me, was obliged to use the Hypodermic syringe, it answered perfectly well. Introducing the largest needle I withdrew the stilette and evacuated the contents, then filling the syringe with Iodine screwed the nozzle on and injected; repeating the process without withdrawing the needle, till I had introduced the required amount; the case turned out satisfactory. Of course the operation is a simple one, but the information may be useful to some one similarly placed.

AN INTERESTING CASE OF HYDROCELE IN A EUROPEAN.

REPORTED BY LAWRENCE J. FERNANDEZ,

Passed Hospital Apprentice, Dum-Dum.

Cases of hydrocele are of very common occurrence in Calcutta and the suburbs, more so amongst the natives, but the circumstances under which the following case was cured, which by chance came under my observation a short while ago, will, I trust, be a sufficient plea for its finding a place in the columns of the *Indian Medical Gazette*.

James B., European, aged 27, Civilian, March 6th, 1883.

Previous history in short is as follows:—Has had recurrent hydrocele for the past two years. 'Tapped' a number of times but never 'injected.' The last occasion of 'tapping' was in January last. Since then the tunica of the right side has again refilled, and is now about the size of an ordinary cocoanut. Very little pain. Has had periodic attacks of ague for some time, and he has noticed that the size of the hydrocele would increase after each, and would also be accompanied with a slight dragging and sickening pain along the cord of the affected side. His general health has been fairly good.

States that he had an attack of syphilis about eight years ago, and since then has often been troubled with the secondary manifestations of this disease in the form of skin-eruptions, sore-throat and syphilitic bone aches, especially in both the tibiæ.

Present condition.—Now suffering (besides hydrocele,—right), from sore-throat and eruptions all over the body, scattered in minute pink patches, more especially on his chest and arms. Both palms are marked with slight psoriasis. His appetite is poor, does not sleep well at night due to pains in the shins, which is aggravated at night and after the 'syphilitic fever.' Lymphatics about the groins, in both axillæ and in the cervical region, enlarged, and can be distinctly felt as small, hard, bean-shaped bodies. His bowels are regular.

Progress.—Being desirous to have himself treated for the syphilis, I advised him to use the following:—

℞	Potassii Iodidi	grs.	v
	Liquor Hydrargyri Perchlorid. ...	℥	xxx
	Decoct. Cinchonæ	ʒi	mix.

Three times a day.

To use a nutritious diet and keep his bowels regular. The above mixture he used steadily for about a fortnight when owing to his gums becoming affected, it was stopped and a mixture of

℞	Syrupus Ferri Iodidi	ʒss.	
	Aquæ	ʒ	

Mix—three times a day.

This he continued taking for about twenty days when it was stopped, and the first again begun. On this occasion he only could take it for 9 days, when he began the 2nd and continued it again for about 20 days.

June 7th.—The eruptions have completely disappeared, sore-throat better. It was treated with chlorate of potash gargle and brushed with a solution (30 grains) of nitrate of silver on two or three occasions. The palmar psoriasis has almost disappeared, and the hydrocele, although not treated in the usual way, has completely disappeared. The space between the layers of the tunica does not seem to be occupied by any fluid, and the right scrotum is now the size of the left. Has been in fair health throughout.

June 18th.—Feeling quite strong and looks comparatively healthy. He now began to take a mixture of cod-liver oil, and iodised syrup with peppermint water. To be taken twice a day, two hours after meals.

Remarks.—As hydrocele is a very common disease amongst the natives of Bengal, then one of the points of interest is that the above case was in a European; but this is a minor one. Why natives should be more susceptible must only be guessed at. When this case is considered pathologically, its real interest is then only brought to light. Nothing was done to the hydrocele, but it disappeared under constitutional treatment,—treatment for constitutional syphilis. Collections of fluid only take place when the healthy physiological processes of secretion and absorption lose their balance, and the cause of the accumulation in this case, having the treatment in view under which it disappeared, was, I believe, due to the syphilitic virus, and the tissues engaged here in the processes of secretion and absorption were thereby deprived of their normal capabilities which they regained; when the cause was attacked with constitutional treatment, the fluid then was removed by nature's method, by being re-absorbed. It was the power of nature, when the constitutional fault was corrected, which effected the cure.

Taking this view of the case, I believe it is one of very great interest, and that it affords an excellent example of "With the aid of medicines much may be done, but without nature nothing." Whether this will be a radical cure is almost as broad a question as "when may a man marry after having had syphilis"? But it is now over four months, and he has been all through quite free of his hydrocele, so that if he maintains good health, *and if the syphilitic virus does not again tell on his constitution*, there seems to be no reason why the ultimate prognosis should not be also favorable, and he be permanently cured.

It would be interesting to know whether others have heard of or met with similar cases, and if they happen to be of common occurrence. Then besides age, geographical distribution, race, climatic influence, malaria, and constitutional predisposition from anæmia, struma, &c., &c.,—can syphilitic infection be said to be the causes of this peculiarly uncomfortable disease?

16th October, 1883.

CONTRACTION OF LEG AT A RIGHT ANGLE, DUE TO ABSCESS OF THE THIGH.

BY ASSISTANT APOTHECARY W. WESTON.

The subject a shepherd, aged 50, in the employ of one of the Veterinary Surgeons of this depôt, presented himself at the hospital in March, with a large abscess situated in the midle third of the left thigh, posteriorly. He was admitted by my predecessor Mr. Apothecary Fitzpatrick, but it appears the man left hospital the day after his admission and went to his village, a mile distant, where he tried his own remedies, and returned after a month with a sinus, the knee swollen, and the leg bent at a right angle. The sinus was opened. After it had healed extension of the limb was attempted, which did not succeed, but caused the cicatrix to suppurate. After this the leg was left alone and the wound allowed to heal, which had almost closed when I took over charge in May, and found the leg rigidly flexed at a right angle. As I was afraid that forcible extension would again cause the cicatrix to suppurate, the knee to inflame, and probably produce constitutional disturbance and shock, I resolved to allow the wound to heal, and then try gradual extension. So after the opening had thoroughly closed, I began by having the leg extended gently and the tension maintained for an hour daily; also by seating the patient on a table with his leg hanging down the side and making him swing it to and fro with a brass pestle fastened to the ankle as a weight, and at the same time to rub the joint and hamstrings with camphor liniment. This plan was adopted for about six weeks, and I was much pleased to find that it acted exceedingly well; the man left hospital early in July with a straight limb and a free movable joint, and is now walking about doing his work with a perfectly sound leg and without the slightest impediment in his gait.

Baboogur, August 21st, 1883.

A CASE OF TRAUMATIC TETANUS: RECOVERY.

UNDER CARE OF SURGEON-MAJOR T. J. MCGANN,

Civil Surgeon, Mysore.

(Case by Hospital Assistant M. ABDUL WAHAB, *Jail Hospital, Mysore.)*

Name, M. Siddah, æt. 54, convicted prisoner.
Date of admission to Jail, 9th April 1877.
Date of admission to Hospital, 31st March 1883.