In April of this year I had previously treated her for quinsy, which took practically the same course as the present attack, but without extension to the other side. I saw her again in the evening, and found that the swelling had extended to the suprahyoid region. Her pulse had risen to 120, her temperature still 99°. I ordered her to be well fed with fluid meat extracts, beef-tea, etc., and freely stimulated. There was no doubt what the trouble was. On the 18th the swelling had extended to the nape of the neck behind, and was spreading down the chest. There was no evidence of fluctuation in the swelling, but it was brawny, hard, tender, and the skin a dark red in colour. I ordered three bottles of antistreptococcus serum from Allen and Hanburys, and gave one injection about 6 P.M., and another about 10 P.M.

There was no improvement in her condition, and she died on the 19th; there was no loss of consciousness until immediately before she died. The temperature was never above 99° after the first day of the illness, this being due to the severity of the poison.

It is, I think, rather uncommon to see quinsy in patients of this age, but I think it is quite common to find it affecting first one side and then the other.

Hampstead, N.W. J. BURNETT SMITH.

CASE OF INFECTION OF LEPROSY THROUGH A WOUND.

C. T., 54, widow, Italian, was admitted to the Hospital Samaritano, Sao Paulo, Brazil, in February, 1899, with a well-marked scirrhus of the left breast. The whole breast was removed, as well as the axillary lymphatics and those subjacent to the pectoral muscles. The examination of the tumour proved it to be a cancer of the typical scirrhus type. The whole of the wound healed by first intention with the exception of the sternal end, where for some unknown reason suppuration occurred and the stitches had to be removed for drainage. Healing was very slow, but in about a month she left the hospital with a small, superficial, granulating surface, uncicatrised. She returned once or twice for dressing and then disappeared for some months. During her stay in hospital absolutely nothing suggestive of leprosy was observed. On the contrary, with the exception of the breast tumour, she looked a healthy and exceptionally fat woman. The breasts were very large and adipose.

In July, 1899, about six months after the above operation she returned to hospital and on examining the cicatrix a warty-looking patch was found near the inner end and on the upper side, with a few hard, ill-defined nodules along the inner half of the cicatrix.

She would not remain in hospital at this time, but about two weeks later she returned complaining of what she called erysipelas of the face. Her face presented a number of deep red, elevated, shiny swellings, more or less symmetrically arranged, and giving the patient a sensation of intense heat or burning. The sites of these patches were the supra-orbital regions, the malar prominences, along the lower jaw, and over the chin. Similar-looking patches were found on her arms and legs. Some of them were in the shape of large rings, chiefly about the elbows and on the forearms, the enclosed skin having a bleached and dry look. Most of these areas were completely or partially anæsthetic; anæsthesia was also found over extensive areas of the legs, chiefly on the outer aspect of the right leg and left ankle. On examining the mammary region, there was found around the part of the cicatrix that had healed by granulation an extensive area of skin with the same deep red hue; the skin looked very coarse and had a brawny feel. The patient stated that the "erysipelas" began first at this place, and afterwards appeared on the face and limbs. During her stay in hospital several fresh patches appeared on the legs and arms having the same characteristics. Dr. Lutz saw the patient with me at this stage, and agreed that she had a very acute infection of leprosy.

The woman, who belonged to the lower class, had been many years in Brazil. Her husband died some years ago as the result of an accident. She had one married daughter, and neither her husband nor daughter ever suffered from any disease like hers. By chance I learned from a visitor that the woman had a son who was suffering from a "skin disease," and I succeeded in examining this son. He was a youth of 18, who for three years had been suffering from typical leprosy of the mixed (tubercular and anæsthetic) form. His face had the well-known leonine expression, and the alæ nasi and lobes of the ears presented well-developed tubercles. On his legs and arms he had deeply-pigmented blotches and numerous anæsthetic areas. Since his illness became pronounced he has always lived with his mother.

This case is a very interesting one, furnishing, as it does, very strong evidence that the bacillus lepræ can find an entrance through an open wound. In all my experience of leprosy, now extending over some sixteen years, this is the first case in which I have been able to discover with any degree of certainty the source and mode of infection.

W. LOUDON STRAIN, M.B., C.M.,
Surgeon to the Hospital Samaritano,
Sao Paulo, Brazil.

REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

PRETORIA HOSPITAL, TRANSVAAL.

A DERMOID CYST IN THE RIGHT SIDE OF THE SCROTUM: OPERATION.

(By HERBERT J. GODWIN, M.B., B.S., M.R.C.S., L.R.C.P., late Civil Surgeon to the South African Field Force; Acting Surgeon to the Pretoria Hospital, Transvaal Colony.)

W. A. G. was admitted, suffering from a swelling of the right side of the scrotum about the size of a cocoanut.

History.—The patient, a fairly healthy-looking man, aged 42, stated that he had always had a swelling on the right side of the scrotum. He was a married man, and had had seven children, six of whom were living. He also stated that his father had a similar swelling, and also his (the patient's) eldest son. This swelling gave him no trouble till a few months previously, and just before the British occupation of Pietersburg, Transvaal Colony, he consulted a medical man, who tapped it and drew off a small quantity of fluid. He then came to Pretoria and consulted another medical man, who tapped it and injected it with iodine. Three days later the swelling became much larger and very painful.

Condition on Admission.—The right side of the scrotum was enormously swollen, red, and fluctuating. The superficial veins were very large and prominent. The swelling was very tense and painful to touch. The left testicle was normal.

Operation.—The patient was put under chloroform, and a free incision made; putrid gas and pus came out in abundance. This collection was between the tissues of the scrotum and tunica vaginalis. The tunica itself was found to be very much thickened; an incision was made into it, and on introducing the finger the whole cavity was found to contain hair and cartilage with signs of commencing suppuration. The cord was then tied and the whole mass removed. The cord was twice as large as normal, the arteries and veins being the same.

Examination of the Tumour.—It was found to be a cyst, the wall of which was quite $\frac{1}{4}$ inch thick; it was completely filled with a mass of brown hair, and projecting from the inner walls of the sac were pieces of cartilage an inch in length; no signs of any testicular substance could be found anywhere. The cord, which was very thickened, seemed to spread out over the sac just after its exit from the external ring. The vessels from the cord surrounded the sac in a tortuous manner, and were very large.

After-History.—The patient made an uninterrupted recovery.

Remarks.—This case seems of interest for the following reasons: (1) That dermoid cysts in this region are very uncommon; (2) that when they do occur an atrophied testicle or some remains of a testicle are generally to be found; (3) the fact that the patient's father and the patient's eldest son had a similar swelling; (4) the difficulty of diagnosis.

No. 11 GENERAL HOSPITAL, KIMBERLEY, S.A.

TWO CASES OF BULLET WOUNDS OF THE FEMORAL VESSELS IN HUNTER'S CANAL.

(By Major S. Hickson, M.B., R.A.M.C.)

Case 1. Aneurysmal Varix.

J. D., a Boer prisoner of war, aged about 40, was admitted on May 9th, 1900, suffering from the effects of a bullet wound of the left thigh received at Rooidam on April 5th; range unknown. The bullet was probably a Lee-Metford, and had entered the front of the thigh 4 inches above the patella, passed upwards and backwards, and emerged 3 inches below the gluteal fold. The wounds were healed on his admission. About 10 inches below Poupart's ligament in the line of the femoral vessels there was a rounded pulsating swelling 4½ inches in diameter; the pulsation was expansile, and was accompanied by a very distinct thrill which could be traced upwards as far as Poupart's ligament and downwards to the popliteal space. There was also a continuous rough murmur audible all along the course of the vessels, an excellent example of the "bee in a paper bag" sound. No œdema of leg. The patient was unable to walk without the assistance of a thick stick; he complained of weakness in the limb, and shooting pains down the inner side of the leg as far as the ankle. The diagnosis of arterio-venous aneurysm was made.

Treatment.—He was placed on calcium chloride in full doses three times a day, and kept at absolute rest in bed for three weeks without any effect; afterwards instrumental compression of the femoral artery was given a trial, but caused no improvement. His heart and arteries being apparently healthy, it was decided to operate, and on July 17th the vessels were exposed in Hunter's canal by the usual incision. On drawing the artery to one side, it was seen that a communication existed between it and the vein; the latter vessel was considerably enlarged, and pulsated visibly, but there was no proper sac. The artery and vein were now separately ligatured above and below the point of communication, and about 1 inch of each vessel removed. The incision was closed in the usual manner, without any drain, and the leg wrapped in cotton wool and elevated. No ill effects followed the operation, the wound healed rapidly, there was neither loss of temperature in the limb nor œdema. He was discharged on September 22nd, 1900, able to walk without a stick, and apparently suffering no inconvenience.

Case 2. Traumatic Aneurysm.

Boer prisoner, W. P. van A., aged 32, admitted May 9th, 1900, for bullet wound of right thigh. Like the previous case he was wounded at Rooidam on April 5th. Projectile, Lee-Metford bullet; range unknown.

Condition on Admission.—The entrance wound was in front of the thigh, over the beginning of Hunter's canal, and the exit at a slightly lower level behind. The thigh was very much swollen, and a tense pulsating tumour existed in the region of the injury; the tumour was diffuse in character and painful, pulsation ceased on compression of the main vessels at Poupart's ligament, a rough systolic *bruit* was present. No pulse could be felt below the level of the knee. There was no œdema.

Treatment.—The tumour gradually increased in size and pain, shooting down the leg, became more constant. On May 12th an incision about 4 inches in length was made over the line of the artery in the upper portion of Hunter's canal. Beneath the fascia the intermuscular planes were found extensively infiltrated with blood clot. On the clot being cleared out and the femoral vessels exposed in the canal a punctured wound was found in the femoral artery, the vein being uninjured. The artery was ligatured above and below the wound and divided between the ligatures, the cavity irrigated with sterilised water, and the wound closed. There was never any loss of heat or œdema in the leg after the operation. He made an excellent recovery, and was allowed up on June 1st, and eventually handed over to the authorities as a prisoner of war.

The Queen's Nurses.—The Queen's Institute for Nurses has received the sum of £500 from the executors of the late Mr. Richard Bowerman West.

THE ALTRINCHAM HOSPITAL, CHESHIRE.

SUCCESSFUL REMOVAL OF SPLENIC HÆMATOMA.

(By E. L. Luckman, M.R.C.S., L.R.C.P., Surgeon to the Hospital.)

Mrs. E., aged 25, married about five months, consulted me about her condition.

History.—She had been quite regular each month until after marriage. About two and a-half years previously, whilst shaking some carpets, she complained of pains in the left side below the ribs; and since then she had suffered great discomfort and noticed that side of the abdomen was increasing in size. Any exertion proved troublesome; she suffered from indigestion and constipation.

State on Examination.—The patient was cheerful in disposition, of pale complexion, height about 4 feet 11 inches. Examination of the abdomen showed a large tumour, filling the whole of the left side and extending to the right of and below the umbilicus. There was dulness on percussion in the left lumbar region. The surface was smooth, slightly notched at its lower part, and in the umbilical region felt like a cyst on digital compression.

Operation (August 2nd, 1900).—After the usual aseptic ablution of the abdomen, Dr. J. Maclaren administered the anæsthetic. Assisted by Messrs. W. O. Jones, Golland, and Ransome I opened the abdomen, making an incision four inches long in the middle line below the umbilicus. The tumour was easily pushed into view; a patch on its surface, about two inches in diameter, had a greenish appearance, and was somewhat tough. It was surrounded by a fringe of peritoneum. I inserted my fingers and gradually separated this from the splenic tumour, which was then free, with the exception of its attachment to the pancreas and the vessels entering the spleen. The cyst was aspirated and forty ounces of a sanguineous fluid withdrawn. The spleen was next carefully drawn through the abdominal incision, and a silk cord ligature tied firmly round the short pedicle embracing the splenic artery, vein, lymphatics, and a little of the tail of the pancreas and divided. The cut end of the pedicle was carefully examined for any oozing.

The abdomen was flushed with a warm, saturated solution of boracic acid until there was little or no discoloration of the fluid. The pedicle, appearing satisfactory, was returned to the abdomen. The wound was closed by ten silk sutures through the peritoneum, abdominal muscles and skin, dusted with iodoform and boracic acid, over which was placed a pad of iodoform gauze, salembroth wool, strapped and bandaged. Time occupied, operation and dressing, an hour and a half.

After-History.—The patient had a little vomiting after the operation, which was easily controlled. She passed a good night. The wound was dressed on the fifth day and the sutures removed on the eighth. The patient made an uninterrupted recovery, and left the hospital in five weeks. She quickened ten days after the operation, and on December 28th, 1900, was safely delivered of a male child 10lbs. in weight, the patient herself weighing less than 120 lbs. Since the operation her health has been remarkably good, with the exception of the last two months of pregnancy, when she had purpura of the upper and lower extremities, which passed away soon after the birth of the child.

The spleen was partly solid and partly cystic. Dr. Coutts, of Owens College, kindly examined the fluid, which was dark brownish red in colour, specific gravity about 1030, contained large amount of albumen, many blood corpuscles, and a large number of cholesterine crystals.

The tumour six months after operation, after it had been kept in spirit, weighed 12 ozs. Blood, eight months after operation, hæmoglobin 62 per cent.

The Dental Hospital of London, Leicester Square, has received the sum of £500 from the executors of the late Mr. Richard Bowerman West.

Conditional Bequests to Hospitals.—Under the will of the late Mrs. Margaret Maria Scholey, of Clapham, whose estate has been valued at £22,621, the residue, after £400 has been deducted for certain charitable bequests, is left in trust for her grandson and his children, or in the event of the failure of this trust, one moiety of the residuary estate is bequeathed to the East London Hospital for Children and the London Temperance Hospital.