three days. The right side of the vulva was also swollen, purplish, and œdematous.

This was an unpromising case, but as I had been impressed with the value of hamamelis in similar conditions, I assured her that she would obtain speedy relief. I directed her to bathe her limbs in cold water four times a day for ten minutes at a time, and to bandage them firmly immediately after bathing. I also directed her to keep a cold wet compress constantly against the swollen portion of the vulva, and to take one drachm of fluid extract of hamamelis every four hours, and a compound cathartic pill every second night. Improvement began at once. She slept well that night; her appetite and spirits returned. In three days she was able to walk with ease; the ulcers healed by the twelfth day, and within two months all traces of varicosity had disappeared. She was delivered safely at the proper time; and, although she has been pregnant again, and delivered of her seventh child, no symptoms of her former trouble ever reappeared.

Three cases of varicocele in which I exhibited hamamelis improved remarkably, so that all idea of performing an operation for permanent relief was discarded as unnecessary.

Hamamelis will be found very effective in the treatment of painful and bleeding hæmorrhoids. In this class of cases it should be given internally in decided doses, and applied locally in the form of a 20 per cent. ointment or lotion. Laxatives should be administered in addition, in order to keep the bowels freely open until a cure is effected.

Hamamelis is a valuable remedy in the treatment of subacute and chronic diarrhœa. It appears to be especially indicated in cases characterized by frequent painless watery or mucous discharges. Its value is enhanced by the addition of a small quantity of opium and nux vomica as in the following formula: ℞. Tinct. opii deod., ♏ xx; tinct. nucis vomicæ, ʒ ss; ext. hamamelis fl., ʒ i; M. Signetur half a teaspoonful in water every three hours.

Hamamelis is an efficient remedy in the treatment of leucorrhœa and chronic gonorrhœa, if administered internally in doses of from twenty to thirty minims three times daily, and also employed as an injection diluted in the proportion of one part of the fluid extract to twenty parts of water. When diluted in this proportion, as used in the form of the tincture, it will also be found valuable as an external application in hyperidrosis, acne rosacea, seborrhœa, intertrigo, eczema, and some forms of pruritus. The same solution will also be found serviceable as a mouth-wash in mercurial stomatitis, scurvy, and softening of the gums from various causes. It may also be employed with advantage as a local application in naso-pharyngeal catarrh, and as a gargle in chronic pharyngitis, and in all relaxed conditions of the pharyngeal and laryngeal walls. As an application to incised and lacerated wounds I know of nothing better than the following lotion: ℞. Tinct. opii deod., ʒ ss.; ext. hamamelis fl., ʒ ss; aquæ, ʒ iiiss.

PYREXIA WITHOUT DETECTED PHYSICAL SIGNS.

By CLEMENT DUKES, M.D.Lond., M.R.C.P.Lond.,
Physician to Rugby School and to Rugby Hospital.

In the Journal of December 4th, 1886, there appeared an interesting and instructive paper by Dr. Hale White on "Inexplicable Pyrexia." It may be of interest if I place on record the following case as another example of the condition described; it will also add to the literature of the subject, and may aid in its investigation. At the present time this pyrexia seems to point to some alteration in the nervous centres.

W. B., aged 63, presented himself on August 6th, 1866, as an out-patient at the Rugby Hospital. He complained of great weakness, and staggered as he walked. He looked very ill, and was wasted considerably. I took his temperature, and found it was 102° F.; but, after a very careful examination, I could detect no physical signs. On August 10th I admitted him into the hospital. He still complained of nothing but weakness, but said he had had a slight sunstroke a month ago while haymaking. I examined him again, and on several other occasions, but was never able to find any local physical signs. I need not occupy space by recounting the absence of special signs. He remained in the hospital under daily investigation for six weeks, during which time his temperature varied from 98° to 103.8°. On some days it was normal in the morning and 103.8° at night; on others it was higher in the morning than at night; while at other times it was equal throughout the twenty-four hours (101.5°). Beyond complaining of aching in the calves of his legs, which kept him awake at night, I could never elicit any other symptom. He improved in health with good nursing, but he left the hospital with his high temperature remaining as it was when he entered.

REPORTS

OF

HOSPITAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

POPLAR AND STEPNEY SICK ASYLUM.

AN UNUSUAL CAUSE OF EMPHYSEMA.

(Under the care of Wm. H. Pearce, M.R.C.S.E., Assistant Medical Officer.)

Wm. P., aged 44, was admitted in a dying state into the Sick Asylum on Monday, October 25th, 1886, at 5 P.M. From the little information that could be gathered from the man himself or his friends, I learned that he had always enjoyed good health, and had followed his usual occupation up to the Saturday previous. He admitted being a "free drinker," and on the Saturday night he had been the "worse for liquor," but, so far as he knew, he was not injured in any way. He did not feel well on the Sunday, and he remained in bed until late in the afternoon, when he dressed, and went out for half an hour; soon after his return he began to swell, and his breathing got bad. He had urgent dyspnœa, his skin and mucous membranes being very blue, and his pulse quick and feeble. His face and neck were much swollen, and on palpation this was found to be due to emphysema of the subcutaneous connective tissue, which on further examination could be traced all over the trunk as low down as the hips, and for some distance down the arms. He denied having sustained any injury. After a careful examination by my colleague, Mr. John Bostock, and myself, no injury to the ribs or respiratory tract could be made out. The chest-wall moved very little on respiration, the breathing being for the most part diaphragmatic.

Percussion elicited a resonant note all over the chest, though at the bases and in the axillæ the note was flatter than that obtained at the anterior and upper part of the lungs; in the former situations there was almost an entire absence of breath-sounds on both sides in the lower half of the chest, but in the former air entered freely. The heart's apex could not be made out, his breathing gradually became worse, and he died somewhat suddenly three hours and a half after admission.

Necropsy Forty Hours after Death.—The body was that of a stoutly-built, well-nourished man, of middle age. On opening the chest there was no fracture or other injury to the chest-wall, but both pleural cavities contained a considerable quantity of fluid, the lower lobes of both lungs being compressed and airless; much recently-effused lymph covered the surfaces of the visceral and parietal pleuræ on both sides. On clearing away this and separating the lower part of the left lung from the pericardium, a collection of undigested food was found outside the œsophagus, occupying the posterior mediastinum, and surrounded by emphysematous connective tissue, which could be traced up the spine to the root of the neck. The food had escaped through a ragged slit-like opening, half an inch long, situated vertically in the œsophageal wall, about an inch and a half from its lower end. Passing downwards in the substance of the wall of the œsophagus was a sinus which connected the opening with a small circumscribed abscess (about the size of a hazel-nut), situated in the wall of the stomach along the lesser curvature, close to the cardiac orifice. This again opened into the cavity of the stomach by a small opening, so that gas or air could pass in freely from the œsophagus or stomach. A small quantity of pus was found in the small abscess in the stomach, but there was no sign of any in the mediastinum. There was no trace of ulcer in the œsophagus, the opening being a mere ragged slit, with black, unhealthy edges, outside which the gullet appeared healthy, but here, no doubt, the mischief must have begun, and an abscess formed, the pus burrowing down, and finally discharging into the stomach, the œsophageal wall giving way either at the same time or later. As to the cause of the abscess, the only thing that suggests itself to my mind is the lodgment of a foreign body, such as a spicula of bone, but there seem to have been no symptoms up to the time when the œsophageal wall gave way, and gas or swallowed air escaped into the mediastinal connective tissue. I did not make out before the necropsy the considerable amount of double pleuritic effusion, believing, as I did, that the emphysema must be due to an injured lung from some obscure fracture, and that the compression was being exercised by internal hæmorrhage.