soon after birth, and failure of this obliteration may lead, when absolute, to the formation of hernia, while if the communication with the peritoneal cavity is wholly or partly occluded, and the rest of the vaginal process remains unobliterated, we get a hydrocele, the wall of the cyst so formed taking on a secretory action.

The two conditions are analogous to congenital hernia and hydrocele of the cord in the male. When the amount of fluid is small and can be reduced into the inguinal canal, we can easily see how this state may lead to little inconvenience. It may be entirely ignored by the patient, unless injured or irritated, when acute symptoms supervene owing to the increase of the secretion and the sudden occlusion of the communication with the peritoneal cavity. Or the swelling may be confused with hernia and treated by wearing a truss. I have frequently met with slight protrusions in this region which caused no inconvenience, and I have no doubt we may place in this category some of the cases operated on for the radical cure of inguinal hernia in young girls, as well as those cases in which an abscess forms over the so-called hernia after wearing a truss.

The ordinary signs and symptoms are well shown by the fourth case that presented herself for treatment here:

The patient, a girl, six years of age, was first seen in the out-patient department. The swelling complained of was the size of a hazel-nut, situated above the left labium majus. It was freely movable, and had a thin cord-like prolongation upwards. The inconvenience caused by it was inconsiderable, and as the condition could with certainty be diagnosed, she was advised to leave it alone; but two weeks later—that is, one month after she first noticed the swelling—she again applied. The tumour had increased to the size of a walnut, and was painful on stooping. Accordingly, on February 4th, 1892, chloroform was administered and the cyst shelled out, after ligaturing the long narrow neck. It was thin-walled, and contained serous straw-coloured fluid. The wound healed by primary union.

It can easily be understood how hydrocele in the female might be mistaken for hernia, and the cases I record, as well as numbers of published ones, testify how common this confusion is. Fortunately it is not of great importance to the patient provided we treat the case as I suggest. Mr. Bryant, in the *Medical Times and Gazette* for 1861, says that in similar cases to his, that is, cases sent into hospital as suffering from strangulated hernia, provided an operation is performed, no harm is done, and the diagnosis is cleared up; while if the operation be delayed, and the tumour prove to be a hernia, the delay will have been to the woman's detriment.

The first case was that of a woman, aged 63, who suffered from asthma and heart disease. The swelling complained of, situated over the left external inguinal ring, appeared two weeks before admission after a bout of coughing; it was the size of a pigeon's egg, hard, semi-elastic, and tender, no impulse on coughing; it had increased recently, and the patient had vomited several times. She was supposed to be suffering from a strangulated hernia by the medical gentleman who sent her in, as well as by all who saw her, until the cyst was fully exposed at the operation. The sudden onset, the sickness, and the tenderness not permitting of manipulation, along with the look of distress, were a sufficient justification for the error. On August 29th, 1890, chloroform was administered and the cyst enucleated; it was thin-walled, translucent, and contained straw-coloured serous fluid, and shelled out easily. The wound healed by primary union.

The second case was that of a woman, 38 years of age, who had suffered from pain in the back and abdomen for two days, and then an increase of pain and the appearance of a swelling in the right groin without apparent cause. The swelling extended for about 3 inches up and out from the labium majus, and somewhat resembled a large femoral hernia, extending up over Poupart's ligament; but it had no distinct neck, it felt nodular, there was no impulse on coughing. On October 14th, 1891, under chloroform the cyst was removed; it ruptured during removal, the contents were straw-coloured serous fluid and a clot of dark fibrine the size of a hazel-nut attached to the upper part. The wound healed by primary union.

The third case is probably of the greatest interest. She was admitted under the care of my colleague Dr. Hooper May, to whom I am indebted for allowing me to make use of it. The patient, aged 48 years, stated that she had had a rupture on the right side six years ago; an abscess formed over it, and was opened (the linear cicatrix was visible, and she still wore a truss for that side). A swelling had existed in the left groin for some time, and six days before admission it became painful and tender, and her medical attendant administered chloroform and attempted to reduce it, thinking it was a hernia. She was then sent in for operation. The swelling was the size of a walnut, and was situated immediately above the left labium majus; no impulse on coughing; a narrow continuation could be detected passing up into the inguinal canal; there was no sickness nor constipation. On December 30th, 1891, the cyst was removed under chloroform; it was dark-coloured, shiny, thin-walled, and lobulated; it ruptured during removal, and gave vent to dark-coloured watery fluid, and at the upper part there was a dark clot of fibrine. On drawing down the pedicle what looked like the ovarian fimbriae came into view; no doubt we had hold of the round ligament. The wound healed by primary union.

The fourth case I have already referred to.

The fifth case is of quite recent occurrence. A woman, aged 53, com-

plained of a swelling in the left groin. It had existed twenty years, but until two weeks ago she was able to press it back; it never caused inconvenience. On admission, the tumour was as large as a hen's egg, situated at the outlet of the left inguinal canal, above Poupart's ligament, external to the spine of the pubes, irreducible, no impulse on coughing, no pain; the continuation up into the inguinal canal was quite narrow. On January 4th of this year, under chloroform, the cyst was removed. It was completely shut off from the peritoneal cavity, and contained several smaller cysts attached to the wall, exactly similar to an encysted hydrocele of the cord in the male. These collections of fluid amounted to about 3 drachms, and were of a straw colour and serous in appearance. The wound healed by primary union.

The above cases, as well as recorded ones, show that the difficulty of diagnosis is a real one. Some writers would rely on the transmission of light, others on the results of puncture with an aspirating needle, but there is no symptom which accompanies hernia which may not be found in these cases; probably the most reliable is pressing the cyst down and defining the upper border, when the continuation upwards will be found to be too small for a hernia. This, again, may be impracticable if, as in my first case, the tumour is tender. Consequently the safest procedure is to operate on all tumours in the hernial regions when we have any doubt, and thus aid our diagnosis by the treatment. At the Tottenham Hospital we have always exposed the cyst by a linear incision, and after ligaturing the neck (in case the peritoneal cavity is not completely shut off) enucleated the cyst, and closed the wound by superimposed layers of continuous sutures of juniper gut; boric acid and iodoform powder are dusted on the wound, and cyanide gauze and absorbent wool complete the dressing, which is changed in a week, when the sutures will have separated and the wound healed. After another week on the couch the patient is discharged.

DIPHTHERIA TREATED BY ANTITOXIN.

By GEO. F. STILL, M.A., M.B.CANTAB.,

Murchison Scholar of the Royal College of Physicians; late House-Physician, Guy's Hospital.

THE following case, with its highly satisfactory result, seems worthy of record; for, although a single instance of any treatment can have but little scientific value, and it might, therefore, have seemed wiser to wait until one could publish a series of cases, I have thought that by recording this, the first case of antitoxin treatment of diphtheria at Guy's Hospital, others might be encouraged to make further experiments speedily. We may thus the sooner ascertain how far we have in antitoxin an effectual therapeutic agent against diphtheria. I am indebted to Dr. Goodhart for kind permission to publish the case, which was under his care.

J. C., aged 3 years, was admitted at 2 P.M. on June 23rd. It was said that he had been at play, and apparently quite well that morning. At midday he complained of his throat, and had croupy cough; and respiration soon became difficult. On admission there was considerable inspiratory stridor, and some "sucking in," above and below the clavicles, and also in the lower intercostal spaces. On the right tonsil was a patch of membrane. The tonsils and fauces were very slightly injected and swollen. The temperature was 102.4°, the pulse 140, and the respiration 34. The colour was good, but the child was distressed and restless. Tracheotomy seemed imminent, but the operation was deferred till bed and steam kettle had been tried. At 4.30 P.M. antitoxin π xj was injected hypodermically in the forearm, with strict antiseptic precautions. At 6 P.M. the patient seemed more comfortable. The temperature was 99.2°; respiration continued difficult, but the patient was less restless, and slept fairly well during the night.

June 24th. The temperature was about 99° all day, the pulse 128, and the respiration 32. The child was again becoming restless, and stridor was increasing. Antitoxin π viii was injected at 4.30 P.M.

June 25th. The stridor was much less. The child was playing and talking and took solid food; the temperature was normal.

From this time the stridor decreased. The child seemed perfectly well, playing and laughing merrily, although the cough remained croupy until June 27th, and membrane persisted on the tonsil until June 30th, that is, seven days.

The diagnosis was made certain by cultivation from the membrane.

The only additional treatment adopted was a steam kettle and tent bed, and brandy π_{xxx} every four hours. A spray of iodine and carbolic acid was tried twice on June 23rd, but as the child objected it was not used again. The antitoxin used (kindly given by Messrs. Zimmermann and Co.) was Schering's. Whether the favourable result was *post hoc* or *propter hoc*, it is noteworthy that the subsidence of constitutional disturbance was extremely rapid, occurring within a few hours after the injections; that the constitutional improvement occurred while the visible membrane persisted, apparently without corresponding improvement; and last, but not least, that the injection would seem to be entirely innocuous, being followed by neither local nor general disturbance.

BRITISH MEDICAL ASSOCIATION.

[The following Reports of the Council and of the Committees will be presented at the Annual Meeting to be held at Bristol on July 31st and August 1st, 2nd, and 3rd, and are published in accordance with the regulations for the conduct of Annual Meetings, which require that all Reports of the Committees of the Association shall be printed in the JOURNAL before the Annual Meeting.]

REPORT OF COUNCIL OF BRITISH MEDICAL ASSOCIATION FOR 1894.

IN accordance with By-law 19, your Council have the honour to submit to you the sixty-second annual report. Your acceptance of the invitation last year given by a deputation of members of the Bath and Bristol Branch, headed by Dr. Long Fox, the Council feel, will be fully justified from the preparations which have been made, and the warmth of your reception. The city of Bristol is the headquarters, with Bath, of one of the oldest and most active of the Branches of the Association, and it is interesting to note that the first anniversary meeting of the Provincial Medical and Surgical Association, now the British Medical Association, was held at Bristol, in 1834, under the Presidency of Dr. Andrew Carrick; and it is on record that 200 members attended out of a total of 316.

The Council would remind you that an important change has occurred in the Association since the annual meeting of last year, by the admission of medical women as members, and that upwards of forty have been already elected. Taking into consideration the increase and rapid growth of the Association, the Council feel that the organisation of the annual meetings must undergo some modification, and therefore they trust that in future members will kindly show their reception cards whenever they are requested, in order that strangers may be prevented from crowding the meetings and Sections.

In accordance with a resolution of the last annual meeting, an address and memorial designed by your President, and enclosed in a silver casket, was presented to Her Majesty the Queen, upon the occasion of the marriage of their Royal Highnesses the Duke and Duchess of York, and Her Majesty graciously expressed through Sir Henry Ponsonby her admiration of the execution and finish of the memorial and casket, as well as her satisfaction at receiving it through the Home Secretary.

The Council have again the pleasure to report to you a financial success for the year. The revenue has been £35,367, or £1,223 more than last year, while the expenditure, including amounts written off the sums spent on alteration of premises, leases, furniture, and premiums on investments, amounting to £800, and £567 losses on subscriptions (from deaths and resignations) was £30,216, or £1,021 more than last year, leaving a surplus or profit of £5,150, which has since been invested. The Council, upon the advice of one of the committees which investigated the matter, purchased two freehold premises adjoining your premises in the Strand for a sum of £4,640. This investment will bring you in on the present arrangements $4\frac{1}{2}$ per cent., and it must be looked

upon as a desirable investment according to the present rate of interest paid by first-rate securities. The total amount of invested funds in Railway Debenture Corporations and Bank of England Stocks, together with the aforesaid freehold property, now amounts to £41,789 at cost price, and are valued in the books of the Association at this sum, but an estimate at the then market price was made in January last, which showed the real value to be £4,000 more. At the end of December the total excess of assets over liabilities amounted to £55,906.

The number of members on the books last year was 14,703; during the year 988 new members have been elected, 203 have died, and 398 have resigned, leaving on the books 15,090. It is curious to note the yearly similarity in the number of new members elected and the numbers resigning from various accidental causes.

The Branches which have been recognised during the past year are the Grahamstown and Eastern Province of South Africa Branch, the Queensland Branch, the Dundee Branch, mentioned in the last annual report, the British Columbia, and the Deccan Branch. Your thanks are due to the following members of the Association who have acted in the formation of new Branches, namely: Grahamstown and Eastern Province of South Africa Branch, Dr. T. D. Greenless; Queensland Branch, Dr. Peter Bancroft; Dundee Branch, Dr. A. M. Paterson; British Columbia Branch, Dr. E. Hasell; proposed Deccan Branch, Surgeon-Major F. P. Nichols and Surgeon-Major-General C. Sibthorpe.

All these gentlemen have taken an active part in the formation of these important centres, but your thanks are due more especially to Surgeon-Major-General Sibthorpe for his valuable assistance in connection with the Deccan Branch, as this is the third Branch which this distinguished officer has aided in founding, and the Council trust that this Branch may prove as successful as the other two.

In an able and interesting address by Dr. J. W. Moore, President of the Dublin Branch, he justly awards the honour of being the founder of that important Branch to Dr. Duffey, and makes some interesting observations upon the value and importance of Branch organisation. But, though Dr. Moore mentions Dr. Duffey's undoubted good service to the Association in founding the Dublin Branch, it must not be forgotten that for many years Dr. Moore ably acted in the capacity of Honorary Secretary for Ireland, before the formation of any of the Branches in the sister island.

Your thanks are due to the Honorary Secretaries of Branches, now numbering 38 home Branches and 24 Indian and Colonial, for the past year's services. These services are growing more important and heavier every year, for the work of a Branch increases in almost direct proportion as its numbers increase. The Honorary Secretaries who retire—most of them after many years of good service—are: Dr. Ward Cousins, the founder of the Southern and Dorset Branches; Dr. Byers, of the Belfast Branch; Mr. Cardew, of the Gloucestershire Branch; Dr. P. Maury Deas, of the South-Western Branch; Dr. Alfred Lendon, of the Adelaide and South Australian Branch; Mr. J. Gray, of the Shropshire and Mid-Wales Branch; Mr. Jordan Lloyd, of the Birmingham and Midland Counties Branch; Dr. Edwards, of the Leeward Islands Branch; Surgeon-Captain Smyth, of the South Indian and Madras Branch; and Dr. J. C. Cameron, Montreal Branch; while your Council regret to report the death of Mr. J. G. U. West, of the Staffordshire Branch.

The library has been maintained during the year in a state of efficiency. A large number of books have been presented, many of them of considerable value, while others have been utilised for the purposes of the duplicate lists. Purchases of illustrated or standard works have added much to the value of the collection. The gifts include several important series of medical periodicals, British and foreign, illustrated works of a classical character, as well as several of recent publication. By arrangements made by the Honorary Librarian, who has since its foundation been the principal donor to the library, a larger selection of the more important current foreign medical periodicals has been obtained for the use of the reading room, free of cost. Upwards of 250 contemporary medical periodicals may now be seen in the library, in addition to the calendars, reports, and transactions of all the leading medical societies and colleges, and current re-