nature of the case was certain, it appeared to me that the hydatid was situated in the lung immediately beneath the pleura, that it had given rise to acute pleurisy a few days before admission, and that there had been a small localised empyema, which we struck with the hypodermic syringe on the first occasion. It is not common to meet with two separate hydatid cysts in the lung; hence the idea that there were two cysts, one of which had suppurated, does not appear nearly so probable as the view I have taken.

I may add that I was much struck by the amount of muco-purulent sputum, and in a reported case some months ago I noticed this also was mentioned, but without any importance being attached to it. It is possible it may be of diagnostic value, though I find no reference to its frequency.

Hull.

THE ARSENIO-FERRIC WATER OF LEVICO.

BY W. WYNN WESTCOTT, M.B. LOND.,
JOINT AUTHOR OF THE "EXTRA PHARMACOPŒLIA."

THE district and town of Levico, situated in the Tyrol, near Trient, have a rising reputation as health resorts for invalids, and the adjacent mountain side has two springs which have long been known to possess valuable curative properties. Recent analysis has shown that the water of both of them is strongly ferruginous, and also contains an important proportion of arsenic; the mild water contains eight grains of iron per pint, and $\frac{1}{120}$ th of a grain of arsenic, while the strong contains thirty-four grains of iron and one-twelfth of a grain of arsenic per pint. It becomes at once apparent, then, that we possess in these waters valuable medicinal agents. The waters are clear and colourless, and are not unpleasant to take: they command a very large distribution in Austria, Germany, and Russia, and have very recently been introduced into England. The physicians of the Continent have expressed themselves very strongly upon the merits of Levico water as an hæmatinic tonic and alterative, and it is extensively used both in hospitals and in private practice. I have now tried the waters, especially the mild, in a considerable number of cases, and several medical friends have reported to me their own experience. Levico water is extremely susceptible of assimilation; it agrees with almost every stomach if given in doses of one or two tablespoonfuls after meals three times a day. I have not met with any cases in which it disordered the stomach or otherwise upset the patient. A little water, or beer, or wine and water may be taken after it; even coffee appears to be suitable. Speaking generally, I should recommend Levico water to be tried in cases of simple anæmia, chlorosis, general debility, and chronic skin diseases, psoriasis especially. In the anæmic states produced by exhausting discharges, scrofulous abscesses, uterine hæmorrhages, leucorrhœa, &c., I have observed a marked effect. The waters are imported in bottles containing half a pint, twenty doses of one tablespoonful each, so that they are not expensive medicines. There is no other natural water containing both iron in full doses and arsenic, for La Bourboule, which has been notable as an arsenical water, contains no iron, and Royat has only a trace of either constituent.

Camden-road, N.

A PURPURIC RASH IN INFLUENZA.

BY C. A. LOCKE, M.R.C.S., L.R.C.P.L.

VARIOUS rashes have been described in connexion with the present epidemic of influenza, but I have seen no mention of anything approaching the purpuric type. The following are short notes of three cases which have lately come under my notice.

CASE 1.—H. D—, aged twenty-six, a railway porter, a delicate looking man, but with no organic disease. Illness commenced on Nov. 24th, 1889, with shivering pains in the back and limbs and across the eyes. He continued at work, and on the evening of the 25th he had to walk a distance of ten miles. He was very tired, and his legs, especially the right leg, ached severely. While undressing that night he noticed some spots on his leg, for which he sought advice on the 26th. Down the front of the right leg there were five irregular spots varying in size from a shilling to a threepenny-piece, as well as numerous smaller ones, of a dark slate colour, level with the surrounding skin, not scaly, and not disappearing on pressure. The spots faded in a few days, and a fresh crop appeared on Dec. 7th, which in due course

also disappeared. The patient was greatly prostrated, and did not return to work until Dec. 27th, the right leg remaining weak some time after the other limbs had recovered their usual strength.

CASE 2.—A. P—, aged forty-two, collier, a big healthy man; seen Jan. 13th. Had the usual influenza symptoms, and on the right forearm one typical spot of purpura about the size of a sixpence, which had appeared on the third day of the illness. He volunteered the statement that he had "jarred" his arm in an ineffectual attempt to strike a fellow-workman the day before he was taken ill. He had also been much worried about his domestic arrangements for some weeks previously.

CASE 3.—H. T—, aged eight; seen Jan. 4th, 1890. A pale, weak, little boy, with a mitral murmur at the apex. The child had had "a bad cold," with back pain and frontal headache for two days. When washing him on the third day his mother noticed a rash over the abdomen and chest. On examination the rash proved to be purpuric, the largest spots being the size of a shirt button. The spots faded quickly, being all gone in five days.

I also remember seeing a case of purpura at University College Hospital three or four years ago, where the patient had a severe "cold," which was possibly a sporadic case of influenza. These three cases were unmistakably influenza, and the rash was as unmistakably purpuric. The rash may belong to the class of symptomatic purpura that is sometimes associated with the acute specifics, and in the case of the child the cause may have been the faulty heart. In Case 1, the fact that the right leg was the most painful before the rash, and remained weak the longest, may perhaps point to the strain put on the leg by the patient's long walk as a cause, while well in the depressing course of the disease. In Case 2 the nervous depression might count as a factor in the etiology as well as the "jarring" of the arm.

Rotherham.

A NEW OPERATION FOR THE RELIEF OF ENTROPION OF THE UPPER EYELID.¹

BY THOMAS EVANS, M.R.C.S.,
OPHTHALMIC SURGEON TO THE SYDNEY HOSPITAL, N.S.W.

THE various operations designed for the relief of distichiasis and entropion of the upper eyelid may be classified as follows: first, those in which the whole or a part of the cilia are removed; secondly, those in which the row of cilia is transplanted and a portion of the skin of the lid sacrificed; thirdly, those in which the cilia and a bridge of skin taken from above them are made to exchange positions.

Position of knife when uniting the two incisions in the cartilage. The dotted line shows the upper edge of the separated wedge of tissue.

To the second class belong the operations of von Arlt and von Graefe; to the third those of Dianoux, Watson, Junge, and many others. The method I am about to describe cannot be placed in any of these classes. The cilia are not transplanted, but the direction of their growth is altered. No skin need be sacrificed unless the operator pleases, and a mechanical obstacle consisting of cartilage prevents the return of the cilia to their abnormal position. It is simple and effective, it never shortens the lid or interferes with the folds of skin, so necessary from a cosmetic point of view, and a month after, save in a faint linear cicatrix, and

¹ A portion of a paper read at a meeting of the Medical Section of the Royal Society of New South Wales, on Dec. 20th, 1889.

in the altered direction of the cilia, no traces of operative interference remain. A Snellen's clamp is applied to the lid, care being taken, before the screw is tightened, to stretch the skin upwards, and so tilt the margin of the lid forwards. With a Beer's knife the tarsal cartilage is split along the whole length of its free edge, up to a distance of two millimetres from the puncture, and to a depth of about four millimetres. An incision is made through the skin and connective tissue of the lid, parallel with the row of cilia, from three to four millimetres above it. The surface of cartilage exposed is cleared from connective tissue and an incision is made into it, through about a third of its thickness, parallel with the lower edge of the skin wound and from two to three millimetres above it. The point of the knife is inserted through the first wound in the edge of the cartilage, and brought out at the middle of the second incision in it, above the cilia. Carrying the knife in the same plane, the incisions are connected in their whole length. Thus the row of cilia and a piece of the tarsal cartilage are separated from the lid except at each end. A section of the separated tissue would appear wedge-shaped, the edge of the wedge upwards. The wedge of tissue is then rotated so that the edge of it points downwards and inwards, and is in contact with the eyeball, while the row of cilia points outwards and upwards. The skin wound is united with three or four fine sutures, the clamp removed, and an ordinary dressing applied. The sutures should be removed about the third day. The measurements mentioned are only approximate, and must vary with the thickness and size of the lid to be operated on.

I have ventured to describe this as a new operation. I apply the epithet "new" with a certain amount of diffidence. Whether it be so or not the central idea of it—namely, the rotation of the wedge-shaped bridge of tissue and the complete alteration in the direction of the cilia which it effects—is the outcome of my observation of and practice on many a score of cases of entropion during the last ten years.

Sydney, N.S.W.

THE GARIEL AIR-BALL PESSARY AS A PLUG IN ABORTION.

BY J. CHALMERS ROBERTSON, M.B., C.M.

I WISH to call the attention of practitioners to the use of the Gariel air-ball pessary as a plug in early abortion. The idea is not original. I saw it casually mentioned some years ago in one of the medical papers, but, as far as I can ascertain, few are aware of the advantages of this instrument. In those cases where the ovum is not completely detached, and is, moreover, out of reach, and hæmorrhage more or less alarming is going on, the best results follow the use of the air-ball pessary. The ordinary process of plugging by pledgets of wool or by prepared tampons is laborious and precious time is lost. On the other hand, one can introduce the air-ball pessary and inflate it in half a minute; the upper vagina is most effectually plugged, and the patient can be left with safety for a couple of hours or more. The presence of the pessary is a powerful excitant of uterine action, and one usually finds at the next visit the ovum detached and lying on the top of the pessary. I have used this instrument on several occasions, and always carry one in my obstetric bag. Before insertion it is well washed with a solution of corrosive sublimate, and then smeared with an antiseptic lubricant.

Wandsworth-common, S.W.

STRANGULATED INGUINAL HERNIA COMPLICATED WITH DOUBLE HYDROCELE AND RETENTION OF URINE.

BY G. BELBEN FLUX, M.D.

ONE day in November of last year I was called at 3 P.M. to see a man aged seventy-two, who could not pass his urine. On arrival, I found the patient in bed, with stercoraceous vomiting and very collapsed. His bladder was distended nearly to the umbilicus, the scrotum was enormously enlarged, and the penis was to be observed as a mere dimple. The fluid in the scrotum extended right up to the external abdominal rings. There was no impulse on coughing, and

the distended scrotum was dull and translucent. The right cord was obscured, but appeared to be thickened.

The urine was drawn off with a flexible silk catheter without difficulty. Then with a small trocar I removed about a pint and a half of fluid from the left hydrocele. The right side still being translucent and dull, and giving a sensation of fluctuation to the touch, it was also punctured and about a pint of clear straw-coloured fluid withdrawn. The fluid being removed from both hydroceles, I found on the right side an inguinal hernia, evidently strangulated. Taxis for a few minutes failed to reduce the bowel, and was then given up temporarily; the patient vomited less during the night and slept for some hours. In the morning taxis was again tried and was at once successful, and the vomiting ceased entirely. Three days later, during violent coughing, the hernia again descended and became strangulated, well-marked stercoraceous vomiting again coming on. Chloroform was administered and the bowel was returned at once. The vomiting ceased immediately, and the patient improved rapidly. A suitable truss having been obtained, the patient recovered, and was able to resume his ordinary work as an agricultural labourer.

Highworth.

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.

THE LONDON HOSPITAL.

A CASE OF TETANY IN PREGNANCY, WITH NEPHRITIS AND CANCER OF THE PYLORUS; REMARKS.

(Under the care of Dr. HERMAN.)

THERE are many points of interest in this case, which we give at some length. The occurrence of tetany as a complication of pregnancy is unusual. With regard to the influence of nephritis in the mother on the life of the child, Cohn¹ estimates the mortality as 87 per cent., due to endarteritis of the placenta, with death of the connective tissue. For the report of the case we are indebted to Dr. Hugh Smith, resident accoucheur, and Messrs. A. Bullied and A. Halliday Smith, clinical clerks.

J. M. J.—, aged thirty, first menstruated when fourteen years old; has always been regular; quantity moderate; no pain. Was married at eighteen; six children, two miscarriages; last confinement a year and ten months ago. Morning sickness in each pregnancy, but in no previous one beyond the third month. Labours easy; free hæmorrhage afterwards. Suckled each child fourteen months. Never had any kind of fit. Expected to be confined at the end of January. During this pregnancy she suffered from vomiting, not limited to the morning, often eight or nine times in the twenty-four hours. During the last four or five months there have been loss of appetite, constipation, and wasting; and she has had cramps in the calf of the left leg. In other respects she was well until Dec. 9th. She then noticed in the morning that the thumbs were drawn into the palms of the hands, and the fingers were stiff. The hands felt numb and tingled, and she was unable to use them. The wrists were bent, and the hands fixed with the palms downwards. Both hands were affected alike. After about an hour the hands became less stiff, but on attempting to use them the spasms recurred. During the spasms of the upper extremities there was some stiffness and numbness of the feet, but only momentary inability to move them. There was some stiffness at the back of the neck, which was slightly drawn back, and the back and sides of the head were numb. Similar spasms recurred throughout Dec. 10th, 11th, and 12th; more persistent on the latter day, and about 4 P.M. she was admitted.

On admission, both hands and forearms were in tonic spasm. Elbows flexed, but flexors in upper arm not rigid.

¹ Sajous, vol. ii., part 12.