writing of such patients. When he wrote this, there was only a little facial tremor as evidence of paralysis; and several medical friends who saw the case were, I think, unconvinced when I showed him to them. I do not want to enter now on the subject of diagnosing this disease, and I do not mean that there is any one sign alone indicative of it; but I think that in a case where the symptoms at all lead to suspicions of general paralysis, such writing as this ought to settle the question at once.

Fig. 4 is the writing of the same man in health. It is a scrap from an old account-book—the only specimen I could get. I give it for comparison with Fig. 3. There is a vigour and character about the word "Paid," which contrasts very markedly with the shaky style of Fig. 3. I may add, that this patient has since died, and that the subsequent course of the case confirmed my diagnosis.

The above figures tell their own tale; and I have avoided doing more than point out their bearing on the subject. It is clear that there are very few conditions beside general paralysis that could modify the handwriting in this way; and this fact, I think, greatly enhances the value of this indication for diagnostic purposes. I cannot here enter into further details; but beg to submit these views to the consideration of those who have the means of testing their value.

County Asylum, Cambridge, June, 1869.

SUCCESSFUL TREATMENT OF FEMORAL HERNIA IN THE MALE SUBJECT.

BY AUGUSTUS BROWN, M.D.

As femoral hernia in the male subject is of rare occurrence, I venture to forward the notes of a case which lately came under my treatment, and which I am happy to say terminated favourably.

A gentleman aged sixty-one years was obliged to return home from his business on Saturday, Feb. 13th, 1869, owing to a most distressing attack of sickness, which was produced by the descent and strangulation of a femoral hernia in the left groin. The sickness continued from Saturday morning till Monday evening (the time of operation). The patient sent for me on Sunday evening. Feeling, however, very tired, and believing from the nature of the message that he was suffering from a bilious attack, I prescribed effervescing citrate of potash draughts, with dilute hydrocyanic acid, and promised to call on Monday morning. Thus a delay arose, which might have been of serious consequence to my patient, and which clearly proves how little we can rely upon our notions of what a case may be.

On Monday I found I had a serious case to treat. On examining the abdomen, I detected the hernia. In cases of obstinate sickness this should always be done. The vomited matter was now stercoraceous. I had some little difficulty in determining what kind of hernia I had to treat. After, however, a careful examination of the parts, I came to the conclusion that it was femoral. Being about the size of a pigeon's egg, it had escaped through the saphenic opening, and then turned sharply upwards. Failing to reduce it, I sent for my friend Dr. Walker, of the Essex-road, who, after a careful examination, formed the same opinion as myself, and attempted the reduction of the bowel, but without success. Owing to pressure of business on the part of my friend, I was obliged to delay the operation for a few hours, and by the time I could gather the necessary assistance daylight had gone, consequently I was obliged to operate by candle-light. Chloroform having been administered by Mr. New, the taxis was then again attempted, but failed. I then cut down upon and carefully exposed the sac. The hernia had passed out of the saphenic opening, and then taken a sharp turn upwards, and was resting on the lower part of the abdominal parietes. As my patient was not young, I desired to avoid, if possible, opening the sac. To afford room for the reduction of the bowel, I divided the anterior part of the crescentic arch of the saphenic opening, and then, passing my finger as far as Gimbernat's ligament, I divided a few of its fibres. Having thus far cleared the way, I examined the parts, and still found reduction impossible. This obstruction to reduction consisted in constriction and adhesion of the parts round the neck of the sac, and rendered the division of the fibres round the neck, also the opening the sac, a matter of necessity. On opening the sac, the bowel, which was dark and congested, and which had evidently been long enough in its prison-house, was easily returned. The edges of the wound were closed with silk sutures, and the wound was subsequently dressed with the dry dressings, which I have long used in all wounds.

My patient, who was a good subject for operation, would have made a rapid recovery but for two circumstances. He very foolishly got out of bed two hours after the operation to relieve the bowels, which acted freely; this act nearly broke open the wound. He suffered also from a troublesome cough, which produced a considerable impulse towards the wound and kept the parts from healing. With the aid of a well-fitting truss he has again returned to business.

In conclusion, I take this opportunity to thank Dr. Walker for his kind assistance and advice in the case; for it is no small comfort to have at one's hand such able and experienced assistance.

Belitha-villas, Barnsbury-park, Islington, July, 1869.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

KING'S COLLEGE HOSPITAL.

A CASE OF RELAPSING TYPHOID FEVER.

(Under the care of Dr. DUFFIN.)

THE following case is intended to illustrate the difficulties occasionally attendant on the diagnosis of typhoid fever.

C. W——, a young woman nineteen years of age, suffered from slight rigors and vertigo on the 25th or 26th of April of the present year. General slight muscular prostration, headache, thirst, anorexia, and indifferent nights' rest followed upon this, and persisted until her admission into the hospital eight or nine days later (May 4th, 1869). When first seen, she presented a bright uniform erythema, extending over the face, chest, and abdomen, but not involving the extremities. The throat was florid, with slight enlargement of the tonsils; but there was no trace of pultaceous deposit on any part of the fauces. The glands at the angle of the jaw were moderately enlarged. The tongue was dry and furred, the papillæ being very distinct. She presented a heavy suffused aspect, and her intelligence was decidedly obscured, so that her antecedents could not be relied upon. She, however, seemed ignorant of the existence of any rash. The pulse was 130, the temperature 104⅘° Fahr., and the urine contained about one-sixth of albumen. The case, then, had a most deceptive resemblance to scarlatina. The coincidence of so high a temperature, albuminuria, and marked cerebral symptoms, with an imperfect rash, seemed to justify even a certain amount of apprehension. Nevertheless, if the preliminary history could be depended upon, it differed in many respects from that usually pertaining to scarlatina. The extremely uniform, smooth character of the rash also suggested hesitation in diagnosis. During the following four days this rash gradually faded, but the pulse and temperature kept up, the latter with morning remissions of about 1½° Fahr. The cerebral condition remained unaltered; every night she had delirium, and during the day remained in a torpid, lethargic state.

On the 8th of May (twelfth day of disease), in spite of the persistence of these symptoms, the albuminuria was found reduced to a trace, and distinct general cutaneous desquamation was in progress. A careful examination of the functions of the thoracic and abdominal viscera re-