adhesions were broken across, and the tumour, by the écraseur purchase, was brought gradually through the os uteri and vagina. It exhibited on its outer surface a cast of the concave interior surface of the uterine cavity. It had been adherent to the fundus and upper part of the body of the uterus by loose tissue without a pedicle. As a safeguard against hæmorrhage, the uterus was swabbed out with a sponge saturated in a solution of perchloride of iron, 1 in 4. A suppository of one-third of a grain of morphia was administered in the course of the evening.

No severe symptoms followed the operation, there has been no return of hæmorrhage, and the patient is now (June 3rd) rapidly gaining strength. She has already lost much of her pallor, and is able to sit up for a short time daily. She is taking tonic medicines and plenty of good nourishment. The weight of the tumour was five ounces, its length four and a half inches, its greatest circumference six and a half inches. Its structure was that of fibroid tissue, closely resembling that of the plain nucleated muscular fibre of the uterus, but not containing any of the cells characteristic of carcinomatous growths.

Dr. Davis referred, in the course of his clinical remarks, to another case of an intra-uterine fibroid tumour, of similar structure to the above, which he had removed in November, 1859, also by torsion combined with extractive efforts, preceded by preparatory separation of the more accessible adhesions. The lady the subject of it was a widow fifty-one years of age. In her case the tumour, which on removal weighed upwards of five pounds, had interfered mechanically with the function of the bladder, and had been the cause of repeated, profuse, and exhausting floodings. The growth was in the above manner gradually drawn out of the uterus, being detached at the same time from the uppermost adhesions to the fundus of the uterus, to which it was not pediculated. The left hand grasping the upper half of the tumour, and the vulsellum forceps carefully guided and applied to its lower half, were the means of purchase employed in removing the tumour. The patient made a rapid recovery, and returned to her country home within three weeks after the operation. She has now, after nearly twenty years of a prolonged and active life, had no return of uterine disease. The tumour belongs to the Middlesex Hospital College museum.

RADCLIFFE INFIRMARY, OXFORD.

A CASE OF SEVERE CHOREA TREATED WITHOUT MEDICINE.

(Under the care of Dr. TUCKWELL.)

THE following may be read in continuation of a series of cases of chorea treated on the expectant plan by Dr. Gray and Dr. Tuckwell, and published in THE LANCET of Nov. 18th, 1876. Its duration, severe though it was, will be seen to correspond singularly with the average duration of chorea treated by all kinds of medicines, as estimated by Hillier and Séé—"about ten weeks" and "sixty-nine days."

A. C.—, a boy aged ten, was admitted on March 31st, 1877, suffering from a first attack of chorea, which had begun three weeks before admission without any assignable cause. No history of rheumatism could be traced either in the boy or his relatives. The chorea was very severe and general. The cheeks, tip of the nose, and lips were reddened and excoriated from friction against the pillow and constant spasmodic movements of the lips. No cardiac murmur could be detected. Pulse 100; evening temperature 99°. The boy was placed in a large crib, well padded round with pillows. He was ordered to be fed every two hours with milk, eggs, and light puddings; a little minced meat and mashed potato to be taken twice in the twenty-four hours; no stimulants; no medicine.

April 7th.—No improvement, but rather an increase in the severity of the spasms. The lips were fissured, and the cheeks and nose badly excoriated. The pulse had ranged from 90 to 110, and the temperature had never exceeded 99°. No cardiac murmur had been heard, though often listened for. He had been well nursed and steadily fed. The bowels had acted, and the urine had been passed, naturally.

9th.—A remarkable subsidence of the choreic movements had taken place in the past twenty-four hours. There had been a natural sleep of some hours.

23rd.—Since the last note the chorea had steadily abated. The boy was quiet, and sleeping and eating well. He was, however, quite unable to speak, and when spoken to

grinned in an idiotic manner. He was also partly paralysed in both his legs, so that he could only move them slowly in bed, and could not stand upright. He passed his urine and fæces involuntarily. His temperature had kept normal, and his pulse had fallen to 80. Ordered to continue nourishment as before; no medicine.

30th.—He was now able to hold his urine and fæces, and pass them voluntarily. He could speak, and had a more natural expression. He was regaining power in his legs. The chorea was scarcely noticeable.

On May 17th he could talk well, stand and walk about the ward with a little help; and on the 22nd the chorea had disappeared. He could walk strongly, and talk naturally. He was discharged to the Convalescent Home at Headington.

Duration of chorea before admission, three weeks; in hospital, seven weeks and three days; total duration, ten weeks and three days.

Reviews and Notices of Books.

Nervous Diseases: their Description and Treatment. By ALLAN McLANE HAMILTON, M.D. London: J. and A. Churchill.

Diseases of the Nervous System: their Prevalence and Pathology. By JULIUS ALTHAUS, M.D., M.R.C.P. London: Smith, Elder, and Co.

IN a compact volume of 500 pages Dr. McLane Hamilton, of New York, has given a concise, and on the whole a good, review of diseases of the nervous system—a review in which the work of English and continental, as well as of American writers, is fairly represented, and the literature of the subject has evidently been well studied. An introductory chapter describes the methods of examination and the instruments employed in diagnosis and treatment. Among these is described a new form of dynamometer, consisting of an india-rubber bag communicating with a closed chamber containing mercury, from which a vertical tube proceeds, and the height of the mercury in the tube affords an indication of the amount of force exerted. It is assumed that the compression of the india-rubber ball to one-half will raise the mercury half way up the tube. A gas cautery invented by the author appears in every respect identical with that invented here many years ago by the late Alexander Bruce. Among the more interesting chapters in the book is one on the climatic relations of tetanus, which contains a considerable number of interesting facts regarding its endemic prevalence. In Havana, with a population of 250,000 and 5000 births per annum, the yearly average of deaths from tetanus is 48 adults and 382 children—7½ infants per 100 births. In Long Island the disease is said to be exceedingly prevalent, but trustworthy reports which Dr. Hamilton has obtained show that its frequency has been exaggerated. Nevertheless, one case occurs a year per 1000 of the population. Idiopathic tetanus is not rare from sudden alternations of temperature, sitting down in the cool breezes after fatigue and overheating. It is not uncommon in fatigued horses which are turned out to pasture in a slight frost or exposed to the ocean breezes. In some localities the disease appears at times to be so common that it is not safe for persons with even the most trivial injury to remain in the neighbourhood. Trismus nascentium in these places is so common that women about to be confined are accustomed to go to some other locality. In the extreme easterly end of the island, however, no case had been known, so that colts are taken there to be castrated, and are not removed until the wound is healed. These facts are very remarkable, and well deserve more careful and thorough investigation into the endemic influences than has yet been given. The disease appears to be as fatal in these districts as elsewhere, cases of well-authenticated recovery from traumatic tetanus being extremely rare. One of the best chapters in the work is that