Hæmorrhage is not a very common symptom of tubal occlusion and distention, but, when present, is apt to be severe, and, when accompanied by signs so nearly resembling nodular myoma of the uterus, may be specially misleading. I operated on a case presenting these features on December 10th of last year. Excessive menstruation had existed for four years, and latterly the patient had been "scarcely ever free" from hæmorrhage. If absent for a few days, it was brought on again by the slightest exertion, and invariably by sexual intercourse. On two occasions, it had been so severe that the surgeon attending her had considered it necessary to plug the vagina. On examination, a resilient rather egg-shaped tumour was found high up behind and to the right of the uterus, feeling as if part of the uterus itself.

On operation, both tubes were found to be acutely distended and adherent behind the fundus of the uterus. The ovaries were cystic. The appendages on each side were carefully separated from their adhesions, and removed, and are now in the museum of the Queen's College.

Since the operation, the hæmorrhage has been much less, but menstruation has not as yet entirely ceased.

While fully recognising that conclusions drawn from the description of a case are not, *prima facie*, likely to be so reliable as those from personal observation, my chief purpose will be attained if I succeed in drawing attention to the fact that chronic hydrosalpinx, both by signs and by symptoms, may occasionally closely simulate nodular myoma of the uterus, and need differential diagnosis from that affection.

PURE TEREbene IN THE TREATMENT OF WINTER-COUGH.

By G. W. SUCKLING, M.D.(LOND.), M.R.C.P.,

Co-Professor of Materia Medica and Therapeutics to the Queen's College, Birmingham.

UPON seeing, in the BRITISH MEDICAL JOURNAL for December 12th, 1883, Dr. Murrell's eulogistic account of the action of pure terebene in winter-cough, under which name, I presume, he includes all cases of chronic bronchitis and emphysema, also cases of chronic phthisis, but not those cases depending upon heart-disease, I determined to give the drug a trial in the Birmingham Workhouse Infirmary, where a great number of such cases are met with during the winter months. I had for some years previously frequently ordered terebene inhalations for the relief of urgent dyspnoea in these cases, but had never administered the drug internally. I accordingly prescribed pure terebene, obtained from Messrs. Southall and Co., the well known Birmingham chemists, in 100 cases, giving five drops every four hours, increasing the dose to ten drops in a day or two, with the following results.

Of the 100 cases, 94 were cases of chronic bronchitis, and 6 of chronic phthisis. Of the cases of chronic bronchitis, 68 were relieved; and 4 of the cases of phthisis, that is, 72 per cent. of all the cases were benefited. Several of the cases were "greatly" relieved. Twenty-eight patients were not relieved; 11 complained of nausea, 11 of headache, 10 of thirst, 2 of vertigo, 2 were purged, 1 complained of a burning sensation at the stomach, and 1 that he was always passing his urine. The symptom most constantly relieved was dyspnoea. The 72 patients benefited all said that the medicine eased their breathing, but many asked for medicine in addition to ease the cough.

I compared the above results with those obtained previously by our routine method of treatment, which consists in prescribing a mixture of ammonia and senega (R Ammonie carbonatis gr. iij; tincture scille ℥xv; tincture camphore co. ℥xv; infusum senegæ ad 3j), with the occasional addition of a few grains of iodide of potassium if expectoration were difficult, and of a small quantity of lobelia if dyspnoea were marked, many cases also being given cod-liver oil, the latter being, in my opinion, one of the most useful of all drugs in the treatment of chronic bronchitis. I collected the prescription papers of 100 cases that had been treated during the last few weeks before I commenced the terebene treatment. Of the 100 cases, 28 were discharged well, the chest being perfectly clear; 68 were discharged relieved, and 4 left the infirmary unrelieved. None of them complained of any ill effects of the remedies used.

The great majority of the cases treated in the infirmary were old people, who had suffered from bronchitis for years. Of course, the mere admission, from their wretched homes, of these patients, into warm wards, with good food and nursing, will account for a great deal of the relief given, but this holds good in the case of the terebene as with the other drugs given.

I feel obliged to conclude, from my experience with terebene: (1)

that it greatly relieves the dyspnoea of chronic bronchitis; (2) that it is very variable in its action, the same specimen causing good results in some, bad symptoms in other patients; (3) that it is by no means a specific for chronic bronchitis.

RUPTURE OF THE HEART.

By OGILVIE GRANT, M.B.,

Visiting Physician to the Northern Infirmary, Inverness.

THE case of rupture of the heart, which occurred in the Salop County Infirmary, and was reported in the JOURNAL of February 13th, closely resembles, in most respects, a case which came under my observation in the year 1883, and which I have not yet reported.

About that time, I made a *post mortem* examination on two cases of rupture of the left ventricle of the heart. The first of these cases was described in the *Lancet* of 1883; and I may say that the peculiar feature of this case was that the rupture occurred during night, when the patient was in bed, and probably asleep, and did not occur after some violent exertion, the time in which rupture of the heart is stated usually to take place.

The other case was that of a gentleman, about 50 years of age, who complained, in the morning, of a slight pain in the chest. A medical man was sent for, who carefully examined the heart and lungs, and found them sound and healthy. A few hours afterwards, when the patient commenced to eat a light dinner, he suddenly fell down and at once expired. Next day I made a *post mortem* examination, and found, on opening the cavity of the chest, that the lungs were not visible, having been pushed aside by a greatly distended pericardium, which, when opened, was found to be filled with large clots of blood. Having removed the clots, and exposed the heart, the surface of which was fatty, I found a rent on the surface of the left ventricle; this opening communicated directly with the left ventricle; the edges were irregular and friable. The valves were healthy and competent, and there was no atheroma present. From this superficial examination, I came to the conclusion that the rupture was due to fatty degeneration of the heart; but, on microscopic examination, I could detect no such degeneration. I then forwarded a small piece of the wall of the left ventricle, cut as close as possible to the rupture, to Professor Hamilton, of the University of Aberdeen, who very kindly examined it, and informed me that the piece I sent exhibited no signs of fatty degeneration. Thus the precise cause of the rupture appears to be obscure. Possibly the rupture was due to a degeneration of the muscle, and was limited to the fibres which actually ruptured.

From this and similar cases, I think it appears that rupture of the heart does not take place so often after severe exertion as it was supposed to do. This is not to be wondered at, considering that the heart is never at rest, and that the fibres, so to speak, may be ruptured as readily by an irregular or slight contraction as by a violent one; and also it appears that some points in the pathology of rupture of the heart require to be worked out.

THE INTERHOSPITAL FOOTBALL CHALLENGE-CUP.—The interhospital matches seemed this year likely to come to a deadlock in the semi-final ties. Guy's Hospital, being drawn against St. Thomas's, played three matches before it could be decided which was the stronger hospital. In the first match, each side scored twelve points. At the second trial, the sides played out time without either side scoring an advantage. The third match took place on March 10th, and was watched by some thousands of spectators amidst the greatest excitement. For some time, neither side appeared to have the advantage, and there was a prospect of another undecided match. But soon it became evident that the Guy's team had greatly improved in their play, and, in spite of some very fine defence on the part of their opponents, a "touch-down" and a "try" obtained by Coombe were scored before half-time. On changing sides, the Guy's team, encouraged by their success, again pressed their opponents, and, after another "touch-down," Marriott, the Captain, secured a second "try" for Guy's, but no goal resulted from the kick. The St. Thomas's team struggled hard to score after this, but were again forced back, and Russell gained a "try" right between the posts. From this, Cruikshank kicked an easy goal, and when time was called, Guy's were left winners by a goal, two tries, and two touch-downs (forty-seven points) to nothing.

DR. WILLIAM COLLINGRIDGE, Medical Officer of Health, has been appointed by the Port Sanitary Committee public analyst to the Port of London.