

Winchesters. The branch tube is now wiped free from serum by repeated pellets of sterile wool, and it is finally replugged. As a rule, a two-litre flask of blood yields one litre of serum, but some horses' blood does not yield anything like that amount.

Sudbury.

AN UNUSUAL CASE OF MULTIPLE HERNIA WITH HYDROCELE; STRANGULATED FEMORAL HERNIA; OPERATION; RECOVERY.

By ETHELBERT COLLINS, L.R.C.P. LOND.,
M.R.C.S. ENG.

THE patient, a man aged sixty-five years, had on the right side a complete inguinal hernia and a femoral hernia, and on the left side an incomplete inguinal hernia. There was also a hydrocele of the right tunica vaginalis. According to the patient's statement both inguinal herniæ appeared about ten years previously, and were caused by lifting heavy weights; he was, however, uncertain as to the duration of the femoral hernia. The hydrocele had existed about six years, having been regularly tapped twice a year. On the morning of Jan. 4th, 1895, I was summoned to this case "as one of the man's ruptures had come down, and he was unable to get it back." When I saw him (about three hours after his rupture had come down) he presented the symptoms of a case of strangulated hernia, he had vomited several times, there was distressing hiccough, and pain in the region of the hernia and at the umbilicus. On examination I found that the femoral hernia was strangulated; it was about the size of a large walnut, tense, hard, and there was no impulse on coughing. I was unable to reduce it. I again saw the case in the afternoon with my brother, Mr. J. B. Collins, and we agreed to operate. After the patient had been fully anæsthetised I again tried to reduce the hernia, but was unsuccessful. Having first tapped the hydrocele, which was rather in the way, as it contained twelve ounces of fluid, I proceeded to operate in the usual manner. The sac was excessively thick, and contained a small quantity of clear fluid and a knuckle of intestine; it was tightly gripped in the femoral ring. After making a few notches in Gimbernat's ligament the gut was easily returned. I then ligatured the sac with carbolised silk and removed it, closed the wound, and dressed it with sal alembroth gauze and wool. Carbolic acid was used during the operation, and all the antiseptic precautions it was possible to take in an ordinary cottage were observed. The patient made an uninterrupted recovery, no rise of temperature or any unfavourable symptom occurred, and he was able to leave his bed on the twelfth day after the operation with the wound perfectly sound. On Feb. 11th he was in good health and, wearing a suitable truss, was walking about as usual.

I quote this as being an unusual case of herniæ complicated with hydrocele. I cannot recall a case of double inguinal hernia and a femoral hernia in the same subject, leaving the hydrocele out of the question. Of course, it is not surprising that the femoral hernia should have become strangulated, as the man was wearing a double inguinal truss—which he had obtained from some quack—leaving the femoral hernia to take care of itself. Before I ventured to record this case I sought the opinion of my friend and former teacher, Mr. C. B. Lockwood, as to whether he considered it worth publishing. His large experience and original work on this subject, together with his concordance with my views, form my excuse for doing so. I may add that Mr. Lockwood suggested that the man had an abnormally long mesentery, which might account for his several herniæ, and certainly the shape of his abdomen would indicate that he has, it being flattened above and bulging below. I am indebted to my brother for his valuable assistance, to which I largely attribute the success of the operation.

Sawbridgeworth, Herts.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SUPERNUMERARY MAMMA IN A MAN.

By W. F. ADAMS, M.R.C.S. ENG., L.R.C.P. LOND.,
FORMERLY HOUSE SURGEON TO KING'S COLLEGE HOSPITAL.

WHEN I was at the Kashmir Mission Hospital last summer a Hindu pundit aged about thirty-five came to me for some gastric ailment. When about to examine his abdomen I noticed a tumour above the left hip. This proved to be a fully developed mamma, as seen in the accompanying engraving, which is from a photograph taken at the time. In consistency and appearance it was exactly



like the mamma of a virgin. The nipple was small and rather flattened, but the areola was perfect. I was unable to express any milky fluid. The man told me that it had developed at the time of puberty and never gave him any annoyance. He, therefore, did not desire its removal. His proper nipples on the chest were quite normal, and I detected no trace of other abnormalities. I believe the position, though not the commonest, is not unusual for supernumerary mammae, but its large size and the fact of its occurring in a man seem to me to make this case worthy of record.

C.M.S., Bannu, N. India.

SINGULAR COMPLICATION OF DEATH FROM DROWNING: IMPACTION OF A PIECE OF COKE IN THE LARYNX.

By WILLIAM EVANS, M.R.C.S., L.R.C.P. LOND.

THE following case is perhaps worthy of being recorded on account of the remarkable circumstances attending it. A boat containing six persons was capsized in the river Thames, near Wandsworth Pier, on Bank Holiday (Aug. 5th), and two of the party lost their lives. The body of one of them, a man aged about twenty-one years, was recovered on Aug. 9th, and I made a post-mortem examination on the following day. Having opened the chest, I observed that the lungs were not distended and nearly overlapping the heart, as is usual in death from drowning, neither did they pit on pressure. I removed the tongue, larynx, &c. complete with the lungs, and found a piece of coke firmly impacted in the larynx, the vocal cords grasping it a little below its centre.