

nia were absent and, as his mental condition had also improved slightly, he was, after a few weeks, taken home on parole. The scar seemed strong, and the probability is that he will not again suffer from a hernia in the same place.

DIAGNOSIS.

Some of the symptoms which have been observed in cases of inguinal hernia of the bladder are:

1. A difficulty in passing the urine.
2. A change in the size of the hernia, depending on the amount of urine in the bladder.
3. A desire to urinate following pressure on the hernia.
4. A catheter may at times be passed through the urethra and into the hernia.
5. Injection of air or water into the empty bladder may cause an enlargement of the hernia.
6. On reduction of such a hernia the accompanying omentum or intestine may quite easily be pushed back into the abdomen, but there frequently remains a small, doughy mass which represents the extruded part of the bladder.
7. In the case here reported the tumor mass was much harder than most ordinary cases of inguinal hernia.
8. In some cases there is fluctuation in the tumor mass.

During the operations for relief of this condition the following facts have been observed by several writers:

1. The difficulty of identifying the structure of the hernia, when seen for the first time. There is consequently danger of cutting into the bladder, mistaking it for other tissue.
2. An unusual amount of fat in the inguinal canal.
3. The large size of the external inguinal opening.
4. The difficulty in separating the true hernial sac from the tumor mass.
5. The recognition of the muscular tissue in the wall of the bladder.
6. The possibility of passing a urethral catheter into the hernia.
7. The frequent difficulty in finding the neck of the true hernial sac.
8. The fact that hernia of the bladder is found nearer the median line than the true hernial sac.
9. The fact that when normal, the wall of the bladder is thick and firm.
10. When the extruded part of the bladder is ruptured or incised, urine frequently flows out, and, in such case, a small catheter can occasionally be passed into the bladder through this artificial opening.
11. The frequency with which intestinal and omental hernias accompany the hernia of the bladder.

Radical operation is the only rational treatment.

A CASE OF BLACK TONGUE.*

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Patient.—J. G., aged 21, a Servian by birth, and a cook by profession, was admitted to the hospital Feb. 6, 1906, suffering from a severe attack of quinsy, which had set in six days previously.

Examination.—On the day of admission, examination showed the entire dorsum of the tongue to be covered by a thick, tough, grayish-white membrane, which was closely adherent. It was possible to remove only small particles, which left no

raw surface. The entire surface of the soft palate, the pillars of the fauces, and the tonsils were covered with minute patches of grayish-white membrane easily removable and leaving no erosions. A very large peritonsillar abscess on the left, together with the swelling of the fauces on the right, shut off a view of the oropharynx.

Treatment.—The abscess was incised and evacuated, yielding over one-half ounce of pus not differing in gross appearance from that usually found in such cases.

Course of Disease.—February 7, the entire dorsum of the tongue had turned jet black, as if it had been stained. There was no more of the white membrane anywhere, and the black color was confined to the tongue. Vigorous curetting brought away very minute quantities of the black material. The patient had taken absolutely nothing that could produce such a stain. His general condition was much better than on the day previous, and on reopening the peri-tonsillar abscess only a very small quantity of pus was found. The black color remained on the tongue four days, disappearing gradually.

The general condition of the patient was such as is usually found in cases of quinsy, except that there was a marked suppression of urine.

Date.	Temperature.	Pulse.	Urine, oz.
February 6.....	102.8	89	1
February 7.....	98.6	72-70	2
February 8.....	97.6-99.2	60-64	3
February 9.....	97.2-97.8	64-74	2
February 10.....	97.2-98.2	64-68	8
February 11.....	97	60	not measured.
February 12.....	97	60	not measured.

It will be noted that the excretion of urine did not increase until the last day of the black growth on the tongue, when it had nearly disappeared. The urine, unfortunately, was lost, except on the tenth, when he passed eight ounces, and the results, which were as follows, showed nothing unusual: Reaction alkaline; sp. gr. 1012; color, amber; no albumin nor sugar. Was the suppression due to the black fungus?

Remarks.—A specimen of the black scrapings from the tongue was submitted to Dr. Stanley P. Black, who succeeded in making a culture on potato and reinoculating on bread crumbs, but it is questionable whether this mold is the one causing the black coloration of the tongue. The culture does not show any mold that approaches the black color found on the tongue.

What was the organism causing it?

Probably *Mucornigra*, one of the zygomycetes. I have frequently seen dark growths of the aspergillus that invades the external auditory canal, but never anything so black as in the case reported.

A CASE OF ANEURISM OPERATED ON BY THE MATAS METHOD.

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Patient.—C. I., colored, aged 51, native of North Carolina.

History.—Family history was negative. Personal history showed usual diseases of childhood and gonorrhea 8 years ago. Formerly, patient was a heavy drinker and used tobacco in moderation for a number of years.

In January, 1906, he was taken with pain in right leg extending from knee to ankle, which was treated for some time as rheumatism. Pain was worse at night and unrelieved by posture or pressure. There was a pulsating tumor in the right popliteal space, supposed to have been caused by pressure and irritation produced by wearing high rubber boots. Patient was admitted to St. Vincent's Hospital, May 22, 1906.

Examination.—Heart, lungs, etc., were normal; there was very little hardening of the arteries. The tumor was hard, slightly elastic, and very painful. There was considerable edema of the leg.

Operation.—May 25, 1906, incision was made over tumor about 7 inches long, clots were turned out and interior sac was well cleansed. Groove between ends of artery, about one inch in length, were sutured with Lembert-sutures to preserve lumen of vessel; this layer was reinforced. Openings of other vessels were closed with catgut, tourniquet was loosened, and

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