some four months after leaving the hospital. No *post-mortem* examination allowed.

4. M.M., aged 44, married. Hydrocele of canal of Nuck, left side; present for thirteen years. Thinks it came on after confinement; gradually getting larger. No impulse on coughing. Fluctuating. Translucent by transmitted light. Clear fluid when punctured by hypodermic needle. Left inguinal truss ordered.

5. C.S., aged 39, married. Hydrocele of the femoral canal, left side. No impulse on coughing. Fluctuating. Too small to allow of translucency by transmitting light. Clear fluid when punctured by hypodermic needle. Femoral truss ordered.

6. E.W., aged 30, married. Hydrocele of the femoral canal, right side. Fluctuating. No impulse on coughing. Perfectly transparent.

June 12th. Tapped in out-patient room, after which it refilled.

July 9th. Retapped, and pad of femoral truss used to keep up pressure. Kept to her bed for ten days after the tapping, and there was no reaccumulation of fluid for three weeks.

October 10th. Taken into hospital. Cyst retapped and injected with tincture of iodine. Ice-bag kept on for three days. Got up on the tenth day after operation, wearing a femoral truss, there still being some slight swelling. She is now quite cured.

CASE OF SYPHILITIC GUMMA SITUATED IN THE TRACHEA SUCCESSFULLY TREATED BY LARGE DOSES OF IODIDE OF POTASSIU M

By ROBERT LUCAS, M.D.Edin.,
Dalkeith.

A MIDDLE-AGED woman, who had been married for seven years but had no family, began, towards the end of August, 1886, to suffer from severe pain in the trachea, just below the larynx. She was troubled with dyspnœa from time to time, and had also a slight cough, and occasionally some expectoration. As her condition continued to get worse, she consulted me in the latter part of October. At that time her general health seemed to be fairly good, except that she was losing flesh, and beginning to feel weak from the pain and constant irritation in her windpipe. Gentle pressure on the trachea, in the region of the thyroid body, caused excessive pain—and, indeed, she could scarcely tolerate her clothing even to touch her throat at this point. The neighbouring parts appeared to be exquisitely tender and painful.

She had contracted syphilis about eleven years before. So far as she recollected, her skin was covered with a red-looking rash; the palms of her hands were sore and cracked; she had also a sore throat, and her hair fell out to a certain extent. She was treated by a medical man in Edinburgh, who assured her she was cured; and certainly, up to the period of her present attack, she had enjoyed very good health. Early in November I examined her with the laryngoscope, and discovered a tumour occupying almost the entire lumen of the trachea below the vocal cords, and apparently attached to its anterior wall. The growth was of a red colour, but did not seem to be undergoing any kind of change. Thinking this condition must have some connection with her former syphilitic attack, I prescribed iodide of potassium, in five-grain doses, and cod-liver oil. I also directed the patient to use an inhalation of creasote and morphine to allay the local distress. I may here mention that at this time there was no other manifestation of syphilis, nor has there ever been in this case, except at the period already alluded to.

This treatment was continued for about a month; but little or no change took place, except that the local pain was somewhat subdued. In the beginning of December I sent the patient to Edinburgh to see Dr. McBride, who carefully examined the trachea, and pronounced the tumour undoubtedly a gumma. At this time it presented a cheesy appearance in its centre, and reminded one of a gumma, such as is met with in the palate and elsewhere just before rapid breaking down takes place.

Dr. McBride advised me to continue the iodide of potassium, but in large and increasing doses. Accordingly I prescribed fifteen grains to be taken thrice daily. This was continued till the end of the year, and in the first week of the present year I increased the dose to twenty grains three times a day, and continued this almost to the end of January. As the patient was now in a wretchedly cachectic state from the iodide, I though it prudent to withdraw the drug, and this was now done.

I may state that almost from the date of the increased dose of the iodide the local symptoms began to improve; the pain and irritation ceased soon after. By the time the iodide was discontinued the tumour had disappeared.

In the end of January I again sent the patient to see Dr. McBride, who wrote me that "a very slight narrowing of the lumen of the trachea, with somewhat marked whitening of the anterior wall, corresponding to the two first rings, the probable seat of origin of the growth, was all that could be observed."

Gummatous tumours of the trachea are extremely rare, and this case was all the more striking because of the entire absence of any other manifestation of syphilis, either in the throat or body. Dr. Semon has recorded a case (*St. Thomas's Hospital Reports*, vol. xiii), which, in respect to the laryngoscopic appearances, presented marked similarity to the one here described, but there was in addition evidence of tertiary syphilis in the hard and soft palate. There cannot be a doubt as to the nature of the case under consideration; it was undoubtedly one of gummatous tumour of the trachea just on the point of breaking down. Had ulceration been allowed to occur, the administration of iodide of potassium would have caused cicatrisation, and this would inevitably have been followed by stricture. The patient is now perfectly well and strong.

I have to acknowledge Dr. McBride's kind co-operation and valuable assistance, which to a very great extent brought about this successful result.

COMPRESSION OF THE VERTEBRAL ARTERY IN RELATION TO PULSATING TINNITUS AURIUM.

By J. DUNDAS GRANT, M.A., M.D., F.R.C.S.Ed., etc.,
Surgeon to the Central London Throat and Ear Hospital.

In the discussion on Tinnitus Aurium at the Dublin meeting of the British Medical Association last August, reference was made by Mr. Lennox Browne to an observation described by me in a paper on Pulsating Tinnitus before the Otological Subsection, at the meeting at Brighton in August, 1886. In view of the interest expressed by those to whom I have communicated it, I am anxious to place it before the readers of the JOURNAL.

The fact is well known that the arterial supply of the labyrinth comes by the internal auditory artery from the basilar, which is the continuation of the conjoined vertebrals. It follows from this that if pulsating tinnitus is, as described by Woakes and others, the result of labyrinthine congestion, it ought to be checked by pressure on the vertebral arteries. By pressure, exerted by means of the thumb and finger in the hollows behind the mastoids and the transverse processes of the atlas (corresponding to the space bounded by the rectus capitis posticus major, the obliquus superior, and the obliquus inferior on each side) I found I could check *pulsating* tinnitus in a large number of cases. In order to make sure that my pressure really acted on the vertebral artery, I took the opportunity, afforded me by the kindness of Dr. Charlewood Turner, of testing the fact on the dead body under his observation. Water was forced through the vertebral artery from below by means of a syringe, and we found that its *outflow through the cut end of the basilar was completely stopped when I exercised pressure as I have described.* It is easy to find the exact points on which to exercise pressure on any patient suffering from tinnitus from salycin or quinine.

I employ this process as one means of diagnosing cases of labyrinthine congestion, in which I agree with Woakes (of whose views this experiment is the natural sequel) in believing hydrobromic acid a valuable remedy, but I do not believe it better than the potassium, sodium, or ammonium salts of that acid, and in fact I prefer, as a rule, the salts either singly or combined. Therapeutically the "vertebrarterial" pressure may be employed as a temporary palliative capable of giving relief of some duration even after removal of the pressure, and in order to keep up the pressure for a lengthened period I have several times used pyramidal pads of cork wrapped in lint and pressed into the hollows by means of a strap or tourniquet passing round the forehead.

I venture to hope that the process will be found to be valuable, and I look forward with interest to its being fairly tested and frankly judged.

SUCCESSFUL VACCINATION. Mr. A. C. Jones, M.R.C.S.Eng., of Oakham, public vaccinator of the Empingham District, Oakham Union, has received a Government grant of £6 3s, for the efficiency of vaccination in his district.