Mr. Hutchinson, who was present at the post-mortem, remarked that the interest of the case centred in the small fracture—it being a mere fissure in the bone, without depression—and the very large amount of extravasated blood. He had never seen so small a fracture with such a large amount of blood extravasated. It was his opinion that it had been caused by a very severe blow, as there was diffusion of blood in the brain opposite to the seat of fracture. The over-distended state of the bladder showed that the man must have lived some time after the blow had been given. At the trial of the policeman this was confirmed by the evidence adduced.

ST. GEORGE'S HOSPITAL.

OPHTHALMOSCOPIC DEMONSTRATIONS.

(By Mr. BRUDENELL CARTER.)

On Wednesday, the 20th ult., Mr. Carter gave the last of a series of ophthalmoscopic demonstrations at St. George's Hospital. Seven patients were submitted to examination, and illustrated the following morbid conditions of the eye:—

- (1) Injury to the choroid from concussion of the eyeball.
- (2) Absence of the pigment of the choroidal epithelium.
- (3) Retinitis. (4) Disseminated choroiditis in a non-syphilitic subject. This presented a very characteristic appearance, the patches of atrophy, exudation, and pigmentary deposit standing out in fine relief on the red background. This condition, Mr. Carter observed, is rarely met with, and we seldom have the opportunity of examining so marked a case. (5 and 6) Excavation of the optic disc—glaucomatous cupping,—the effect of extreme tension of the globe. One of the patients was a man whose right eye was affected; the other was a female with both eyes affected. Mr. Carter had performed iridectomy in both cases, and with good results. On examination the optic discs of both patients were still somewhat excavated, but the excavation was less marked than when last examined. The patients are improving, and the tension of the globes is reduced to the normal standard. (7) Syphilitic retinitis in a man. Two drawings of the ophthalmoscopic appearances, taken some time previously, were handed round, and thus an opportunity was afforded of comparing the present with the past condition, and estimating the effects of treatment.

Most of these examinations were made by means of blue light, obtained by interposing blue glass between the lamp and the mirror. Mr. Carter stated that this light was so unirritating that it frequently enabled him to dispense with the use of atropine for his large ophthalmoscope; and he illustrated this upon one of the gentlemen present, who submitted his eyes with undilated pupils for examination by the rest, and whose optic nerves were perfectly well displayed.

SEAMEN'S HOSPITAL, GREENWICH.

DORSAL DISLOCATION OF HIP OF FIFTEEN DAYS' STANDING REDUCED BY MANIPULATION.

(Under the care of Mr. W. JOHNSON SMITH.)

THE subject of this case is a Swedish sailor, aged twenty-seven years, who, fifteen days before his admission into the Seamen's Hospital, was struck violently over the back of the pelvis, the body at the time being bent forwards. The man states that he was thrown down, and that, in the fall, the left thigh was forced outwards to a considerable extent.

On the day of his admission, February 6th, 1872, the patient presented well-marked symptoms of dislocation of the head of the left femur upon the dorsum ilii, the limb being shortened and adducted, and the foot much inverted. In addition to the ordinary symptoms of this injury there was complete paralysis of the muscles below the knee, and also loss of sensation in the integument of the leg, except over its inner surface and along the inner side of the foot. This condition had lasted ever since the accident.

Chloroform having been administered, reduction of the dislocated bone was attempted by flexing, abducting, and externally rotating the thigh. After very forcible abduction, the head of the femur slipped audibly into its socket, and the normal length and relative position of the limb

were restored. The thighs were then bound together by a few turns of a bandage. On the following morning it was found that the head of the femur was again out of place, although not to so great an extent as after the accident. It was easily returned by manipulation without the administration of chloroform, and the limb was retained by a long splint, applied as in fracture of the femur. At the end of a week this was removed, and the patient allowed to get up. Locomotion was prevented for some time by the paralysis of the muscles of the foot. This was treated by galvanism, and the man is now able to walk very fairly with the aid of a stick. There is no perceptible difference between the two limbs as to length and position, and the movements of the left hip are perfect.

GONORRHOEAL INFLAMMATION OF AN IMPERFECTLY DESCENDED TESTIS; TREATMENT BY PUNCTURE.

(Under the care of Mr. W. JOHNSON SMITH.)

William M.—, aged nineteen, was admitted on January 17th with a painful swelling in the right groin. At the end of December, 1871, he had contracted a gonorrhœa, which was treated by copaiba. About five days before admission the urethral discharge suddenly ceased, and shortly afterwards the young man complained of tenderness in the groin, which speedily increased in intensity, and prevented him from working.

On admission, the left testicle was fully developed, and in its normal position on the corresponding side of the scrotum. The right side of the scrotum was empty. In the right groin, between the situations of the external and internal rings, was a firm rounded swelling, of about the size of a small apple. This was extremely painful and tender, and the integument stretched over it very red, hot, and œdematous.

On January 18th a deep stab was made into the swelling with a sharp-pointed bistoury. After some slight hæmorrhage had ceased, the affected groin was left without local application of any kind.

On Jan. 19th the patient stated that the pain was much less severe. The swelling could be handled and compressed without causing much uneasiness.

20th.—There is no pain in the groin, and the œdema and redness of the integument have disappeared.

The urethral discharge, which became profuse after the cessation of the epididymitis, was treated by the oil of yellow sandal wood, and on Jan. 27th the patient was discharged as cured.

LARGE SUBLINGUAL CYST TREATED BY PUNCTURE AND DRAINAGE.

(Under the care of Mr. W. JOHNSON SMITH.)

E. Z.—, a Maltese, aged fifteen years, was admitted on February 14th, 1872, with a large swelling under the jaw on the right side, and considerable protrusion of the tongue. On examination these signs were found to be due to a large cyst evidently containing fluid, which was very prominent at the floor of the mouth, and passed backwards and downwards into the neck, where it formed a large fluctuating tumour, over which the skin was tightly stretched. No information of any interest could be obtained from the patient, except the fact that about a week before his admission the swelling in the mouth had been pricked by a surgeon in the south of England.

An incision was made into the tumour below the tongue, and about four ounces of blood-stained and viscid fluid let out. When the cyst was half emptied, a doubled silk thread was passed through its cavity by means of a needle set in a handle, which was introduced at the incision made in the mouth, and brought out through the skin under the jaw. The ends of the silk thread were then tied together outside the mouth, and the fluid contents of the tumour allowed to trickle away slowly from the orifices through which it passed.

On February 16th the silk seton was replaced by a drainage-tube, which was passed from within outwards through the tumour and the ends looped together under the chin. This set up suppuration, which did not spread beyond the walls of the cyst, and caused no inflammation or irritation of any kind in the surrounding soft structures. The discharge of pus, which at first was profuse, gradually diminished, and the seat of the cyst was marked by a hard