

degree of force with which the apparatus presses on the skin requires also to be carefully attended to. For explanation of the thermometer, and fallacies to avoid in using it, see description by Dr. Ringer in THE LANCET of Aug. 11th, 1877.] At the time the following observations were made the patient was wholly confined to bed, and covered with the bedclothes except while the index was being read.

Surface temperature taken an inch and a half below outer condyle of femur; thermometer applied at 11.30 A.M.

	Right (affected) leg.	Left leg.
At 6 P.M., after 6½ hours' application, it stood at	91·8°	—
At 6.10 P.M. it stood at	91·6°	—
At 6.15 P.M., after five minutes' application on left leg, it rose to... ..	—	93·2°
At 6.20 P.M., after five minutes, back to right leg, it had fallen to	91·6°	—

Surface temperature taken on patellæ; thermometer applied at 12.30 P.M.

	Right (affected) leg.	Left leg.
At 2.50 P.M., after 2 h. 20 m. application, it stood at	87·2°	—
At 3 P.M., after ten minutes on left leg, it rose to	—	88·8°
At 3.10 P.M., after ten minutes, back to right leg, it had fallen to... ..	86·2°	—
Temperature of air under bedclothes, 78°; in axilla, 98·2°.		

Surface temperature taken on patellæ; thermometer applied at 4.10 P.M.

	Right (affected) leg.	Left leg.
At 7.45 P.M., after 3 h. 35 m. application, it stood at	—	89·8°
At 7.55 P.M. it stood at	—	90°
It was then applied to right leg, and at 8.7 P.M. found to have slipped off the limb; it was reapplied, and		
At 8.17 P.M. it recorded on the right leg ...	86·6°	—
At 8.27 P.M. it stood at	86·8°	—
At 8.37 P.M. it stood at	86·6°	—
At 8.49 P.M., after 12 m. on left leg, it rose to	—	90·6°
At 9 P.M., after 11 m., back to right leg, it had fallen to	86·4°	—
Temperature of air under bedclothes, 83°; of room, 64°; in left and right axillæ, 98°; in mouth, 98·4°.		

Surface temperature taken on patellæ; thermometer applied at 6.30 P.M.

	Right (affected) leg.	Left leg.
At 9.20 P.M., after 2 h. 50 m. application, it stood at	88°	—
At 9.30 P.M., after 12 m. on left leg, it rose to	—	90·2°
At 9.52 P.M. it rose to	—	90·4°
At 10 P.M. it rose to	—	90·6°
At 10.8 P.M. it remained at	—	90·6°
At 10.22 P.M., after 14 m. on right leg, it had fallen to	87·4°	—
Temperature of air under bedclothes, 75°; of room, 61°; in right and left axillæ, 98·8°; in mouth, 99°.		

Glasgow.

A CASE OF GRAVES'S DISEASE.

By W. B. SEALY, M.R.C.S. &c.

HAVING seen in THE LANCET of the 2nd March last an account of a case of "Exophthalmic Goitre and Diabetes occurring in the same Person," by Dr. O'Neill, of Lincoln, I beg to send a short account of a case of mine recently under treatment.

Mrs. —, aged thirty-two, of a dark sallow complexion and rather a mottled appearance, called me in to see her on Jan. 7th of this year. She was suffering from "large eyes and a great lump in her throat," as she described it, and which she said had been coming on for fifteen months. I

at once perceived that the patient presented the usual symptoms of exophthalmic goitre, or Graves's disease. Both eyes were much protruded (the left more so than the right), the lids could not meet, and the eyeballs were large, bright, and glistening, which made her look "rather fierce." The thyroid gland was much enlarged and of a hard, tense, elastic consistence; in addition, the left and middle lobe were more enlarged than the right. She suffered occasionally from slight palpitation of the heart, with some pain. A systolic bruit could be heard over the precordial region, the pulse ranged from 110 to 120 when first I saw her, and for many months she had also suffered from amenorrhœa. She gradually improved under a treatment of digitalis, iron, and belladonna, varied with aconite and conium. The pulse fell to 100, the eyeballs decreased in size, the thyroid body became smaller and less tense, and her other symptoms improved in proportion.

I must confess I was not aware of any connexion between diabetes and Graves's disease until I read Dr. O'Neill's very interesting account in THE LANCET of the two diseases occurring at the same time in the same person, and although my patient had no constitutional symptoms of diabetes, I nevertheless at once examined the urine, and found it of low specific gravity, and containing no sugar. This is an additional case in proof that diabetes and Graves's disease do not so frequently occur together as some appear to suppose. Brant Broughton, Newark.

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.

MIDDLESEX HOSPITAL. ABSCESS POINTING AT THE GROIN, OCCASIONED BY CANCER OF DUODENUM; REMARKS. (Under the care of Mr. HULKE.)

A VAN-DRIVER, aged twenty-seven, who had been first admitted into a medical ward 27th March, 1876, was transferred on June 6th to Forbes's ward, his condition having assumed a surgical aspect. He had at this time a deeply-seated swelling, very tender and painful, non-fluctuating, dull on percussion above the crease of the right groin, reaching from the anterior superior iliac spine nearly to the spine of the pubis, and dipping above into the iliac fossa. He kept the right thigh flexed on the trunk at an angle of 45°, and any attempt to extend it caused very great suffering; and he lay always on the right side. His temperature was high, pulse quick, and his appetite small. At the beginning of his illness in the spring, the most prominent symptoms were pain in the belly and vomiting, and the swelling had only been noticed in the beginning of June.

June 12th (four days later).—Pulse 106; temperature 102·6° F.; the swelling not quite so hard, and there was slight œdema over it. A large quantity of thin brownish pus, having an extremely fetid, faecal smell, was let out. The cavity of the abscess was washed out with a solution of carbolic acid, and the opening was dressed antiseptically. Next day his pulse was 84, and temperature 98·4°. He felt much relieved. This improvement was only transitory. Obstinate diarrhœa set in, his appetite became very capricious, and he occasionally vomited; he lost flesh and strength, and died on Sept. 20th following.

At the examination of the body the abscess was traced upwards along the psoas muscle to the duodenum, the second part of which was lost in a cancerous mass, centrally soft and broken down into a large sloughy cavity continuous with the lumen of the bowel.

Remarks by Mr. HULKE.—In this case the great distance of its source from where the abscess pointed, led to its origin being overlooked. The relative immunity of the male sex from abscesses beginning within the pelvis, the exclusion of