we heard this, we sent scouts out to look for the other party, and all set to with a will to cut down all the mimosas and kittar-bushes in the neighbourhood. When we had dragged these in, and formed a strong zareeba, through which no enemy could get—for we fully expected an attack—the other party arrived safely. We then held a council of war, and determined to go in quest of poor Mahomet, and attack the marauders if we could find them. I got my bandages, etc., ready at once, and four of us armed ourselves with rifles and revolvers, and put six rifles into the hands of natives that we could depend on, gave four more a revolver each, and took fifteen of the Basé with us, promising them good backsheesh for every one they killed; they, of course, had their native weapons, the assegais and shield. We mounted our horses, and off we started. At last, we came upon the scene of the late unfortunate encounter, and searched high and low for Mahomet and his assailants, until darkness came on, but without success. We then returned to camp. Next morning, we determined to retreat into the Basé country, fearing that hundreds of these savage border-tribes might swoop down on our camp for the sake of plunder; and we knew that we should only be able to muster about twenty in the whole camp who would fight; the other fifty would run away, we were sure. We had just decided to go once more in search of Mahomet, when there was a great cry of Doctor! Doctor! and every one rushed to one side of the camp, rifle in hand. I stopped to get my rifle also, thinking that now we were in for it, and that we were about to be attacked. But what a pitiful sight met my gaze; there was poor Mahomet supporting a mass of his intestines, and this was his account of himself.

When the camel-boy had left him, he sat exhausted under a tree for some time, and then walked for a time, and in this way made his way on towards the camp until night came on; he then sat under a tree, and remained there all night, expecting every moment that some wild beast would come and tear him to pieces. He both saw and heard us pass as we returned from our search, but could not make himself heard; and next morning he managed to crawl into camp.

On examination, I found him suffering from an incised wound (made with the point of an assegai), about an inch in length, and about an inch below the umbilicus, through which protruded a large mass of intestine covered with sand. I soon gave him some beef-tea and brandy, and washed off as much of the sand as I could. Some was so adherent on the dried intestine (which by this time had a very claret-coloured appearance), that I could not pick it off, for fear of picking a hole in the intestine; and, as I was certain he must in any case die, I contented myself with washing it; and, as I could not return it without enlarging the opening, I did so on a director with a blunt-pointed bistoury, sewed up the wound, and was proceeding to bandage him up, when I found two other flesh-wounds near the spine in the lumbar region, and also one through the fleshy part of the arm. I put sutures in these, bandaged him up, put him on an angarep covered over with palm-leaves, and on this he was carried to the next camp; beef-tea and brandy being administered every half-hour *en route*. At 6 A.M. next day, I was called to him, as he could not pass urine. I used the catheter; but he died at 9 A.M., never having recovered from the state of collapse in which I first saw him. He died about thirty-six hours after he was wounded.

About a fortnight afterwards, we found ourselves once more amongst the Beniamir Arabs, some of the party having made a map of the Basé country through which we passed. During my previous visit, I had performed many minor operations, and had attended to two or three hundred patients. Now, several came to me, thanking me; and some would give me a goat, a sheep, or a skin of milk; one a spear, a shield, or an Arab knife. I might write a great deal more about this journey, but I fear that "the exuberance of my own verbosity" may be too much for the JOURNAL. We went from here to the Settile—a large flowing river—where we encamped amongst the Hamram (or sword-hunting) Arabs for about a fortnight, and then made our way on to Kerin, through the Auseba valley to Massowah, and from there to Suez, Cairo, and Alexandria, returning through Venice home.

I had nearly forgotten to relate how parturition is managed amongst the Beniamir Arabs, the particulars of which I gleaned from the Sheikh, who is the possessor of four or five wives and a host of children. He very good-naturedly offered me four wives if I would remain amongst them for two or three years; but this very tempting offer I declined. When a woman is in labour, she is attended to by some knowing old woman (they would rather die than let a man come near them). Should the labour be protracted, a rope is put under each arm and attached to a piece of wood overhead. On this rope she presses each time she has a pain; and in this standing position she is delivered. I asked, "How do you manage, supposing the child is in such a position as to require instrumental interference?" "Well, then," he said, "we can do nothing, and she has to die." Should she suffer from flood-

ing, she is put to sit in hot water for ten minutes; and then a bandage is wound round her several times as tightly as it can be put; a decoction is then given her to drink, made from tamarinds and the leaves of some tree, the name of which I was unable to ascertain; and, if she live, she is not allowed to taste water for seven days, but has nothing but warm milk. The Abyssinian mode of conducting labour is also curious. The woman lies on her back; two stones are pushed under her buttocks; two women grasp her legs; and, just when the child is entering the world, a tray full of flour is put under to receive it.

I do not suppose anyone will be likely to visit the Egyptian Soudan just now; but when all this trouble is over, doubtless there will be found gentlemen—who prefer a life of travel and adventure, who are fond of sport and scientific research—who are obliged for their health's sake to winter in some more genial clime than England. But to make such an expedition as ours, surrounded as we were by every comfort, requires a very long purse, and it certainly is more enjoyable than roughing it. I spent twelve months in the Turkish army, during the late war—not sent out by the Stafford House Committee—and I know which is the most agreeable mode of travelling. I consider the journey I have just made eminently suitable to a man of a phthisical tendency, and endowed with a plethora of riches, which he should not be afraid of parting with. The air is warm and dry, and rarely are the nights uncomfortably hot, but are for the most part very pleasant and cool. During our journey across the Desert, the thermometer registered, in the middle of December, 82° Fahr. in the shade. We generally took the temperature about 1 or 2 P.M. daily. The heat gradually increased to 90° and 92° by the end of December. During the first few nights we had heavy dews, but as we slept in tents and could shut them up, this mattered little to us. We found two blankets and a quilt were not too much for us. During January, the daily temperature at the same hour was 90° to 92° Fahr. in the shade; but the nights at Cassala were much warmer, and we often found a sheet and blanket quite sufficient. During February, whilst travelling in the Basé country, temperature 90° to 95° in the shade, and frequently in the night as low as 37°. During March, travelling in the Basé country to the Beniamir Arabs, and from there to the Basé Settile, 97° to 102°. April, travelling among the Hamram Arabs on the Settile and on to Massowah, 98° to 105° and 106°. During March and April, the nights were much warmer, but still very comfortable. When we reached Massowah, and got on board a steamer, we ceased taking the temperature.

Except whilst crossing the Desert, we could generally manage to get a bath night and morning. Our meals were always at regular hours—7 A.M. and 2 and 7 P.M.; we retired to rest at 10 P.M., and arose about 6.30 or 7 A.M.; and all of us returned to England heavier, and looking the picture of health. I gained eight pounds in weight, and have possibly prolonged my life by ten years. One of our expedition has not wintered in England during the past seven or eight years, he having a somewhat delicate chest. He has been out in the Soudan two or three times, and finds it suits him better than anywhere else he has visited.

A CASE OF HÆMOPHILIA.

By C. R. FRANCIS, M.B.,

Surgeon-General Indian Army (retired).

J. P., Quartermaster-Sergeant in the —th European regiment, a steady man, unmarried, was about to proceed on furlough, in 1859, to England, under a new regulation made for the benefit of non-commissioned officers of good character; but he did not get beyond Calcutta. Unfortunately, being mixed up in a drinking bout with some former comrades—even the best soldiers will sometimes lose their heads when out for a holiday—he received a blow in the face, from which he nearly, it was said, bled to death. After being on the sick-list for several days, he was sent back to his regiment, of which I was then in medical charge, at Lucknow.

When I was conversing, one day, with J. P. about his misfortune, he told me that he once, when in England, went to a chemist's to have a tooth drawn, and that he did not leave the house for two days. Uncontrollable bleeding followed the extraction, and it only ceased when the chemist restored the tooth to its place—a natural mode of plugging which might have been resorted to earlier.

I became, of course, much interested in the serjeant, and told him to let me know at once if ever he should be unwell. One morning, I was hastily summoned to his quarters, the messenger stating that he was bleeding from the nose, and that it would not stop. Dr. C., another regimental surgeon, who happened to be present, and myself, went at once together. J. P.'s face was much disfigured. He said that he had fallen over a well the previous night in the dark; that his

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.,

Physician to the Samaritan Free and Queen Charlotte's Hospitals.

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.