risus sardonius; muscles of neck and trunk hard and board-like; lower extremities extended; breathing hurried and shallow. The boy had been unable to sleep. The jaws were firmly clenched to within about a quarter of an inch. I ordered belladonna liniment to the spine, powdered jalap with calomel, and a sudorific mixture three times a day. As he resided at some distance from my house, two days elapsed before I saw him again, when his condition had undergone no change. The bowels had freely acted. Linseed-meal poultices sprinkled with turpentine were applied to the dorsal region, and ten grains of chloral hydrate, with twenty grains of bromide of potassium, were given every four hours.—Nov. 21st: Has had two hours' sleep, the first he has had since the beginning of his illness. Decubitus natural; opisthotonos much relieved, but not disappeared. Countenance natural; lips no longer retracted, but the jaws are clenched as before. To continue treatment, and apply a mustard-and-linseed poultice to the nape of the neck.—22nd: Slight improvement. — 24th: The chloral to be increased to twenty grains and the bromide of potassium to thirty, and taken every four hours.—27th: Can open his mouth more freely, and speak distinctly, but the rigidity persists in the abdominal and thoracic muscles; the neck is easier. To apply linseed poultice with turpentine to the neck as before. To continue the treatment.—Dec. 2nd: Lies placidly in bed; answers questions distinctly; sleeps for two or three hours, but never more than three; bowels act regularly; takes semi-solid food. To continue the treatment.—6th: Is going on fairly well, but some rigidity continues, especially in the trunk; can move the feet freely. The chloral treatment was now suspended for four days, and henbane with foetid spirit of ammonia substituted, but no improvement followed.—10th: Ordered fifteen grains of chloral hydrate, twenty minims of tincture of lobelia, and twenty minims of compound tincture of cinchona, thrice daily.—13th: Belladonna plaster applied to the whole dorsal region. To continue the treatment.—17th: Has obtained further relief, the rigidity becoming less. To continue the mixture. Is wearing the plaster, which he feels to be beneficial.—22nd: Is altogether better. To continue the mixture and repeat the belladonna plaster.—24th: Is very comfortable, and almost convalescent.—29th: Was able to enjoy his Christmas dinner downstairs with the rest of his family. Appears to be fairly well. To discontinue the treatment.

Remarks.—This was a case of idiopathic tetanus brought on by exposure to wet and cold. It presented the symptoms of trismus very markedly, and there was absence of sleep for a long time. It appears to me that chloral alone or combined with bromide of potassium controlled the severity of the disease, and if it did not actually cure the malady it afforded time for nature to exert its recuperative power.

Northampton.

SURGICAL MISHAPS.

By E. L. HUSSEY, F.R.C.S.E.

ONE of the cases mentioned by Mr. Teale reminds me of a case formerly under my care.

In 1861 a young lady applied to me with a small tumour behind the angle of the jaw on the right side. It was tough and almost cartilaginous under examination, and the skin was generally adherent over the surface. The case had been seen by the late Mr. Hester and Mr. Owen of Oxford, and by Sir H. Acland. It was thought to be of a cystic nature, and the swelling had been injected with tincture of iodine. I cut through the substance in its whole thickness, and endeavoured to clear away the contents from each half; this could only be done to a very slight extent. The wound healed favourably. A second operation was undertaken some months afterwards. The skin was divided, and separated without difficulty from the tumour. This now appeared to be about the size of a large walnut and of a fibro-cellular structure. I cut off the exposed part, so as to clear the wound for a deeper dissection. Then, fixing a hook in the remaining part, I endeavoured to draw it forwards. This I was unable to do. The attachment was evidently very deep; the skull itself moved with the motions of the hook. I cut off, as deeply as I could, the part of the tumour which was transfixed by the hook, and closed the wound. This healed as favourably as after the former operation. The lady afterwards married, and she died from phthisis more than twenty years after the

operation. There was not any fresh growth of the tumour. Being in communication with Mr. Caesar Hawkins at the time of the operation, I mentioned the case as a disagreeable piece of active surgery. He told me that Mr. Liston, in a similar case, found, upon the death of the patient, that the tumour had its origin in the base of the skull.

Oxford.

HYDATID OF LIVER TREATED BY PUNCTURE; COMPLETE RECOVERY.

By FREDK. A. A. SMITH, M.D.

Mrs. K.—, aged forty-eight, struck her right side against the kitchen table about five months ago. She did not think anything about the accident, but soon afterwards felt a pain in the right side, which gradually enlarged and extreme emaciation set in. Cancer was diagnosed by several medical men, and one thought the ribs were fractured. When I saw the patient, she was extremely weak and emaciated, and looked like a woman dying of cancer. On examination the ribs of the right side were found very prominent, with bulging of the intercostal spaces. Percussion dulness extended over the median line and downwards to nearly three inches below the ribs. The tumour felt firm and smooth, and gave one the impression of an enlarged liver. At a spot, the size of a florin, an inch below the margin of the lower ribs and two inches to the right of the median line, slight fluctuation was felt. Diagnosing the case as one of either abscess or hydatid cyst, I plunged a No. 1 trocar and cannula into the centre of the fluctuating spot, in a direction upwards and backwards, and drew off about six ounces of limpid, straw-coloured fluid. A small piece of plaster was placed over the puncture and a towel tied tightly round the abdomen. Nothing more was done, and the patient got rapidly well and is still alive. The only precautions I took were to stretch the skin, so as to make the opening valvular and arrest the flow of liquid before the cyst was entirely emptied; thus no air was allowed to enter.

The interesting part of this case was the distinct history of a blow, and the rapid enlargement of the tumour and extreme emaciation. The fluid was examined carefully under the microscope, but no hooklets were detected.

Cheltenham.

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. Prooemium.

ST. THOMAS'S HOSPITAL.

SUPRA-PUBIC LITHOTOMY IN A MAN AGED SEVENTY-TWO;
CURE; SUBSEQUENT DEATH FROM APOPLEXY;
REMARKS.

(Under the care of Mr. JOHN CROFT.)

THE following case is one of those in which the operation which was performed is specially advantageous. There were two large stones, an enlarged prostate, and a patient who was in a very poor state of general health. He was not in a condition to bear the prolonged administration of an anæsthetic, or the manipulation which would have been called for had the size of the stones permitted of lithotritry; therefore no very accurate measurement was taken of the stones before operation, the supra-pubic method being so clearly indicated.

J. T.—, aged seventy-two, a labourer, was admitted into Edward ward on July 12th. About twelve years ago he noticed pain at the end of the penis on micturating; during the last two or three years the pain has increased. Micturition is and has been very frequent, he not being able to hold his urine for more than two hours. Has on several occasions had catheters passed, but has not suffered from retention of urine. On examination per rectum the prostate