A widow, 65 years of age, was admitted into St. Mary's Hospital on Feb. 20th, 1899, complaining of a painful swelling in the right groin. It had appeared about a fortnight previously and had slowly increased in size; at first it had not caused her much pain except on pressure or on coughing, but for the few days immediately preceding admission it had caused her considerable distress. The bowels had acted regularly and she had not suffered from any vomiting. In the right groin there was a large, irregular, flat swelling, measuring about five inches by four inches; it extended from the upper part of the saphenous opening to about three inches above Poupart's ligament, and from the middle line outwards for about four inches along that ligament; downwards and inwards it extended to the right labium majus. The mass was hard, but in its deeper parts some fluctuation was apparently discernible. The patient looked very ill and she was taken at once to the theatre. Mr. Owen said that he did not know what the nature of the swelling might be, but that it was obviously necessary to explore it; he was inclined to think that it was a case of suppuration of the inguinal glands. A deep incision was made into the swelling and an abscess was opened and the contents were cleared out. At the bottom of the abscess cavity a dusky swollen body was seen of about the size of the end of a finger. This proved to be the vermiform process which was strangulated at the femoral ring. Adhesions had formed between the herniated appendix and the neck of the sac, so Mr. Owen gently drew down the process and having tied it close above the constricted portion he removed the swollen and sloughy end. He then cleansed the abscess cavity and stuffed it with perchloride of mercury gauze. The patient made a good recovery.

Remarks by Mr. OWEN.—I have on several occasions met with a herniated vermiform process in an inguinal sac, especially in operations upon children; but so far as I remember I have never before encountered one in a femoral hernia. Certainly I have never operated in a case in which a strangulated process was the sole occupant of the sac of a femoral hernia. I think such instances must be very rare.

ST. THOMAS'S HOSPITAL.

A CASE OF IRREDUCIBLE FEMORAL HERNIA CONTAINING THE VERMIFORM APPENDIX; OPERATION; RECOVERY.

(Under the care of Mr. W. H. BATTLE.)

THE second case illustrating this rare condition occurred in the practice of St. Thomas's Hospital.

A married woman, aged 59 years, was admitted into St. Thomas's Hospital on Dec. 16th, 1898. She had noticed a swelling in the right groin five years ago; it had appeared rather suddenly and had been very painful. After a fortnight in bed at home she was sent to a London hospital, where she was kept for three weeks. Ultimately the swelling went away and she had no further trouble until about 10 days before admission when she found that there was again a swelling with pain in the groin. She could not account for this as there had been no strain or injury. The swelling had been painful but she had not suffered from vomiting or from constipation. The swelling was situated in the femoral region; it was irreducible and tender on pressure. It was somewhat egg-shaped, was fixed to the deeper parts, and had an irregular nodular surface. No fluctuation could be obtained, neither was there any impulse on coughing. Deep pressure in the right iliac region caused a sensation of dragging in the swelling. It was not adherent to the skin. By the 21st, on which day the operation was performed, the swelling had dminished somewhat in size but otherwise was unaltered. The temperature had been normal. A longitudinal incision over the position of the femoral opening showed several enlarged and inflamed glands, but there was still a matted swelling over the femoral canal. This was separated on the inner side and an incision made into it. The peritoneum was soon exposed and further dissection showed the sac to be occupied by the appendix vermiformis and the meso-appendix. The end of the appendix was lost in the inflammatory tissues at the base of the sac. The meso-appendix was ligatured and the appendix was removed by the "coat-sleeve" method. The stump was returned into the abdomen. It was not possible to separate the sac from the surrounding parts, so it was cut off and the opening closed with silk sutures. The stump was then pushed into the ring and the fascia over the pectineus muscle was sutured to Poupart's ligament. The wound was then closed without drainage. The crural ring was small. There was no concretion in the appendix, which presented evidences of chronic catarrh. On Dec. 25th the stitches were removed and on Jan. 9th, 1899, the wound had quite closed. On Jan. 15th she left the hospital.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Congenital Tubercle in Calves.—Phagocytosis of Red Corpuscles.—Chromocytic Clumping in Acute Rheumatism.—Diphtheritic Paralysis.—Myeloid Tumour of the Neck.—Tuberculous Ulcers of the Stomach.—Exhibition of Specimens.

A MEETING of this society was held on May 2nd, the President, Dr. PAYNE, being in the chair.

Professor J. MCFADYEAN showed specimens of Congenital Tubercle from Calves. He observed that the occurrence of tubercle in calves of tuberculous cows was by no means frequent, the highest estimate being 1 in 3000. Actual congenital tubercle was extremely rare. He had only seen three cases since 1896, although he had offered a reward to any meat inspector who should send him one. In the first there was extensive tuberculous disease of the uterus of the parent. In the other two the uterus was not sent to him. Specimens were shown: 1. From a calf a day old in which there were numerous tubercles in the liver and scattered tubercles in the spleen and lungs and also in the heart. Tubercle bacilli were found in several of the lesions which presented the characteristic microscopic appearance of tubercle in cattle. A few of the caseous masses were partly calcified at the centre. 2. From a calf a week old. The parent cow had a tuberculous lung. The liver was riddled with caseous masses and the hepatic glands were caseous. There were numerous tubercles in the spleen and a few in the kidneys. There was little tubercle in the lungs. The escape of the serous membranes and the affection of the spleen were quite contrary to that obtained in adult oxen, tubercle of the spleen in those animals being almost unknown. Professor McFadyean thought that the infection was a blood infection and that it probably occurred in association with tuberculous mastitis.

Dr. F. W. ANDREWES showed Pus from an Injured Knee-joint exhibiting Phagocytosis of Extravasated Red Blood Corpuscles by Leucocytes. Seven days after an injury to the knee-joint acute arthritis set in and the joint was aspirated several times, synovia mixed with blood and pus being withdrawn. The patient ultimately recovered without loss of mobility in the joint. The pus-cells from the fluid removed were large and showed numerous included red corpuscles, especially in the fluid removed at the second aspiration. No organisms could be demonstrated either microscopically or by culture. The blood had probably been effused into the joint at the time of the accident and, acting as an irritant, was removed by phagocytosis. The fluid was a poor soil for bacterial growth when tested in the laboratory, remaining undecomposed for several weeks. But it was not actually bactericidal, as the anthrax bacillus and other organisms grew in it when it was intentionally inoculated. Chemically the fluid contained a large amount of nucleo-proteid.—Mr. RAYMOND JOHNSON asked if there had been sufficient interval of time before the fluid was drawn off for the organisms to have died. He mentioned a case of osteo-myelitis which had been left without the abscess being opened during the acute stage. When it was opened some days later the pus was discovered to be sterile.—Dr. ANDREWES, in reply, said that he had also seen a case of acute periostitis in which the pus was sterile on culture but in which the organisms could be seen in stained films. In the present case, however, no organisms could be found on staining. The first aspiration was performed four days after the onset of the arthritis.

Mr. S. G. SHATTOCK had on a previous occasion drawn attention to the action of the blood serum in acute pneumonia upon normal blood, the admixture as studied by means of the hanging drop leading to a highly exaggerated rouleaux-formation and massing or clumping of the red discs or chromocytes. He had on applying the same method obtained similar chromocytic clumping in normal