

to administer emetics, and the treatment consisted in the exhibition of remedies suitable to the collapse and of the antidotes for oxalic acid—namely, chalk suspended in milk, lime water, and castor oil. The coma and collapse, however, increased and the children died at 12 noon and 2 P.M. respectively, eighteen and twenty hours after they had apparently taken the poison.

At the post-mortem examination, which I performed on the following day, no appearances worthy of record were noticed except a slight amount of congestion in the small intestine of the elder girl. The mucous membrane of the mouth and tongue was in both cases white and shrivelled. I did not detect any perforation. Both stomachs were ligatured and removed into jars which were sent by the wish of the jury after the inquest to Mr. J. W. Knights of Cambridge, public analyst of the Isle of Ely County Council.

I had in the meantime carefully explored the fields in the vicinity and as far as possible traced the path of the children. With the exception of the ordinary cuckoo-pint (*Arum maculatum*) and the ordinary hemlock (*Conium*) no poisonous plants were discovered except sorrel, of which several tufts were found.

At the adjourned inquest the evidence of Mr. Knights proved that a small quantity of oxalic acid or binoxalate of potassium was found in the stomach of each. The quantity was not enough to have caused death, but in his opinion sufficient might have been taken and, though afterwards vomited, produced fatal results. He was also of opinion that enough sorrel might have been taken to produce these results. No other poison was detected. These facts and evidences clearly show, I think, that the cases must be ranked as poisoning by sorrel leaves.

Ely, Cambs.

A NEW METHOD OF OPERATING FOR HYDROCELE.

BY SURGEON-LIEUTENANT-COLONEL E. LAWRIE,
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RESIDENCY SURGEON, HYDERABAD, DECCAN.

THE operation for the radical cure of hydrocele should be performed in the following manner. The sac is punctured in the usual way and when about a third or one-half of the fluid has been withdrawn two drachms of a saturated solution of bichloride of mercury in glycerine are injected and mixed with that which remains and allowed to rest in the sac for from half a minute to a minute. The whole of the fluid is then drawn off to the last drop. Very little pain is experienced and unless the patient is nervous and takes chloroform he is able to move about immediately after the operation. For the next few days he must as a rule lie about, but need not in any case be confined to bed, and in a week or less he is quite well. Provided the surgeon is careful that his hands and instruments are clean and free from micrococci when the puncture and injection are made they produce a uniform result—i.e., sufficient aseptic inflammation to obliterate the sac and nothing more.

Hyderabad.

FRACTURE OF THE ALVEOLUS OF THE LOWER JAW.

BY J. HUTCHISON EDWARD, L.D.S. R.C.S. IREL.

THE following case may not be uninteresting now that the cricket season is in full swing, because of the nature of the accident and the easy, rapid, and complete recovery which followed the treatment. In June last year a man about eighteen years of age, who had been struck in the mouth by a cricket ball, applied to me to have six front teeth (which he said were knocking about in his mouth) extracted from his lower jaw. On examination I found it was not simply a case of loosened teeth, but that the whole of that portion of the front of the lower maxillary bone which contained the alveoli of the six teeth had been broken away and was swinging about in his mouth attached only by means of the membranes of the gum which were intact on the right side, although on the other side they had been torn through. I at once proceeded to secure the teeth with their broken-off alveolar supports *in situ* by means of a ligature of silk thread. The fracture extended from the side of the right canine tooth downwards through the alveolar portion of the lower maxilla, passing transversely along the junction of the alveolar portion of the body to the lateral

incisors on the left. I then carefully took a model in bees-wax of the injured mouth. From this I made a plaster-of-Paris cast, and from this a model in wax again, and from this last a splint of black vulcanite extending from the right to the left molar (inclusive) of the lower maxilla, using black vulcanite in order to avoid the possible irritation which might be set up in the injured tissues by the presence of colouring matter. I also raised the bite a little in order to take off the pressure from the injured portion of the jaw. The patient was required to rinse out his mouth very frequently each day with an antiseptic wash consisting of one part of carbolic acid to twenty parts of distilled water. In about three weeks he recovered and was enabled to dispense with the black vulcanite splint and masticate his food as usual.

Manchester.

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.

ROYAL ALBERT HOSPITAL AND EYE INFIRMARY, DEVONPORT.

A CASE OF DOUBLE OVARIOTOMY, INGUINAL COLOTOMY,
AND EXCISION OF THE RECTUM; RECOVERY.

(Under the care of Mr. F. EVERARD ROW.)

At the present day, when operations are so frequently performed for the removal of ovarian tumours and with almost unvarying success, a practice which, we think, at one time was fairly common—that of removing the other ovary when the operator was doubtful if it was quite normal, in order to prevent the risk of a second operation—should be departed from and the question be left to be decided by time. There does not appear to have been any contra-indication to the removal of the rectum in this case, and the result has more than justified the operation. The growth was, however, extensive, and it will be interesting to know the ultimate result as regards prolongation of life. Some recent statistics¹ give a favourable prognosis after removal of the rectum for cancer; 40 per cent. of those recovering from operation had survived the three years' limit, 8 per cent. of them five years, and four others six, eight, eleven, and thirteen years respectively. The operation is not likely to be abandoned as too dangerous. That stage in its history has long been passed. For the notes of the case we are indebted to Mr. J. J. N. Morris, house surgeon.

A married woman aged forty-four years was admitted to the hospital in June, 1887, suffering from an ovarian tumour. An operation was performed a few days after admission, and a large multilocular cyst springing from the right ovary was with little difficulty removed. She made a most excellent recovery. The highest temperature recorded was 99.8° F., for which there was no apparent cause. She left the hospital within three weeks perfectly well. Five years later in 1892 she was re-admitted with a growth from the left ovary. This also on operation was found to be multilocular and with no adhesions. Recovery was again uninterrupted, and she left the hospital in seventeen days quite recovered. In October of last year, 1895, Mr. Row was sent for privately as she was said to be suffering from "outward piles." On examination it was found that she was in reality suffering from almost complete intestinal obstruction from malignant disease of the rectum and anus. She was a third time admitted to the hospital and two days after admission left inguinal colotomy was performed. Owing to an extremely short mesentery of the sigmoid flexure there was considerable difficulty in getting a sufficient portion of the bowel outside the abdominal wound. The numerous sutures, however, held well and the gut was opened on the third day after the operation from which she experienced considerable immediate and

¹ Czerny: Beiträge für Klinische Chirurgie, vol. x., 1893.