

returned into the abdominal cavity. The peculiarity in the case was the absence of anything like a thick sac. The protrusion having been so recent, the hernia had only started down in the course of the cor., the outer and inner rings being distinctly recognizable and separated from each other about three-quarters of an inch. The wound was closed with buried sutures, and a drainage tube inserted at the lower end. There was a moderate rise of temperature after the operation, reaching 102.5° the next morn'g. Somewhat less than a pint of urine was voided during the night. On the second day a mild orchitis ensued, with some inflammation of the lymphatic constituents of the spermatic cord, marked by a broad red line in the tissues of the scrotum. This persisted for several days, subsiding under the use of lead water and laudanum. On the evening of the second day the fever was slight and the drainage tube was removed entirely. The use of the catheter was required for a few days. Convalescence was rapid. The patient was discharged on the 29th of May, wearing a truss. When last seen six months after the operation, he had experienced no further trouble.—CHAS. F. JUDSON, M.D., in *Archives of Pediatrics*.

A Case of Charcot's Joint Disease, with Perforating Ulcer of the Foot in a Tabetic Patient.—A quarryman, aged 48, single, was admitted to infirmary in the spring of 1894, and transferred to me by Mr. Greig Smith, under whom he was first admitted as a surgical case. He was a thick-set, strong, healthy-looking man, with a good family history, and no record of ill health excepting that twenty-eight years ago he had two attacks of gonorrhœa. He had been in the habit of drinking a gallon of beer a day. Five years ago he met with an accident, in which his left heel was crushed between two stones. Some dead bone was removed, and after this the wound healed up, leaving a cavity. Three months before admission he first noticed a swelling of the right knee, which was not painful till three weeks had elapsed, and then darting pains shot up and down for a few inches above and below the knee, and became so severe that he applied for admission. Two months before he noticed the swollen knee he had been working in water, having to lie upon the affected side for most of the day. After resting

these pains passed off, and he says the feeling is now more one of weakness than pain, with occasional shooting pain limited to the knee. The pain appears to have been controlled by phenazone upon one occasion. The right knee-joint is full of fluid, and feels somewhat hotter than the other. The joint is movable in all directions, including lateral movements, and rather flail-like. He says the knee-joint "goes out" when he attempts to walk. The knee jerk is absent on the affected limb, and difficult to get, even with Jendrassik's method, and then only slightly marked on the left. In the early part of June a small black slough formed on the sole of the left foot (the patient had been in bed night and day for some weeks). The slough was removed by poulticing, leaving a small ulcer which shows no inclination to heal. The epidermis is thick on the soles of both feet. The pupils are a little unequal, rather dilated; the right does not act to light at all, and the left only very slightly. They both act to accommodation. Neither pupil dilates on painful stimulation of the skin of the neck. Upon one occasion since admission this patient was faint and giddy, and nauseated; and although he did not vomit, could not take any food for forty-eight hours. Buzzard has noticed that gastric crises are frequent when this articular lesion is present. He found them present twelve times in twenty-six cases. When Charcot's disease of the knee-joint occurs in tabes, it is nearly always an early accompaniment, and although in this case many of the symptoms are absent, I think those I have mentioned justify me in considering it a case of early tabes dorsalis.—HENRY WALDO, M.D., in *British Medical Journal*.

Scarlatiniform Rash: Periarthritis.—Rocaz (*Arch. Clin. de Bordeaux*) records the case of a child, aged one year, who was brought to hospital suffering from a rash resembling that of scarlatina, and pharyngitis and tonsillitis. There was a high temperature. The face was pale, and the child appeared very ill. Two days later the eruption had completely disappeared, but the inflammation of the throat persisted. Two days later, again, the throat had got well, but the fever persisted. After two days more the eruption reappeared, and lasted three days. The fever still persisted, and a fortnight after the commencement of the illness both