sages are relaxed. By this means the bougie is more easily introduced; certainly requires less force in its use; does not rouse or increase irritation of the canal and interior of the uterus, probably even soothes them: and if there be any deposition of lymph environing the cervix, facilitates its absorption.

It is satisfactory to observe that there is now a tendency to return to the more simple and less meddlesome treatment of uterine disease, and to discourage heroic modes, the details of which are sufficient to make one's hair stand on end.

SPINA BIFIDA CURED BY INJECTION.

By J. R. WATT, M.B.,

Consulting Surgeon to the Fever Hospital, Ayr.

THE following case of spina bifida occurred in my practice some time ago, and was considered an excellent opportunity for testing Dr. James Morton's method of treatment by the injection of a solution containing ten grains of iodine and thirty grains of iodide of potassium in an ounce of glycerine: this, with Dr. Morton's cases, make three treated in this manner, all of which have been successful.

On June 28th, 1872, Mrs. M. R., an anæmic woman, was delivered of her third child, a small and weak boy of full time. In the position of the third, fourth, and fifth lumbar spines, was a sessile semi-transparent flesh-coloured fluctuating tumour, as large as an ordinary sized hen's egg, and so sensitive that simple contact of the finger brought on fits of crying, during which the investing membrane became very tense. On firm pressure with the finger, a vacant space, bounded at the sides by bony ridges about half an inch apart, was found in the usual position of the vertebral spines; and, when viewed by the transmitted light in a darkened apartment, cords were seen passing near the surface. A pad of cotton-wool was placed over it under a firm binder, and the child was duly seen for a week. It moaned almost constantly, slept little, and took the breast badly. Its legs dangled, and no voluntary attempt was made to move them—slight movement of the toes being the only reflex action from tickling its soles, and the sphincters seemed very weak.

On August 2nd, the tumour was much larger, measuring eight inches in circumference. The most prominent part was ulcerated superficially; the lower border overhung the sacrum. Two drachms of clear fluid were removed by Wood's syringe (which was used throughout), care being taken to avoid the nerve-cords. The cotton pad and binder were replaced; and the child was ordered to have half a teaspoonful of spirits in water every three hours.

On August 3rd, the tumour was one-half less; from the needle-aperture drops of clear fluid still oozed, and from the soaked condition of the pad and binder a constant escape must have gone on. The child looked much exhausted, but had had no convulsive symptoms.

August 11th. The tumour was as large as before interference. From its upper edge a second quantity of two drachms was removed. The child was kept with the face down on the nurse's knee, with the back uncovered; and the aperture closed in a short time.

August 17th. A third quantity of two drachms was removed, and half a drachm of Dr. Morton's solution was injected. The child cried immediately. The spirits and water was continued.

August 18th. The child had slept very little, and appeared very weak. The tumour was unchanged in size, and along the left border a faint blush was present, which faded in about four days.

August 26th. The tumour was slightly decreased; the membranes were lax, and the fluctuation-wave less distant.

September 13th. The tumour was nearly level with the back, and was replaced by a large half-dried resistant scab. The child was firmer; the legs never moved together, but when the soles are tickled one or other leg was drawn up a short distance. The sphincters were more under control.

February 21st, 1873. A cake of firm condensed tissue occupies the site of the tumour. The child was much grown, plump, and thriving.

It may be remarked that, even although the tumour and the cavity of the spinal membranes communicated, as shown by the nerve-cords in view, and the greatly depressed fontanelle after the first withdrawal of fluid, yet no irritation spread along the cord from the injected solution, and the result must be considered successful.

MUNIFICENT CHARITY.—It is said that the "tri-literal" benefactor of many London charities, whose gifts the week before last amounted to £10,000, is one of the nephews and heirs of the late Richard Thornton, who left about four millions of money. —*Guardian*.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

MIDDLESEX HOSPITAL.

THREE CASES OF HÆMATOCELE.

(Under the care of Mr. HULKE.)

MOST hæmatoceles, it is well known, originate in hydroceles, and this by the bursting of blood-vessels distributed upon the inner surface of the tunica vaginalis, either from external violence, which may be so slight as hardly at the moment to attract notice or to escape it altogether, or in consequence of vascular fluxions attending a transient increase of the subacute periorchitis, in which the greatest number of hydroceles have their origin. Where the quantity of blood thus added to the serum already present in the cavity of the tunica vaginalis is considerable, the course and treatment do not materially differ from those of an uncomplicated hydrocele. The coagula which remain after the fluid contents have been drawn off usually shrink, and finally disappear without occasioning any trouble. Where, however, the contents are principally blood and the coagula are bulky, the size of the swelling can be but little reduced by tapping, and an incision will be required for their removal. It usually happens that small portions of blood-clot remain, and their putrefaction makes the discharges excessively fetid, and is apt to induce purulent oedema and necrosis of the cellular tissue of the scrotum. In order to avoid these contingencies, the incision for the removal of the clots should be carried to the bottom of the hydrocele so as to afford a free exit at the lowest point, and the cavity should be syringed with sulphurous or carbolic acids, and the dressings moistened with the same. The careful observance of these measures will greatly lessen the intensity of the local processes, and diminish the surgical fever—matters of some moment in all, and especially in aged and feeble patients. In spurious hæmatocele, where the blood escapes into the cellular tissue, it is more rapidly absorbed than when in the tunica vaginalis; and rest, with the use of a discutient lotion, is generally attended with a cure.

CASE I.—A man, aged 42, was admitted into Forbes Ward on April 22nd, 1871, with a non-transparent fluctuating swelling of the scrotum, seven inches long and fourteen in girth, hiding the right testis. He said that there had been some swelling here for a long time; but, as it was painless, he thought nothing of it until about a fortnight ago, when it became tender and red and larger. Twelve ounces of bloody serum were drawn off with a trocar, after which the testis was felt at the lower and back part of the scrotum; at its outer side and also above it were two hard masses, presumably coagula. When he left the hospital some time later, these had already lessened.

CASE II.—A painter, aged 31, was admitted into Forbes Ward on January 18th, 1868, with a pear-shaped scrotal swelling, hiding the testis, and reaching as high as the external abdominal ring. It was very tense, it fluctuated indistinctly, it was not transparent, and it had a bluish tint when the skin was tightly strained over it. He said that six months previously, he had had the swelling tapped at King's College Hospital, when clear water was drawn off. After this the swelling gradually returned, and a fortnight before he came to the Middlesex Hospital he was aware of an alteration in its shape. He had had a hydrocele on the other side radically cured. The swelling was tapped, but only a little bloody serum ran out; and, as the bulk of the swelling was not appreciably lessened, the tunica vaginalis was slit open, a large quantity of blood-clot scooped out, and a drainage tube was passed from the wound through the bottom of the scrotum. Suppuration followed. Putrefaction of the portions of the clot which were left was prevented by daily syringing the cavity with a solution of carbolic acid and by antiseptic dressings, and he left the hospital healed at the end of a month.

CASE III.—A labourer, aged 69, falling from a ladder upon a beam, bruised his external genitals. Soon after, when brought to the hospital, his scrotum and the left side of the body of the penis and glans were inky-coloured, and the scrotum, principally its left side, largely distended and tense, but the testis could be plainly felt in its normal place. The scrotum was kept raised upon a pillow, and lightly covered with solution of muriate of ammonia. Ten days afterwards, the ecchymosis and the distension of the scrotum were nearly gone, and now several veins in the spermatic plexus were felt firmly plugged with hard coagula.