than when they are uncovered. The muscles of the legs and thighs are abnormally firm, even when quite at rest—probably from commencing rigidity. Tactile sensibility also seems to be slightly impaired in the lower limbs. There is no tremor on forcibly flexing the foot or great toe. Electrical sensibility appears to be normal in all the limbs.

The child remained in the hospital two months, and his condition during that time did not appreciably change. Mr. Edgar A. Browne kindly examined his eyes for me, and found the optic discs to be unusually well supplied with blood.

Remarks.—The above case presents almost all the characteristic features of the disease of which I consider it to be an example. Nystagmus is perhaps the only symptom required to make it a typical case, and this will probably show itself before long as the disease spreads higher. The distribution of the lesions is already tolerably extensive, involving the roots of the spinal accessory and hypoglossal nerves, as well as those of the spinal motor nerves. It is also probable that the posterior columns of the cord are considerably affected, as there is distinct ataxy of the lower limbs in addition to their rhythmical movements.

One interesting feature in this case is that the development of the disease appears to have been accompanied by general retardation of growth. The boy looks about the size of an ordinary child of three or four, whereas he is twice that age. His mental faculties also appear to be somewhat deficient, though it is difficult to estimate the exact amount of this deficiency on account of his inability to speak intelligibly. The symptoms of sclerosis began to show themselves when the child was two years old. I have only met with one case on record in which the symptoms commenced at an earlier age than this—viz., a case reported by Dr. Dreschfeld, of Manchester, in which the characteristic phenomena were observed when the patient was a little more than fourteen months old.¹

Both in Dr. Dreschfeld's case and in mine the symptoms were first noticed shortly after an attack of convulsions. Whether there was any important connexion between the two events it would be difficult to say. The frequency of the occurrence of fits in young children would incline one to look upon the coincidence as accidental, especially as there was in my little patient no return of convulsions for several years. On the other hand, the occurrence of scarlatina was probably a more important antecedent; and the influence of the fever poison upon the nervous system (in which there was perhaps already a latent tendency to disease) may have been so profound as not only to cause the convulsions, but also to initiate those peculiar sub-inflammatory changes which result in disseminated sclerosis.

Liverpool.

ARREST OF MILK ABSCESS.

By W. P. SWAIN, F.R.C.S.,

SURGEON TO THE ROYAL ALBERT HOSPITAL, DEVONPORT.

THE following case, although by no means without precedent, is so marked as to deserve record.

Mrs. W—, a primipara, was confined on July 13th. The labour was natural, but the child very large. The forceps were used in the last stage. She progressed favourably up to July 26th, but at one o'clock in the morning of that day she had a shiver, followed by burning heat, with fulness, pain, and great tenderness on pressure in the right breast. This breast had been somewhat troublesome to nurse with throughout. I saw the patient at 1 P.M. She was then flushed and anxious, with a pulse of 120 and a temperature of 103°6'. The breast was very full, tense, and painful, especially towards the axilla, where a spot much harder than the surrounding tissues could be felt. The following treatment was prescribed:—An immediate dose of ten grains of quinine; two-drop doses of tincture of aconite in a drachm of water every ten minutes for four hours, and then every hour; and the extract of belladonna softened with a little glycerine to be smeared over the breast. The breast pump was also ordered to be used. I saw her again at 10 P.M. The treatment had been faithfully carried out, except that the dose of quinine had not been administered until 7 P.M., owing to the chemist being reluctant to dispense

so large a dose of quinine without special authority from me. I found the breast much less tender, the pulse 88, and the temperature 101°. Five grains of quinine were ordered to be taken every four hours, and the aconite to be continued every hour. The next day (July 27th) I found the patient more comfortable. The child had taken the breast, which was now hardly at all tender, the hard spot having vanished. The pulse was 80, and the temperature 99°6'. From that time she progressed favourably, without further bad symptoms.

Devonport.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

IRREDUCIBLE OMENTAL HERNIA; OPERATION, COMBINED WITH THE RADICAL CURE OF HERNIA.

(Under the care of Mr. WOOD.)

FOR the notes of this interesting case we are indebted to Mr. E. H. Howlett, surgical registrar.

T. B—, aged twenty-six, single, a porter, was admitted into the Albert ward on July 3rd, 1878, with strangulated right scrotal hernia. He had had a bubonocoele for seven years on the right side, but the bowel had only gone down into the scrotum during the last six months. For this he wore a truss. For two months a portion of the rupture, the size of a large walnut, had been irreducible, and the bowel had descended whilst the truss was in position. On July 1st, whilst lifting a heavy weight, he felt the bowel slip down behind the truss. No attempt was made to return it till the evening, and then it failed. About 7 P.M. he experienced "pain in the bowels" of a dragging character, accompanied with nausea, vomiting, and constipation. A little flatus passed. The bowels acted naturally next morning, but the other symptoms were increasing. On July 3rd the bowels did not act. The abdomen was distended, and there were severe dragging pains. Vomiting was frequent, but not feculent. The scrotal tumour was still irreducible and tender. About 9 A.M. a medical man was called in, and succeeded by taxis in partially reducing the rupture. The symptoms then subsided, and the bowels acted naturally. In the afternoon the gut again descended, with return of pain, but without vomiting.

He was then admitted into the hospital. Taxis was tried ineffectually. The scrotum was elevated and supported, and an ice-bag was applied. Twenty-five drops of tincture of opium were given.

The next morning (July 4th) the patient was described as well nourished and quiet. The temperature was normal; skin cool; pulse 88. There was a tumour in the scrotum the size of a closed fist, extending up into the right inguinal canal, the skin over it being of natural colour. The percussion note over the tumour was dull, and the tumour was doughy to the touch. There was very slight impulse on coughing. On pressing the tumour a gurgling sensation was felt by the hand. The tongue was inclined to be dry. There was no vomiting, but the patient had nausea, headache, loss of appetite, and constipation was complete. The abdomen was not distended. Taxis was again tried, and a small portion of bowel returned, but the size of the tumour was not much diminished. An enema was given; the other treatment was continued. The patient remained in much the same condition (no vomiting) till July 7th, when the bowels acted naturally. All symptoms ceased, and, with the exception of the irreducible hernia, he was quite well.

There being a manifest liability to strangulation of the bowel, and the patient being a young man in fairly good health, Mr. Wood advised him to submit to an operation for the radical cure of the disease.

On July 13th, the parts having been shaved and washed with carbolic lotion (1 in 20), ether was administered, and

¹ Medical Times and Gazette, Feb. 9th, 1878.