the condition in the brother with mental emotion, its
tacts that favour to some extent the supposition that the
and timorous disposition of the sister, and the association
paint. 6. Finally, though it was an interesting coincidence
respiration should be present in both. The highly nervous
symptom so rare in Bright's disease as Cheyne-Stokes
part of the day downstairs, to transact such business as he
mischief was so advanced. He was able to spend the greater
attack had disappeared. It may, I think, be fairly regarded
death took place about three months and a half after the first
which recovery took place after Cheyne-Stokes breathing
many set in, the Cheyne-Stokes breathing again disap-peared, the nearest approach to it being a rhythmical irre-
character. 2. The connexion between excitement and the
made worse when he became excited or worried himself
senger was despatched for me as soon as the storm abated,
most striking symptom was in one case Cheyne-Stokesrespiration, and in the other a disturbance of the respira-
with well-marked Cheyne-Stokes respiration, but as the
was away for my holiday, and my brother, Mr. Frank
was broken the left thigh, but under treatment the bone had
united satisfactorily, with only an inch or two of shortening,
and that after being somewhat lame for a time he could
walk again as well as before until the time of the accident
to his right leg. (The only remains of the old fracture of the
left leg was a shortening of about one-sixth, where it remained stationary. She was even-
for the upper fragment having had its lower end
movements of the foot limited; the position of the foot was
from two to three inches. The movements of the
the seat of the fracture to the lower border of the _patella._
From these measurements was found to be Heel of right foot 6 in. off the ground when
the pelvis was level. From the anterior superior spine of
the ilium to the lower border of the patella—left leg, 17 in.; right leg, 18 in.; right leg, 13 in. From the great trochanter
to the lower border of the patella—left leg, 17 in.; right leg (following the femur along the line of deformity), 15 in.—i.e. 6 in. to the seat of the fracture and 9 in.
from the seat of the fracture to the patella. From these measure-
ments it was inferred that the shortening of the femur,
which could not be remedied, was two inches, and that the
further shortening of the limb, due to the faulty position in
which the ends of the bone had united, and which might be
remedied, if kept from two inches to one inch. The two
movements of the foot were found to be free; the knee was quite still; the
movements of the foot limited; the position of the foot was
that of talipes equino varus, but this could be almost completely
remedied by slight force. The patient could move his
foot freely, and toes—so as in a case in which recovery took place after Cheyne-Stokes breathing
had been present. Objection may possibly be taken to this, as
death took place about three months and a half after the first
attack had disappeared. It is, I think, however, a case of recovery. The organic disease necessarily
rendered life very precarious, and the convalescent state
into which he got in May and the early part of June was as
satisfactory a recovery as could be expected, when the renal
necrosis was so advanced. He was able to spend the greater
part of the day downstairs, to transact such business as he
could do in-doors, to enjoy his meals and sleep well; and he
expressed himself as feeling as well as ever he did in his
life. The near approach of the advent of the summertime
was a point. 6. Finally, though it was an interesting coincidence that a brother and sister should develop chronic Bright's
disease almost at the same time, it is significant that a strong
connexion in Bright's disease with the Cheyne-Stokes respiration should be present in each. The highly nervous
and timorous disposition of the sister, and the association
of the condition in the brother with mental emotion, its
disappearance in his case during coma, the benefit produced
by the premedication of opium, and some of the other facts that favours to some extent the supposition that the
Cheyne-Stokes phenomenon may occasionally be determined by the presence of a neurotic predisposition.

Leeds.
bone, and hammered cautiously with a mallet in an inward
direction till felt to be in the softer central part of the bone,
when it was withdrawn and driven in towards the anterior
surface of the bone in the same plane, then towards the
posterior surface. On withdrawing the chisel and pressing
the limb outwards with the line of incision fixed as the
fulcrum, the hard bone on the inner side was easily snapped
and the limb could be bent inwards and rotated apart from
the upper fragment; it could not, however, be drawn down
fulcrum, the hard bone on the inner side was easily snapped
and the limb could be bent inwards and rotated apart from
the upper fragment; it could not, however, be drawn down

Considerable traction being then made on the foot,
the position of the limb judged by its inner aspect was
found to be greatly improved, while the traction was
maintained, though the upper fragment still remained in
its previous position and its lower end could not be
forced inwards, owing apparently to the contraction of the
glutei. No spray was used during the operation, but the
wound was constantly washed out with a 1 in 1000 per-
chloride of mercury solution, and after the operation about
three drachms of a saturated solution of iodoform in ether
was syringed into it; the wound was dressed with lint
the limb was taken out of the Maclntyre splint and an ex-
splint. The following day the morning temperature was
98 2°, evening 100°, after which it never rose above normal
For the next two or three weeks he got about on crutches,
after which he was allowed out, using two sticks, the limb being
rather less than two inches shorter than the other. He was
discharged on June 10th. His report the following November
was that he could walk comfortably several miles without
a stick though he generally uses one. The lameness seen
in his gait is not very noticeable considering the shortening.

CASE OF
GANGRENE OF THE SCROTUM; RECOVERY.

BY FREDK. W. GIBBON, L.R.C.P., L.R.C.S., L.S.A.

J. M——, aged thirty-five years, a master plumber,
of robust frame, good family history, and of a healthy consti-
tution, active and temperate habits, came under my care on
Feb. 1st, 1889, suffering from laryngeal catarrh, attended
by the ordinary symptoms. No especial fever or disturb-
ances of the general system beyond increased lassitude of
the voice and tickling of the face, supposed to have
been brought on by cold whilst working overnight in a
ship's hold. I ordered him to bed, and attended him until
the 21st. On the 18th, however, he complained of hemor-
roids. I did not examine for them, but simply ordered
hot fomentations and a dose of castor oil, presuming that
they were due to costive bowel and his lying up. On in-
quiry the following day they were better, and I heard nothing
more of them during my attendance. On March 4th, how-
ever, he came to my consulting room, and informed me that
he had taken another “bad turn with the ples” three days
previously, and “that morning whilst at the closest felt some-
thing pricking at the back body, and, putting his hand
down, drew from it a piece of stick.” This was an inch
and a half in length, with a sharp point, and most resembled
a spike from a hawthorn tree. I took it to be a fish-bone of an
unusually large size. I sent him home to bed, put him on light
milk diet, and gave him an opiate. I had an urgent message
for him the next day, as he was seriously ill. I found him in bed,
with deep cellulitis of the left buttock, extending from the
margin of the anus on the same side. His tongue was furred;
great thirst and dyspnoea 100:4; respiration 56. He complained of great heat at the back of the body. I
applied a lotion of lead and opium to the parts, gave a
full dose of quinine, and thirty-minim doses of hy, ferri