My patient had suffered from ague twenty-three years previously to the commencement of the attack of anæmia which proved fatal. He also came from a district in Cambridgeshire in which ague used to prevail, but in which it is now almost unknown. It is highly improbable, therefore, that exposure to paludal miasma was the cause of his illness. The blood had not the appearance described by Eichhorst as characteristic of this affection, as I have stated in the notes. Dr. Grainger Stewart has failed to discover these appearances in two well marked and ultimately fatal cases which occurred in his practice (BRITISH MEDICAL JOURNAL, July 8th, 1876). In some cases of this disease, fatty degeneration of the heart has been observed; but, in my case, the heart was somewhat hypertrophied and the muscular tissue was firm and of a good colour.

The patient's illness commenced with so-called "bilious attacks", of which he seems to have had several; some at considerable intervals. After his admission, no evidence of jaundice could be detected beyond the sallowness of the skin, which was the sallowness of anæmia, and not that of jaundice. This hue of the skin has been noted by other observers. The giddiness, somnolence, and epileptiform attacks which occurred towards the termination of the illness, bear out the theory of cerebral anæmia being the proximate cause of these conditions. The only hæmorrhage the patient had was that from the nose a few days before his death. There were no ecchymoses of the skin or mucous membranes, but slight ones of the right pleura and of the membranes of the brain, over a circumscribed spot on the left hemisphere, were found at the necropsy.

With regard to the treatment of the case little need be said. Iron had been given before his admission, and was tried the first week after it, but without the least apparent benefit. It is true that at first large doses were not given; but this was done purposely to avoid irritating the stomach, an effect which was produced when drachm doses of the perchloride were given on the day of his death. Iron seems to have no curative effect in this form of anæmia. Phosphorus was the drug next resorted to. I was induced to give it upon the recommendation of Dr. Broadbent, who, in the *Practitioner* for January 1875, has recorded two cases of this disease treated successfully by this drug. As to its *modus operandi*, but little is known. It would seem, however, when given in medicinal doses, to influence favourably the processes of blood-formation and nutrition. The patient was a little better for the first few days after its administration, but the improvement did not continue, either from the dose being too small or the disease having progressed too far before the phosphorus was tried.

Transfusion was thought of, and a consultation was held by Dr. Humphry and myself as to its advisability. The results recorded by Professor Pepper and Gussow were not, however, thought sufficiently encouraging to induce us to operate. Besides, it was felt that the only real use of transfusion would be to prolong life whilst some remedy was fairly tried, and, phosphorus having apparently failed, it was difficult to tell where to look for another.

IRREDUCIBLE FEMORAL HERNIA: OPERATION: RECOVERY.

By C. F. MAUNDER, F.R.C.S.,
Surgeon to the London Hospital.

THE publication in the JOURNAL of October 7th of the report of an operation for the cure of an irreducible femoral hernia, leads me to record an instance of a similar kind which occurred in my practice ten years ago.

S. A., cook in a gentleman's family, and forty-five years of age, had been the subject of a lump in the right groin for about eight years. This gradually enlarged, latterly somewhat quickly, associated with local pain, especially on lifting a weight. Also, she often suffered from pains in the stomach and "spasms". The swelling interfering with her comfort and occupation, she consulted Mr. E. W. Tait of Highbury Park, who asked me to see her.

The tumour, of the size of an egg, but somewhat irregular in shape and indurated, occupied the site of a femoral hernia.

Operation, June 1866.—The patient having been chloroformed, a longitudinal incision was made along the centre of the swelling and the structures divided till the sac was reached, and was found to contain a small quantity of fluid and a mass of omentum, thickened and nodulated. On tracing the tumour to the crural ring, it was found to be continuous through this with the structures within the abdomen by a slender pedicle. This pedicle or stem having been tied with a silk ligature, the tumour was cut away. The ends of the ligature were brought out at the lower angle of the wound, and the latter was closed by suture.

Very little suppuration occurred; the ligature came away in due time; and the patient made a good recovery.

In very many instances of herniotomy necessitated by strangulation, I have, after reducing the bowel, cut away large masses of omentum without unfavourable consequences. In one instance in which the omentum was firmly adherent to the bottom of a scrotal sac, I placed a double ligature on this structure and divided it between them. This plan allowed the lower portion to subside into the scrotum, while the upper, being lodged at the ring, enabled the patient to wear a truss after his restoration to health.

If, from any cause, omentum cannot be reduced, or it be deemed undesirable to reduce it, it should be treated by one of the above methods, in order to enable the patient thereafter to wear an effective truss, upon which his future comfort and safety will much depend.

CASE OF INTUSSUSCEPTION SUCCESSFULLY TREATED BY INFLATION: WITH REMARKS.*

By THOMAS EASTES, M.D., F.R.C.S., Folkestone.

THE following are some notes I took of an interesting case of intussusception recently under my care.

August 6th. I was called at 10.30 A.M., to see W. T., a boy aged 3. I found him lying down, apparently in pain. His mother informed me that he had been quite well until 2.30 A.M., except that for two or three days he had had slight diarrhoea; but this had not been sufficient for her to seek medical advice for him. Between 2 and 3 A.M., he woke up complaining of great pain in the abdomen; this pain was not constant, but it troubled him again very frequently until my arrival. At 5 A.M., he was sick; there was no food in the vomit, and it consisted chiefly of greenish glairy mucus. At 6 A.M., his father procured some castor-oil, and it was immediately given him. At 6.30 A.M., the bowels acted, and a fairly natural motion was passed. At 7 A.M., or soon after, blood and glairy mucus passed from the bowel with much straining, and twice again before 10.30. The pain was paroxysmal and very severe, making the boy twist and roll himself about all over the couch, and scream to his mother for relief.

On examination, the pulse was a little accelerated; the abdomen was flaccid, and easily examined thoroughly. In the right inguinal region, a firm sausage-shaped swelling was felt, not apparently more than an inch in diameter, and two or three inches long; it was directed upwards, parallel with the side of the abdomen. Three drops of liquor opii sedativus were given to the child; and the mother had strict orders to give him nothing but a tablespoonful of milk every half-hour, and a little ice to suck; and to save everything passed or vomited.

At 1 P.M., the swelling was felt as before in the right inguinal region; but there was now a much firmer and rather larger sausage-shaped mass in the left inguinal region. Its apparent diameter was about two inches, and it could be traced up to the splenic flexure of the colon and partly across towards the median line. It was lost there, and could not be felt again till the swelling previously noticed in the right inguinal region was reached. Each lump was tender, but especially that in the left inguinal region. The symptoms had not improved, except that the child had had some sleep from the opiate, but the pain had been as bad as ever since the sleep, and blood and glairy mucus oozed from the bowel frequently. Three more drops of opiate were given, and only small quantities of milk and ice allowed. At 4 P.M., the parents were told of the very serious nature of the child's illness, and it was explained to them that, if the bowel could not be returned to its proper position, death was almost inevitable; also that I intended, with their consent, to try to remedy the state of things by blowing air into the bowel with a pair of bellows, and, if that did not succeed, to resort to the graver operation of opening the abdomen and pulling the small bowel out of the greater, into which it had been drawn.

At 4.45 P.M., my brother, Mr. George Eastes, who was then staying at Folkestone, kindly met me at the house and administered chloroform to the child. When the child became insensible, I examined the rectum with the forefinger, and could reach well into the commencement of the sigmoid flexure; and with the other hand could press down the mass on to the tip of my finger, but could not actually touch the end of the invaginated part without two layers of bowel-wall intervening. I now, with the help of the father, proceeded to force air into the rectum. The apparatus used consisted of an ordinary pair of bellows, over the nozzle of which I fastened one end of a yard of India-

* Read before the conjoint meeting at Rochester of the East and West Kent Districts of the South-Eastern Branch.