from the 4th till the 28th, when the patient was discharged convalescent.

Suppuration of the testicle unconnected with either syphilitic or tubercular deposit is an uncommon result of inflammation of the organ. But it is a momentous question whether the spoiling of its special function does not more often follow prolonged inflammation than the affection is accredited with. Making allowance for the share of the general enlargement due to the distension of the tunica vaginalis by serum, the thickening of the epididymis and the cellular and other investments of the testicle, including the scrotum, there must be a balance of engorgement belonging to the body of the testicle which, if allowed to remain, cannot but imperil its secreting properties. Whatever be the plan of treatment which promises *safely* to shorten the period of tension demands attentive consideration.

ST. MARY'S HOSPITAL.

A CASE OF REMARKABLE TENDENCY TO SLEEP.

(Under the care of Dr. HANDFIELD JONES.)

WE saw the other day at this hospital a coal-porter, aged forty-two, whose main symptom was a peculiar proneness to sleep. He can sleep, he told us, thirteen or fourteen hours without waking. Before admission, he used to go to sleep at his meals or standing in the street; and he had been troubled in this way for a year past. He had sometimes slept nearly the whole twenty-four hours; but since his admission fourteen or fifteen hours were enough for him. He dreams and talks a good deal in his slumbers. The man's aspect is completely that of Bright's disease; and he says that before admission his legs and feet used to swell. But examination has failed to discover any albumen or casts in his urine, which, however, is of low specific gravity. Within the last two years he has been getting very stout. He used to drink a large quantity of beer; but not, he says, for two years past.

Provincial Hospital Reports.

CROYDON GENERAL HOSPITAL.

CASE OF STRICTURE TREATED BY HOLT'S METHOD.

(Under the care of Mr. RUTHERFORD ADAMS.)

AMONGST the advantages claimed by Mr. Holt for his method are the following:—1. That there is literally no danger in the operation if the instrument be passed through the urethra and not through a false passage, and if the patient is not the subject of kidney disease. 2. That the mucous membrane is not lacerated. This has been illustrated by the autopsies recorded by Dr. Millar of Edinburgh, and Dr. McDonald of Dublin. 3. That if common care is used, the stricture does not return, but is always easily kept under control. The following case is an example of its employment.

Charles L—, aged thirty-eight, a carpenter, of dissolute habits, was admitted on the 30th of September, 1869. He had been the subject of stricture for seven years, during which period the stream had been gradually contracting, and the urine flowed guttatum. Twelve months since Mr. Adams passed a small instrument, and temporarily relieved his distended bladder; but at this time he could not afford to lose the time required for the operation, until, from aggravation of the symptoms, his health broke down, and complete retention ensued. On admission, a No. $\frac{1}{2}$ catheter was with considerable difficulty introduced, and after treatment, extending over six weeks, Mr. Adams was finally enabled to get in No. 4. Every attempt to pass an instrument brought on an attack of stricture fever, which rendered the treatment more tedious.

On the 10th of November he was placed under the influence of nitrous oxide by Mr. Rymer; and the dilator having been fairly introduced into the bladder, Mr. Adams rapidly passed in the large-sized tube through a dense fibrous, almost cartilaginous, stricture, situated in the glans for more

than an inch inwards, and a smaller one near the triangular ligament. Upon its removal, a No. 10 was passed, and some urine, tinged with blood, drawn off. The patient was then sent to bed, and was ordered ten drops of tincture of opium and two grains of quinine every four hours. The following afternoon he passed a large quantity of water, very slightly discoloured; and the day after, with some pain, a No. 9 was passed. He then left the hospital, two days after the operation. From that period up to the present he has had an instrument used at intervals. He is now able to relieve his bladder in half a minute.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 11TH, 1870.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

A CASE OF COMPOUND FRACTURE OF THE PATELLA; WITH AN ANALYSIS OF FIFTY-SIX CASES OF THAT INJURY.

BY ALFRED POLAND, F.R.C.S.,
SURGEON TO GUY'S HOSPITAL.

IN presenting the following case to the notice of the Society, the author drew attention to the prominent facts connected with it.

1. The peculiar and unusual nature of the accident.
2. The attempt to save the limb under circumstances most disadvantageous, owing to physical and moral defects.
3. The unfortunate relapse and threatening symptoms of pyæmia, after the primary danger of an inflamed and suppurating joint had passed over.
4. The chest-complication and exhaustion of the patient after subsidence of the pyæmic symptoms.
5. The saving of life by amputation of the limb.

George M—, aged twenty-eight, a boiler-maker, was admitted into Guy's Hospital on the 19th of January, 1869. About eight weeks previously he received a transverse lacerated wound over the anterior surface of the right knee, which was produced by a fall on the knee, and for which he was treated as an out-patient at the hospital. The wound was about $3\frac{1}{2}$ in. in extent, and the patella exposed; but the joint was not injured. The edges of the wound were brought together by strapping, and a back splint was placed behind the knee-joint. The case progressed favourably; union of the edges took place, and cicatrisation was almost completed, when, about three days before his admission, he removed the splint and went about his work. Early on the morning of January 19th (eight weeks after the first accident) he caught his foot in a grating, and was thrown down on his side, in his fall using great muscular exertion to save himself. The newly-cicatrised wound was torn open, and he suffered great pain. He was immediately brought to the hospital. There was found a large gaping wound at the site of the original injury, as also a transverse fracture of the patella. There was hæmorrhage, and escape of synovial fluid from the joint. The dresser on duty introduced his finger into the wound, through the fracture, and into the joint. The wound was closed by sutures, a compress of lint with strapping applied, and a back splint adjusted behind the knee. In this condition he came under Mr. Poland's notice. The man appeared to be in exceedingly bad health, suffering from a chronic cough and general debility, which gave rise to the suspicion of phthisis, although no evidence could be elicited by the stethoscope. In the course of three or four days inflammation and swelling of the joint ensued, with the usual concomitant symptoms. The dressings and sutures were removed, and carbolic-acid lotion applied to the wound, which was looking unhealthy, and had a sanious discharge. On the tenth day suppuration of the joint had fully set in, and the discharge was profuse. This, however, suddenly lessened, and symptoms of pyæmia became manifest; but, fortunately, suppurative action in and about the joint reappeared, necessitating the use of free incisions into the joint and into such depôts of pus as had formed above and below the joint. During a lingering and tedious suppuration, with ulcerative action going on in the joint for a period of six weeks, the man's health began to give way. In consultation, it