

The 61 cases with vision of M.B.E. at from one metre to six metres may be unhesitatingly classed as successes, as before operation 58 of these patients were quite unable to count fingers in any light, and were only able to recognise the movements of a hand in front of the eye, as "a shadow moving"; the three others counted fingers respectively at three inches (final vision M.B.E. at five metres), at three feet (final vision M.B.E. at six metres), and at three feet (final vision M.B.E. at six metres, and  $\frac{1}{12}$ ths by types in a European).

Of the 10 patients with good vision but untested by the bull's-eyes, all could readily count fingers without a glass and all the cases were undoubted successes. These patients absconded because they were satisfied with the result and did not want to be kept further under observation. Six of them were a month or less under treatment; the rest were treated for longer periods. Two of them counted fingers at one foot before operation; the remaining eight patients were only able to distinguish the shadow of the hand moving in front of the eye.

To the remaining six cases the following remarks apply.

1. Two eyes in one patient were raised from faint perception of light to ability to count fingers at six metres. There were very opaque Morgagnian cataracts, with a history of 17 years' blindness and cupping of both discs. The double result was probably the most brilliant of the whole series and, as has been said already, it created a sensation in the district, on account of the patient's reputation as a "holy man." 2. One eye counted fingers at six metres—a poor result, after a free escape of vitreous; the patient's vision before operation was confined to the perception of hand-movements before the eye. 3. One eye counted fingers at two metres—a poor result, due to an escape of vitreous resulting from too small a section. 4. One eye could detect hand-movements at a distance of three metres—a satisfactory if poor result when it is considered that there was a complete posterior synechia to be dealt with. The lens was wrenched out by means of a vectis, and the patient was more than satisfied, as before operation he could only with difficulty distinguish light from darkness. 5. One eye remained in *statu quo ante* after an apparently successful operation and an even recovery. Fundus changes were present.

The results therefore stand thus:—

	Cases.	Percentages.
Successful as proved by test dots... ..	61	79.22
Successful as shown by ability to count fingers easily with naked eye ... ..	10	12.98
Successful (remarkably so, when the circumstances of the case are taken into account— <i>vide</i> 1 above) ... ..	2	2.59
Very poor results... ..	3	3.89
Failure ... ..	1	1.29
Totals ... ..	77	99.99

**PROPOSED SMALL-POX HOSPITALS FOR WORCESTER-SHIRE.**—Following on its report the committee appointed by the Worcester County Council to inquire into the necessity for establishing isolation small-pox hospitals has issued schemes for the various districts. For Evesham Borough District and the rural districts of Evesham, Pershore, and Tewkesbury it recommends the erection of a hospital for 12 beds at an estimated cost of £1100. Malvern Urban District, Wortley Rural District (south of Teme), and Upton-on-Severn Rural District will have a similar hospital provided. A hospital for 12 beds, costing £1100, will be erected for the rural districts of Wortley (north of Teme), Rock, and Tenbury. In connexion with the King's Norton and Northfield Urban Districts and Yardley Rural District it is recommended that a hospital with 20 beds should be built, and for the urban districts of Lye and Wollescote, Oldbury, and Stourbridge, and Halesowen Rural District a hospital for 16 beds, costing £1150. If the whole of the hospitals are provided out of one county fund a rate of  $1\frac{3}{4}$ d. will be required. The question as to what shall be done is to come up for decision at the next meeting of the county council.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### A CASE OF ENTERECTOMY FOR STRANGULATED FEMORAL HERNIA.

BY J. R. RONALD MCCRINDLE, M.B., C.M. GLASG.

THE patient was a married woman, aged 41 years, and was admitted into the North Riding Infirmary, Middlesbrough, on Jan. 7th, 1902, at 3.30 P.M., suffering from a strangulated femoral hernia on the right side. She stated that the hernia had "been down" for seven years except for eight months during pregnancy three years ago. She was said to have vomited continuously since noon on the day previous to admission. After preparation of the patient I proceeded to operate about 5 P.M. with the assistance of Dr. J. Donaldson, the senior house surgeon. The swelling was of about the size of a cricket ball and was tense. On cutting down and opening the sac a quantity of dark-coloured fluid escaped and the bowel was seen to be gangrenous. The constriction was very tight, but after having nicked it I was enabled to pull down sufficient bowel to perform enterectomy which I decided to do, as there was practically no distension above the constriction and the patient was in fair condition. Five inches of bowel were excised. No omentum was present. I made the anastomosis by means of a Murphy's button ( $\frac{1}{16}$ ths of an inch). The cut edges of the mesentery were overstitched and the puckered portion buttressed on either side of the line of junction of the bowel in order to protect the weak portion at the reflection of the mesentery. The opening into the peritoneal cavity was enlarged sufficiently to permit the passage of the bowel containing the button. After separation and ligature of the sac the whole wound was closed by means of successive layers of buried catgut sutures and the edges of the skin were brought together with silkworm gut. The time from commencement of the anaesthesia to completion of the operation was 35 minutes.

The woman was somewhat collapsed on return to the ward, so 10 minims of liquor strychninae were administered hypodermically and a stimulating enema was given. She had a fairly comfortable night and slept about five hours.

On the following day a simple enema was given with good result. Her temperature was 100° F. She was allowed small quantities of plasmon with a teaspoonful of meat juice by the mouth every two hours and a meat suppository every six hours. The wound was dressed and the stitches were removed on the eighth day. The button was passed on the sixteenth day, after which the patient's diet was made more liberal and was gradually increased to the ordinary amount. Her bowels acted daily. She was kept in bed for six weeks and was discharged on Feb. 28th cured.

Middlesbrough.

#### POST-VACCINAL LICHEN URTICATUS.

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THE following case is particularly interesting at the present time in view of the fact that the medical attendant could not free his mind from the suspicion of small-pox, and it is, I think, further worthy of note since I can find no recorded case agreeing in every particular.

The patient was an adult female who had been successfully vaccinated a month previously. At the time of my visit there were two dry and almost completely healed vaccinal ulcers on the right upper arm and the patient informed me that an inflammatory oedema had been present, extending beyond the middle of the forearm. Previously to the occurrence of the rash there had been no symptoms suggestive of the invasion of an acute disease nor had there been any glandular infiltration or septic absorption or administration of drugs likely to give rise to it. The first indication of