limb having failed, the limb was flexed and rotated outwards. When in this position it was forcibly flexed still further (the pelvis being firmly held) and the femur used as a lever, and by this leverage movement in a direction of backwards, upwards, and outwards, the head of the bone was liberated from the sciatic notch and slipped into the socket with an audible snap on bringing the limb down.

A Liston's splint was kept applied for a fortnight. At the end of a month the patient was discharged, walking well, and only the slightest limp when he walked fast.

Remarks by Dr. ADAMS.—I observed that there was a lengthening of quite half an inch after the reduction, and this is usually attributed to deposits in the acetabulum, preventing the head of the bone returning to its normal position. May not this lengthening be more probably due to the fact that the muscles attaching the femur to the pelvis being, as in my case, weakened by disease, and then stretched by pulleys, are unable to pull the bone up to its proper place at first, but that when they have recovered from these effects the bone is once more brought to its natural length? I would also call attention to the leverage movement mentioned above, as I do not see it alluded to in the surgical works I have been able to consult.

Medical Societies.

CAMBRIDGE MEDICAL SOCIETY.

AT the meeting on August 8th, Dr. J. B. Bradbury in the chair,

Mr. DEIGHTON related a case in which Alarming Symptoms occurred during the Willing Game. In November, 1883, he was summoned in urgent haste to see an undergraduate. He found him surrounded by his friends, who said they had been playing the willing game, and that he had been blindfolded and willed; soon afterwards he became tottering on his legs and went into a state of convulsions. When seen he was tossing about on a sofa, with face slightly flushed, the movements of the arms and legs being most irregular, almost equally exaggerated on both sides. The muscles of the face and neck were least affected, but he spoke in a jerky way, and on putting out his tongue it was protruded and withdrawn suddenly. He was quite conscious, clear and collected, and said that he tried to prevent himself tossing about, but could not help it. The pupils acted to light and were natural in size. He was ordered a bromide draught and told to go to bed. The next morning he was quite well. He said he had spent a bad night, tossing about until five A.M. before he went to sleep, but there was now only an occasional twitching in the legs. He was of a nervous and excitable disposition, but never had fits, rheumatism, or chorea. The heart sounds were normal. He was liable to excessive frequency of micturition on any excitement. The attack had all the appearance of chorea, the short duration of the seizure being the only difficulty to that view. Mr. Deighton thought that if chorea were regarded as a functional affection in which a mere exaggeration of those muscular movements which are constantly taking place in the body occurred, and that a shock by removing the controlling power of the higher centres allowed the lower centres to have full play, then this case was in the same way capable of explanation.

Mr. WHERRY related a similar case, in which the symptoms, though not so definite as in Mr. Deighton's case, were nevertheless sufficient to alarm the patient's friends. He was sent for one evening to see an undergraduate who had become suddenly ill during the willing game. It appeared that his friends had blindfolded him in the usual manner and were willing him to do some simple action, when suddenly he became weak in the knees and had to be helped to a seat. The handkerchief was removed at once, but the patient did not seem at all himself. He found him leaning against the mantelshelf, looking fixedly downwards in a dogged and morose attitude; he answered questions in monosyllables in a hesitating way, not stammering, but with a jerk and without expression. Usually, his friends said, his manners were natural and polite. The pupils were dilated, with no action to light and his memory was a blank as to the details of the game. He was sent to bed, and when seen the next morning he was better; his pupils were normal and active to light, but his manner was still odd and his speech remarkable. When advised to leave Cambridge for a few days' change, he refused rudely, but was afterwards persuaded by his friends, and returned quite well.

Dr. BRADBURY related a case of Ulceration of the Cæcum with Pyæmic Abscesses in the Liver. The patient was an engine driver, aged thirty, who was admitted to the hospital on May 28th. He was quite well until April 25th, when he was attacked with pain in the left side of the abdomen. During the first week of his illness he had two or three violent fits of shivering, and vomiting had been present from the first and continued until about a week ago, and he had also had some diarrhoea. He had lost much flesh, and was troubled with a slight cough. On admission he was much emaciated; skin hot; tongue dry and brown; pulse 84; temperature 101.8°; abdomen lax, tender on pressure, especially in the left iliac fossa; no spots; a patch of dulness over the base of the left lung behind, with deficient breathing and fremitus; liver dulness normal; splenic dulness from the seventh to the eleventh rib, extending back nearly to the angle of the scapula; the urine contained no albumen. On June 2nd he had a rigor, with pain in the abdomen and diarrhoea, and profuse sweating afterwards. The rigors and sweats were repeated for several days, and the temperature chart showed