

temperature was in no case very high, nor was the pulse found to be above 120. As regards treatment, wine was in general badly borne; it seemed to excite the system injuriously, and to increase headache. Sleeplessness was, as is usual in this disease, a troublesome symptom, and for this, chloral in doses of twenty grains was found very useful.

Certain inferences may be drawn from the foregoing details. They prove, in the first place, that, contrary to what has been sometimes held, relapsing fever is a disease capable of rapidly propagating itself by infection. Springing from a source which was distinctly traced, it infected many persons within a very short time. Some of these could not be said to have been in sound health, inasmuch as they had recently undergone surgical operations; while others, on the contrary, were in perfect health; and none were underfed or in other respects prone to be attacked, owing to causes considered to favour the propagation of the disease. The hospital is well ventilated, and was not crowded; nevertheless the fever spread rapidly from ward to ward, and from floor to floor.

One of the characteristics of relapsing fever is held to be "a very abrupt invasion";* in other words, that the disease has no premonitory symptoms. The history of the foregoing cases already given proves that, in all other respects, it agreed with that of relapsing fever, and, moreover, that the infection was derived from persons suffering from the disease. It has been established that the relapse occurs on or about the fourteenth day of the fever, reckoning from the day of seizure. The relapses in the present instances accorded with this conclusion, if the seizures be regarded as having been marked by rigors, with or without vomiting, and not as having taken place when the patient's health first became disturbed. It is plain, therefore, that in some of the cases premonitory symptoms preceded the fever.

Authorities are by no means agreed as to the length of the latent period of relapsing fever. It is a point of much interest, therefore, to ascertain to what the facts in the present instances point. The fever nurse came to St. Mark's Hospital infected with the disease, and was attacked on the third day after her arrival. This merely indicates that the period of incubation *may* be at least two days. In M. R.—'s case a definite conclusion as to the latent period may be formed, because it is evident that she was at once infected by her visit to the Fever Hospital. But the fact that, as already said, several other persons were seized with fever at St. Mark's Hospital within a short time, makes it almost certain that they were all infected by the fever nurse on the same day—namely, that of her arrival amongst them.

The latent period in M. R.—'s case was 7 days, during which she was more or less indisposed; in E. J.—'s, 8 days, on 4 of which she was indisposed; in E. C.—'s, 12 days, on 3 of which she was indisposed; in C. J.—'s, 10 days; in J. B.—'s, 7 days; and in H. M.—'s, 10 days.

These were six well-marked cases of relapsing fever, and the order of events were closely observed. For reasons already given, I regard the first day of fever as that on which a rigor was first experienced. This gives five days as the extreme difference in the periods between exposure to infection and the seizure, and the average length of the periods in all the cases as nine days. As far, then, as these data go, they prove this to be the duration of the latent period in relapsing fever.

Old Burlington-street, June, 1870.

A CASE OF EXTIRPATION OF THE LEFT EYEBALL.

REPORTED BY
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(Communicated by the DIRECTOR-GENERAL OF THE MEDICAL
DEPARTMENT OF THE NAVY.)

WILLIAM D—, aged twenty-eight, was admitted into hospital on the 4th January, 1870, for the treatment of ophthalmia of the left eye, which had been injured three years previously, having been struck by the end of a top-gallant-yard, while he was employed in sending down top-

gallant-masts. Vision was entirely destroyed at the time. He had not subsequently suffered any pain in it, or other inconvenience than the loss of sight, until a short time prior to his admission into hospital; when, while under treatment for primary syphilis, it became inflamed, and he had ever since had pain in it.

The condition of the eye on his admission was this: vision totally lost; pupil entirely obliterated; chronic thickening and opacity of the cornea; much congestion of conjunctival and sclerotic vessels; ocular and supra-orbital pain; and what appeared to be a deposit of lymph in the anterior chamber. While in hospital the right eye became sympathetically affected; there was much vascular congestion of the conjunctiva and sclerotic, producing a sensation of foreign bodies in the eye; lachrymation; supra-orbital pain; irregularity of pupil; and dimness of vision.

On the 11th of February, the patient having up to that time withheld his consent, the left eye was removed by extirpation, under chloroform. There was very slight bleeding from the orbit, and this at once ceased on a stream of cold water being allowed to flow into it; a pledget of wet lint was inserted within the orbit, and the lids closed on it, and wet lint applied externally, and a bandage, covering also the right eye, was applied.

On making a section of the eye, what appeared to be a patch of lymph in the anterior chamber proved to be a bit of carbonate of lime, weighing about three grains.

Under the influence of mercury and weak astringent collyria, the abnormal vascularity of the right eye gradually abated, the pupil became regular, the pains removed, and vision improved so much that by the 4th of March he only complained of slight dimness of vision and weakness of the eye, which gradually passed off, leaving his eye healthy and vision good at the time of his discharge (March 29th). The wound left by extirpation of the left eye healed kindly by granulation.

IS IMPERFORATE HYMEN EVER HEREDITARY?

BY HORATIO YATES, M.D.,

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NOT long since a respectable farmer's wife brought her daughter to me for advice. The girl was a fine, well-developed young woman of eighteen. She had never menstruated, nor had ever any vicarious hæmorrhage. From her physical appearance, and from the history of the case, I at once suspected an imperforate hymen. The belly was only slightly swollen, and she had the ordinary monthly constitutional symptoms, but without any "show." I found, on making a vaginal examination, a convex, bulging, elastic tumour at the orifice of the canal. After a dose of castor oil, followed by one of laudanum, I made a crucial incision large enough to admit the index finger, when there commenced to flow, in a steady stream, an inodorous, chocolate-coloured fluid, of the consistence of treacle, to the extent of forty-two ounces. The incised hymen was as thick as buckskin, and as firm as parchment. I kept her in town and in bed for four days, lest inflammatory symptoms should occur, and directed in the meantime tepid water injections, slightly impregnated with carbolic acid, eight drops to the pint. The girl returned home all right, and I hear has remained in perfect health ever since.

Thus far is detailed an ordinary case of imperforate hymen, with the common treatment; and but for what is to follow, I should not think of making a public record of it.

This girl's mother informed me that another daughter of hers, an equally well-developed girl, had been affected in the very same way as this one: had never menstruated, and at twenty her belly had become so much swollen as to induce some of her kind neighbours to suspect pregnancy. Rather suddenly, she became ill, and, as suddenly, died, undoubtedly of peritonitis. She had been seen only by an ignorant quack. I concluded that without doubt this was also a case of imperforate hymen, some of the accumulated fluid ultimately finding its way into the peritoneal cavity. And it was this fatal issue which induced the mother to

* Treatise on Continued Fevers, by C. Murchison, M.D., p. 290. 1862.