of the original scrotum by ligatures of fine catgut. The pedicles of the flaps were left adherent to the thigh at their origin, the under portion of the testicles being thus uncovered meantime. The gaps in the thighs where the flaps had been taken from were closed with silkworm gut sutures after undermining the adjacent skin. Finally, the parts were covered with iodoform gauze and the usual aseptic dressings were applied. The grafts took splendidly and on the tenth day after operation the stitches were removed; it was then found that the flaps of skin were apparently growing downwards and backwards so as partially to cover over the gap that existed below. Fig. 2 (a reproduction of a photograph taken at the time) shows the condition. The two flaps are seen here still attached by their pedicles and the incomplete closure below is also shown with the new median raphe running upwards from it.

On Jan. 19th the second stage of the operation was entered on. The pedicles of the flaps were cut through on both sides and brought together so as to cover in the testicles below and behind, the covering being slightly incomplete behind. The edges were refreshed but no stitches were used except to close the wounds in the thighs. The parts were kept apposed with iodoform gauze wrapped round the new scrotum. The operation was a perfect success and on Feb. 20th the patient was able to get up. On March 5th he was sent to the convalescent home at Largs. Fig. 3 shows

FIG. 3.

Condition of parts at present time showing the new scrotum now quite complete and healed. The left testicle still remains true to nature in hanging lower than the right.

the present condition of the parts. The flaps have grown in behind and the scrotum is now quite complete; testicular sensation is apparent and the patient has no discomfort whatever beyond a little stiffness in walking.

The common cause of gangrene of the scrotum is extravasation of urine into the cellular tissue and the tissues here are so lax that the gangrenous process spreads with great rapidity and these cases, if untreated, are usually fatal long before the slough is ready to separate. The traumatic variety is equally fatal. Any wound may light up the condition, from a mere scratch which escapes notice at the time to an extensive laceration of the parts, especially when septic inoculation has taken place at the site of injury. An idiopathic variety of gangrene of the scrotum has been described, but from what we know of the pathology of these conditions it seems most probable that in all such cases some slight abrasion of the scrotal integument, perhaps too insignificant to demand notice, has paved the way for the entrance of virulent organisms. The interest in the present case lies in the recovery of the

patient from so acute an infection, a termination practically unknown in such cases.

I have to express my indebtedness and thanks to Mr. Parry for his courtesy in enabling this case to be published.
Glasgow.

A CASE OF

MANIA FROM TRAUMATIC MENINGITIS; TREPHINING; EVACUATION OF SEROUS EFFUSION; COM- PLETE RECOVERY.

BY CHARLES BROOK, M.R.C.S. ENG.,

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IN July, 1902, a man, aged 20 years, when diving struck his forehead violently on the bottom. He was not rendered unconscious but got out of the water and went home complaining a little of his head. From that day his manner changed. Naturally quiet and gentle, he became irritable and excitable, at times morose and sulky, and within a month from the blow he had paroxysms of violence. His mother observed a swelling on the forehead two inches above the right eyebrow and drew the medical attendant's attention to it. When three years old he bruised his forehead on the same spot and for three weeks was more or less unconscious. In September an eminent London mental physician saw him and advised his removal to an asylum. In October another London physician gave much the same advice and both thought gravely of the case. For three months he had complete change and quiet with a medical attendant on the Yorkshire moors and in the country but got gradually worse and becoming dangerous on Jan. 3rd, 1903, was put into the Lawn Lunatic Asylum at Lincoln.

Six weeks later I saw him for the first time by his mother's desire, she being firmly impressed with the belief that his insanity was connected with the swelling on the forehead. He approached me in a most threatening manner with both fists doubled and appeared to have difficulty in restraining himself from attacking me. There was a distinct swelling of the size of a florin on the right frontal bone, which was rather red, and he flinched a little on pressure. After careful examination I advised trephining and this being later confirmed by Sir Victor Horsley I removed him from the asylum and trephined him with a three quarter inch trephine on Feb. 24th. The bone was rather thin and very hard and white with no diploë and it was slightly bulged outwards. The dura mater was intact and perfectly healthy but in a few seconds was bulged out level with the surface. I opened it and let out about three ounces of clear serum and then, having stitched up the dura mater, closed the wound; the periosteum having been previously stripped off the bone there was a good thick pad of covering. The wound was perfectly healed when the sutures were removed on the fifth day.

On recovering consciousness from the anæsthetic the patient expressed himself as feeling all right and never from that moment has he shown the slightest sign of mental disturbance. On the third day a pleasant smile natural to his boyish face returned, having been totally absent for more than six months. It is now more than a year since the operation and he is as bright and well as ever he was in his life.
Lincoln.

A SANATORIUM FOR CONSUMPTIVES FOR MIDDLESEX.—At the Westminster Guildhall on Monday afternoon last Mr. Montagu Sharpe, vice-chairman of the Middlesex County Council, presided at a renewed conference of Middlesex authorities engaged in discussing the establishment of a sanatorium for consumptives for the county of Middlesex. A scheme was presented that the sanatorium should be for 100 patients, 50 of each sex; that the boroughs and local authorities should maintain 50 beds; and that the remainder should be maintained by public subscriptions, trade firms, friendly societies, and private individuals, the management of the sanatorium being vested in those who established and supported the various beds and carried out by an executive committee. Mr. Sharpe said that all the authorities in Middlesex with the exception of eight had concurred in the scheme. It was thought by some speakers that the cost would be prohibitive for small authorities but a motion adopting the scheme was passed.