the following operation done under antiseptic precautions. An incision was made over the tumour as in operating for strangulated hernia, and the sac was exposed. The sac was opened, and a considerable quantity of dark-clotted blood (evidently the result of endeavours at reduction) let out. The omentum was then found to be adherent to the sac everywhere, except posteriorly. Behind there was an opening admitting two fingers, through which the bowel had come down; but at the time of operation no bowel was present. The omentum was turned up, and torn open to see if it concealed a knuckle of intestine, and then drawn down, and encircled with a single stout catgut ligature, and cut off close to the internal ring. Silver wires were next passed through the conjoined tendon and Poupart's ligament, as in the ordinary operation for radical cure, but *through* the omentum and sac, instead of behind, due care being, of course, taken to avoid the spermatic cord. The wires were then brought out, and twisted together, and the superabundant sac, which was very much thickened, was cut away. A large drainage-tube, with lateral openings, was placed in the bottom of the wound, which was stitched up closely; and, lastly, the antiseptic dressings were applied.

The evening temperature was 99.4° F.; pulse 90. Twenty drops of tincture of opium were given. There was retention of urine.

Next day the temperature in the morning was 100.6° F.; in the evening, 100°; pulse 100. There was no pain. The wound was dressed; there was slight sanious discharge, but no fetor; the penis was cedematous from constriction of the dressings. There was retention.

On July 15th the temperature and pulse were falling. The wound was dressed; the discharge was slight and free from odour; he could pass water naturally. There was no orchitis or abdominal tenderness; no pain. The line of incision was healed, and the drainage-tube was shortened. The cedema of the penis was disappearing. The next morning the bowels acted after an enema. The temperature was normal, and remained so, with one slight exception, till the date of discharge. The superficial stitches were removed at the dressing. There was no fetor.

The wound after this was dressed at gradually increasing intervals. The general health was good, and the bowels regular.

On July 25th the wires and drainage-tube were removed. The dressings were applied for the last time, and on being removed four days later the wound was found to be healed in every part.

On August 1st the man was discharged. He was still weak. There was considerable thickening of tissues in the track of the wires. On coughing, impulse ceased at internal ring. He was advised to wear a truss.

SAMARITAN HOSPITAL.

DISEASE OF THE MESENTERIC GLANDS FOLLOWING
WHOOPIING-COUGH IN A HEALTHY CHILD; DEATH;
POST-MORTEM EXAMINATION.

(Under the care of Dr. DAY.)

H. H.—, aged four years, was admitted on March 21st, 1878. The family history was good. He was a remarkably strong, healthy child till October, 1877, when he had an attack of whooping-cough, which continued for three months, followed by looseness of the bowels, the motions being thin, light, and yellow, without blood or mucus. He had gradually lost flesh and strength, and was unable to walk. On examination, the belly was large and protuberant, especially to the left and below the umbilicus; it was tender on pressure, and when handled, the child would draw up his legs and begin to cry. The chief swelling was a firm irregular mass around and to the left of the umbilicus, which was attributed to a cluster of enlarged mesenteric glands. The edge of the liver could be felt within an inch of the umbilicus; the edge of the spleen extended an inch below the false ribs; there was dulness in both lumbar regions, and from the umbilicus to the pubis; the percussion note was clear between the umbilicus and epigastrium. The upper part of the thorax was narrow, but respiration was normal; posteriorly there was deficient expansion and dulness over the lower lobes, owing to the increased size of the abdomen. The girth of the umbilicus was twenty-one inches; the intercostals were depressed; the bowels acted

five or six times a day; the urine was scanty and high-coloured.

The diet consisted of milk, eggs, beef-tea, and wine. He was ordered ten drops of solution of perchloride of iron, with twenty drops of compound tincture of chinchona and of glycerine, in two drachms of dill water, three times a day. The abdomen was painted with a liniment containing two drachms of tincture of iodine to six drachms of water night and morning, and a flannel bandage applied afterwards.

On April 24th the bowels acted three times in the twenty-four hours, and the motions were not quite so loose; the belly was less tender. The morning temperature since admission had averaged 99°, and the evening from 100° to 101.6°; pulse 120. The circumference of the abdomen at the umbilicus had now reached twenty-two and a half inches. The patient had a good appetite and enjoyed his food. Ordered half a drachm of syrup of the iodide of iron, and one drachm of cod-liver oil twice a day.

There was some improvement since last report up to the middle of May. He then became much worse. The pulse was feeble.

Up to May 25th the highest morning temperature had been 99.4°, and the highest evening 102°. Bowels still loose.

In the early days of June he was removed from the hospital to his own home. He got gradually weaker and very sick, so that he could retain nothing on his stomach, and brought up coffee-ground vomit. About midday on June 9th he became convulsed, and died unconscious in the evening.

Necropsy.—The body was extremely emaciated, and the face prematurely old and shrunken. On laying open the abdominal wall upwards of a pint of fluid like dirty water escaped. The omentum and intestines were glued together from adhesion of the surfaces through inflammatory action of a slow and tedious character. All this mass, as large as a man's fist, could not be separated from the inner sides of the abdominal wall. The intestines were everywhere contracted, and among the mass were to be felt mesenteric glands as large as filberts. The spleen was enlarged, and presented a somewhat granular aspect, but there was no tubercle. The liver was considerably enlarged and fatty. The heart and lungs were normal.

Remarks by Dr. DAY.—Whooping cough, like the exanthemata, when attacking the most healthy children in whom there is no hereditary history of tubercular disease, may so greatly lower the constitutional powers as to call into activity any latent tendency to strumous disease, most frequently in the cervical glands, not seldom in the contents of the cranium, but more rarely in the abdominal lymphatics. Mesenteric disease, with its concomitant peritonitis, is more commonly the result of prolonged cachexia and exposure to unfavourable hygienic conditions than the sequel of acute disorders. It must be remembered that in this case there was no evidence of tubercle in the viscera, the lungs were quite unaffected, and the liver was simply fatty.

LIVERPOOL ROYAL INFIRMARY.

GUNSHOT WOUND OF LEG; FOREIGN BODY REMOVED
EIGHT MONTHS AFTERWARDS; RECOVERY.

(Under the care of Mr. REGINALD HARRISON.)

L. C.—, aged thirteen, was admitted into the infirmary on July 8th, 1878, with the following history. On the 5th of November last a small cannon was discharged close to her leg, the slug with which it was supposed to be loaded passing completely through the limb, just below the knee. From time to time small pieces of bone were discharged, but as the wound showed no disposition to heal she was brought to the Liverpool Infirmary. On examination there were two wounds, which were suppurating freely, one just below the tubercle of the tibia, and the other close to the fibula. On passing a probe the two openings were found to communicate by means of a sinus through the tibia, in which pieces of necrosed bone could be felt.

Mr. Harrison enlarged the anterior opening, and, after removing some pieces of dead bone, withdrew a plug of paper which had evidently formed the wadding for the charge. Adherent to the plug was a considerable piece of necrosed bone. After the cavity had been well washed out the wound was dressed with carbolic oil.

Mr. Harrison remarked on the importance of thoroughly examining all gunshot wounds, even when there were grounds for believing that the charge had passed through. Here the wadding had remained behind, and for eight months acted as a constant source of irritation, and probably much more so than a metallic bullet or slug. Further than this there was another point of interest which the case presented. On examining the paper which had been removed with a magnifying glass, Mr. Harrison was able to make out that a portion of it was probably from a newspaper, or other similar printed matter. Had the case been one where the injury had been inflicted feloniously, it was quite possible that this link might have completed the chain of circumstantial evidence necessary to bring the offender to justice. Mr. Harrison believed that there were instances recorded where evidence such as this had mainly contributed to the conviction of a murderer. Hence, in the examination of gunshot wounds, it was most necessary to make a very careful search for all the constituent parts of a charge, and, further than this, even in cases where there was no *prima facie* evidence of felonious intent, to scrupulously examine everything that is removed from the wound. In the case just recorded it might have turned out that for eight months the patient had been going about with the most conclusive evidence within her wound as to who had been her assailant.

PETERBOROUGH INFIRMARY.

OBSTRUCTION OF THE BOWELS.

(Under the care of Dr. PALEY.)

FOR the notes of the following case we are indebted to Mr. C. Illingworth, M.B. :—

William P—, a confectioner, aged twenty-three, was admitted to the medical wards on the 10th May, 1878, with faecal vomiting and extreme pain the abdomen. The patient stated that he had had two attacks of a similar nature before, one at five, and the other at seventeen years of age. The present attack began on the 1st of May, with sharp pain round the navel and vomiting, at first of a greenish, and a few days afterwards of a faecal matter. The bowels were moved the day before the attack, but not since, although flatus had been freely passed per anum up to the day of admission. On examination, there was no distinct tumour to be seen or felt in the abdomen, and no tympanitic distension.

Dr. Paley prescribed half-grain doses of opium in pill every three hours, and a distending enema of warm water daily. About three pints of water were slowly injected, pauses being made at intervals, and the patient turned into the knee-elbow and other positions, to favour the passage of the water along the course of the intestine. He was then put upon the night-stool, and passed nothing but the injected water. On the 12th the opium was given every second hour, but the patient's condition remained much the same.

On the 13th the enema brought away a thinnish motion, and in the evening the patient passed a semi fluid stool with several lumps in it, the size of marbles, containing portions of raisins and currants. The vomiting then ceased, and the pain in the abdomen gradually disappeared. The opium was now discontinued. The patient, on being interrogated, stated that he partook heartily of plum pudding the day before his illness, but had had nothing containing raisins or currants since.

On the 14th three very large motions of a semi-fluid nature were passed, and the patient expressed himself as very much better.

On the 17th, improvement continuing, he was allowed to be up, and on the 24th was discharged cured.

Dr. Paley considered that the condition was one of a spasmodic nature, producing colicky pains, and that the spasm was counteracted and the pain relieved by the persistent use of opium.

DONATIONS ETC. TO MEDICAL CHARITIES.—The Prince and Princess of Wales have given one hundred guineas to the Maintenance Fund of the London Hospital. "A Friend" has given a second £500 to the Charing-cross Hospital. Mr. George Durrant has given £100 each to the Dispensary and the Jenny Lind Infirmary for Sick Children at Norwich. The Goldsmith's Company have given £50 to the Lock Hospital and Asylum, Westbourne-green.

ENTERIC FEVER AT ASCOT.

FOR four years and a half a limited locality at Ascot, occupied chiefly by persons of good means, has suffered from the continued prevalence of enteric fever. The persistence of the disease and certain peculiarities in its occurrence and distribution, led to a memorial being addressed from inhabitants of the locality to the Local Government Board on the subject, and to Dr. Ballard being instructed by that Board to investigate the matter. Dr. Ballard's report of the results of his investigation has now been issued, and it will have peculiar interest for the etiologist. The long-continued circumscribed prevalence of fever which formed the subject of inquiry presented several anomalous features of unusual interest, very difficult of elucidation, calling for much expenditure of time and patience in their investigation, and subjecting even Dr. Ballard's exceptional powers of etiological research to a severe strain. The result, however, as shown in this report, forms a very important contribution to the literature of enteric fever. The report, indeed, is peculiarly elaborate, even when compared with the many elaborate reports of local outbreaks of disease which have come from the Medical Department of the Local Government Board, and as an example of *method* in etiological research it is, quite apart from the value of its conclusions, of the highest interest.

We cannot pretend to do more here than give a summary of the general results, and we must refer to the report itself for a proper appreciation of the conditions under which those results were obtained, and the qualifications with which they should be received.

The prevalence of enteric fever, which formed the subject of investigation, began in July, 1873, and came to an end, as it would seem, in November, 1877. Altogether sixty-nine cases of fever occurred within this period, distributed in forty separate families. The cases did not show themselves in any regular sequence during this period. There were, indeed, as it were, two prevalences, one beginning in July, 1873, and ending in September, 1875; then, after ten months' freedom, a second prevalence, beginning in July, 1876, and ending in November, 1877. Moreover, in each of these prevalences there were occasional gaps of two or three months without cases. This irregular recurrence of the cases constituted a principal peculiarity and the greatest difficulty of the inquiry. In twenty-one of the forty families which suffered, more than one case (i. e., two to four cases) occurred, these happening, with four exceptions, concurrently, or in near sequence. The number of separate houses invaded was thirty-six, and of these seven were invaded more than once at intervals of four to nineteen months. In seven of the cases it is probable that the infection of enteric fever was not contracted at Ascot, but in London. *Thirty-three* of the cases occurred among families classed as "noblemen and gentry," *fourteen* among families classed as "middle-class and tradesmen," and *twenty-two* among families classed as "labouring class and poor."

The three first cases of the series of sixty-nine probably contracted the disease in London at the time of the great outbreak of enteric fever which occurred in the western districts of the metropolis in 1873, and which the investigations of Mr. Netten Radcliffe and Mr. W. H. Power showed to be in all probability due to the dissemination of the infection in the milk of a particular dairy. One of the three cases was on the list of patients whose cases came within the inquiry referred to as probably originating from the suspected milk; the other two cases had been within the area of the London outbreak, during the prevalence of the disease there, for a shorter or longer period preceding their attack, and at a time consistent with the period of incubation of the malady. Before the occurrence of these three cases at Ascot, and the cases which followed, there had been no like occurrence of enteric fever at Ascot for forty years. It would seem, indeed, almost as if the recent prevalence of the disease there was in its beginning and first extension an offshoot of what is familiarly known as the Marylebone milk-spread outbreak of enteric fever of 1873.

Proceeding by method of exclusion of known conditions operative in the propagation of enteric fever, and assuming that the concurrences of cases were too numerous to be coincidences and were indicative of some community of