fat from their diet, and take no starchy food at all. 2. It is generally believed that the only conditions under which a diet of meat can be indulged in with impunity is when it is accompanied with a large amount of exercise, and the ingestion of a considerable quantity of water. Now these people do not drink anything like an excess of water, and they take hardly any exercise at all. They spend most of their time in sleep. It would be an interesting point to determine whether their drowsiness might not possibly be due to auto-intoxication from leucomaines developed during digestion. 3. This case entirely disposes of the allegations of those philosophic traditionalists who affirm that excess of meat in the food produces uric acid and gout. Amongst these meat-eaters gout is unknown. Dr. Mortimer Granville, almost alone, I believe, of modern physicians, has always maintained that excess of meat does not do so. I find in his recent work¹ the following: "It is on these hypotheses mainly that the prevailing method of treating gout by limitation of flesh food is founded (i.e., that urea and uric acid as they appear in human urine are to be regarded as serial or progressive products of the dissimilation of the nitrogenous elements of the food). It is inexplicable to me that this policy should find favour with physicians who base their treatment of disease on physiological principles, seeing that there are good reasons for believing that much more depends on the changes that take place in the elements of the food after digestion than upon their form when consumed." 4. Finally, I would suggest that the consideration of this remarkable tribe of people inevitably forces us to one of two conclusions—either that the generally received opinions on the subject of diet as contained in works on physiology are unreliable and should be revised; or that it is possible so to alter the metabolic mechanism of the body by hereditary influence as to enable the individual to exist in defiance of all the ordinary physiological laws of nature.

West-street, Finsbury-circus, E.C.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ON A CASE OF HÆMOPHILIA.

BY JAMES YOUNG, M.B., C.M.

THE following case of hæmophilia may not be uninteresting, as illustrating in a striking degree a few of the more generally recognised facts in the causation of this remarkable diathesis.

Some time ago a child (male) was brought to me suffering from hæmorrhage from the gum, which, the mother informed me, had continued for three days. The child was well nourished, and, being only some thirteen months old, was consequently in the period of primary dentition. As far as the mother of the child knew, he had received no injury, but the blood issued from a minute point just above two recently cut upper incisor teeth. All over the child's body were marks of various sizes produced by contusions which had been followed by large extravasations of blood, and it was stated that the merest pinch caused an ecchymosis which lasted for several days. The usual means for arresting the bleeding were adopted, and after some difficulty this was effected. The point, however, which is most interesting in connexion with this case is the family history. The child's mother belonged to a family of "bleeders," but neither she nor her mother had at any time suffered in that way. One brother, however, died at the age of six from hæmorrhage caused by one of his fingers having been caught in a door. The injury was in itself slight, but the hæmorrhage, as stated, proved fatal. Another brother at the age of seventeen, after the extraction of a tooth, suffered from continual bleeding for several days. Although this did not immediately cause death, yet, as a result of the exhaustion produced by the hæmorrhage, he was unable to cope with an attack of acute enteritis from which he suffered soon after, and which ended fatally. Two

brothers also of the grandmother of the child died from bleeding, which resulted from similar trivial causes. One died at the age of twenty-four from extraction of a tooth, the bleeding in this case lasting for a week; while the other, when sixteen months old, fell and cut the tip of his tongue between his teeth, thereby producing hæmorrhage, which also lasted for a week, at the end of which time he too died. In the former case it may be mentioned that the regular medical attendant knowing the family failing, wisely refused to extract the tooth, which, however, was done by a dentist to whom the patient was unknown. In all these cases, I have been informed, the merest scratch of a pin would cause bleeding which lasted for days, and the slightest bruises produced most extensive ecchymoses. It is to be noted also that the persons affected were all of the male sex, and that while the mother in both cases was the medium through which the diathesis was propagated, yet in neither instance did she herself suffer.

Stewarton, N.B.

CASE OF

STRANGULATED INGUINAL AND FEMORAL HERNIA ON THE SAME SIDE.

BY GUY TYRRELL, M.R.C.S., L.R.C.P. LOND.

THE following case presents features which I think are sufficiently unusual to be worth recording.

T. T—, aged sixty-four, labourer, in August, 1888, had consulted me suffering from a strangulated inguinal hernia, which had made its appearance the day before, and which with a good deal of difficulty I reduced by taxis. Since that time he has worn an inguinal truss. On Sept. 12th, 1889, after working in a hop field, he suffered great pain in the abdomen, and in the evening noticed a swelling below his truss. He had constant attacks of sickness during the night, the pain still being very severe. In the morning he came to see me, still wearing his truss. At first I supposed that the old rupture must have slipped down under his truss, which was a new one, but on making an examination I discovered a femoral hernia about the size of a walnut protruding below the truss. The inguinal ring could be felt free and unoccupied. After making an ineffectual attempt to reduce it by taxis, I sent him into the Malvern Rural Hospital. After his arrival there the symptoms subsided to a great extent, there had been no return of the sickness, and the pain had almost disappeared. After holding a consultation with Drs. Dawson and Holbeche, and making another effort to reduce by taxis, I decided to operate at once without waiting for further or more urgent symptoms. The operation was performed under the influence of chloroform. On opening the sac a little blood-stained serum escaped, and the intestine was seen to be considerably congested; the stricture was very tight, but after incision allowed the intestine to be returned. A catgut drain was inserted, and the wound closed with three silk sutures. The symptoms subsided immediately after the operation, but there was no action of the bowels till the third day, when an enema was given. The wound healed by first intention, and the sutures were removed on the fourth day, the catgut drain having been removed the morning after the operation. The patient was discharged after having had a special truss made to cover both the inguinal and femoral rings.

The remarkable features of this case are, firstly, the occurrence of an inguinal and femoral hernia on the same side, both being strangulated; and, secondly, the subsidence of the acute symptoms in spite of a very tight strangulation, showing that symptoms cannot be depended upon as a guide to operation, and emphasising the rule that, other means having failed, the sooner the operation is performed the better.

Claremont, Great Malvern.

A CASE OF POISONING BY STRYCHNIA.

BY C. M. FEGEN, M.R.C.S., L.R.C.P., &C.

THE following case is of some interest in its medico-legal aspect, as it raises the question as to whether an egg is "meat." The Act of Parliament says: "No poisoned flesh or meat" may be laid. Certainly it is not flesh, but is it meat? The facts of the case are as follows.

¹ Gout in its Clinical Aspects, p. 10.