nose began to bleed, and that it had continued bleeding ever since, in spite of a variety of remedies that had been applied. Knowing his history, I felt that the posterior nares had better be plugged forthwith, which was accordingly done; when the hæmorrhage ceased.

Some time afterwards, I was again hurriedly sent for to see J. P., who was bleeding, it was said, from the lungs. I had been visiting him daily for a week on account of an attack of bronchial catarrh, with cough and expectoration. I had made a point of endeavouring to keep the cough within bounds, feeling certain that if it increased in severity, and the sputa became tinged with blood—as one sees sometimes where the fits of coughing in such cases are violent—the hæmorrhagic diathesis would display itself. And so it happened. Shortly before I arrived the expectoration was tinged, and I was at once summoned. When the poor sergeant saw me, he exclaimed, "Ah! doctor, its all over with me now". I replied, "Not so; but you must come out of this hot place". He was lying on a couch in a small room in his quarters, surrounded by his friends, who had begun to crowd about him. Although it was midnight in November, the air was not, however, unpleasantly cold. I had him placed in an easy chair outside in front of his quarters, and dispersed the crowd. The further development of the hæmorrhagic diathesis was, I felt, a greater evil than the possible aggravation of his bronchial attack. The bleeding was not severe, but came continuously and uninterruptedly oozing forth. It was evidently checked somewhat by the colder atmosphere; but further steps were required to stop it altogether. I was unwilling to incur any greater risk by covering the chest with ice, and preferred trying the effect of a powerful astringent, internally. I therefore gave twenty grains of acetate of lead in a wine-glassful of vinegar and water; and, in a couple of hours, gave ten grains more. This was enough. The bleeding, which nearly ceased after the first dose, did so altogether after the second. J. P. made a good recovery in every way. I saw him occasionally for about a year afterwards. The regiment—one of those that objected to be transferred, after the mutiny, from the East India Company to the Crown without further bounty—was broken up, and I lost sight of him. I had cautioned him that, living as he did on the brink of a precipice, he should be especially careful of himself in certain ways that I indicated, and I believe that he was so.

Remarks.—There was no evidence of hereditary transmission in this case, at least the patient himself was not aware of it. His natural health was good. There was no tendency to swelling of joints. There is said to be a marked deficiency of fibrin in the blood, with an excess of red corpuscles, in hæmophilia—a condition that would be favourable to continued bleeding from slight traumatic causes. In India we see this condition in bites from snakes—from some kinds more than from others—hence to apply leeches to, or to scarify swellings in such cases is not desirable. It is met with also in those who indulge too freely in alcohol. Fibrin being diminished, the cohesive property of the blood would be diminished also. But, is this the pathology of hæmophilia in every case? As has been observed in professional circles, this disease, ten years ago, had no place in the Nomenclature of Diseases prepared by the College of Physicians. If the constitution of the blood be the same in all cases, a plan of treatment, dietetic and otherwise, might be adopted with advantage. The subject is doubtless worthy of fuller investigation than, so far as I know, it has yet received. I venture to think that, as far as possible, an albuminoid diet would be the best; with total abstinence from alcohol as a beverage, and the less liquid of any kind the better. As a matter of course, all risk of incurring traumatic injury should be avoided. He in whom the diathesis exists, should become, if not already, a Nazarite. In the event of a cold with cough, being caught, the latter should be kept well under control, and checked as soon as may be. Straining at stool is hazardous, as blood then sometimes oozes forth, a drop or two appearing in the evacuations. Hence the paramount importance of living within rigid regularity, and of all the functions of the body being properly performed.

I do not know whether any fatal cases of hæmophilia have been recorded. It is probably more troublesome than dangerous, when the bleeding is on the surface. If from a cavity like the lungs it would naturally cause anxiety. It is fortunate when the tendency is known; and in such cases early treatment is essential. In delicate constitutions serious results might be the consequence of neglect in this respect, especially in the case of children. I am not sure that a child, who was treated in my student days for hydrocephalus on the severe antiphlogistic plan, and who died from uncontrolled hæmorrhage from leech bites on the temples, was not the victim of hæmophilia and want of proper care combined.

I have never seen a case in a native in India.

INTRA-UTERINE FIBROID POLYPUS.

By PERCY BOULTON, M.D., M.R.C.P.Lond.,

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THE following interesting case of fibroid tumour of the uterus was recently under my care at the Dorset House branch of the Samaritan Hospital.

Mrs. C., aged 43, came up from the country on Friday, December 2nd, 1881. On Saturday, when I first saw her, it was evident that she was in a most exhausted condition from the great loss of blood, which had continued for five years. I thought it prudent to keep her quiet in bed till Monday, and to give restoratives, intending, if necessary, to plug the vagina in the meantime. On Sunday I went to see her, and it was evident that, if her life was to be saved, there was not a moment to be lost. It happened that on that day one of my colleagues and two other medical friends were to lunch with me, and, consequently, I was able to get at once such assistance as I required. After administering some stimulant, I had the patient carried on to the operating-table, and, chloroform having been administered, I was able to make out that the brim of the pelvis was completely blocked by a fibroid mass, of the size of a large cocoa-nut; that it was free along the front, and right side of the uterus, but very broadly attached along most of the back and left side. The os was widely dilated, and could not be felt.

It was clear that to make room for enucleation, the first thing to do was to get the wire *écraseur* round the free portion, and slice off as much as possible. Practically, it was like a case of labour delayed at the brim, first on account of disproportion, and, secondly, from attachments above. I always use an *écraseur*, armed with piano-wire noose; it is easy to get over a tumour like this, where there is little space, and firm enough to direct when got over, and it rarely breaks. At one slice I removed about half the tumour, and was then able to feel beyond the brim what did not seem very assuring for the success of the operation—that the mass still remaining was firmly attached everywhere, and the cervix so involved, that it was impossible to make out what was tumour and what uterus.

The loss at this part of the operation, though slight, was at once indicated by failure of the pulse; and, while my friends gave brandy, I again got the wire of the *écraseur* just over the edge of the stump of the tumour, and tightened it to act as a tourniquet during the rest of the operation. The patient at once rallied again, and I commenced enucleation; but it was not till I had persevered for a considerable time that I was able to separate with my finger-nail a point between the tumour and the uterus below. Once started, and certain of the line of separation, I speedily enucleated quite up to the fundus, at which point there was a band of union, about an inch and a half in diameter, as tough as leather, and on which I could make no impression. I therefore drew the mass down, slipped the *écraseur*, already on the tumour, round this neck, and slowly removed the whole of the second half. There was scarcely any further bleeding; so, after syringing out the uterus with iodine and water, I plugged the vagina with glycerine and iodine plugs, and had the patient put to bed. The urine was drawn regularly, and milk and brandy given at short intervals.

The patient rallied well. The day after the operation all plugs were removed from the vagina, and the uterus syringed out daily with iodine and water. Mrs. C. went on admirably for some days; but on the 7th the temperature went up to 103°, and for a few days I was kept very anxious by what was evidently slight septicæmia from the suppurating stump. I had to supplement the nourishment taken by the mouth with nutritive enemata, and keep the uterus frequently washed out with iodine and water. At the end of another week the patient was convalescing, and she returned home in January quite well.

A NEW ANTISCORBUTIC.—A new antiscorbutic called "amchur" is being introduced, we hear, among our native soldiers in India, and promises, it is said, to be an excellent substitute for lime-juice, to which it is greatly preferred by the men, who have long used a similar compound as a condiment. It is made from green mangoes, which are skinned, stoned, cut into pieces, and dried in the sun. Dr. Clarke, Deputy Surgeon-General on the Eastern Frontier District, reports that amchur not only maintains the digestive energy of the men, but that its use among troops, where neither a variety of food nor vegetables are obtainable, commends itself strongly as a result of practical experiment to the military authorities. One ration should be half an ounce, which would be an equivalent for an ounce of good lime-juice.