

both ends protruding through the openings made in the skin. The drainage tubes were allowed to remain in position, except that they were moved slightly to and fro, to prevent their getting stopped by the discharge. The right groin was the first operated on, and the left untouched for some time for the sake of comparison. The result of the right proved very favourable in about a week. On withdrawing the drainage tube, the cavity of the abscess was well emptied, and the discharge had ceased, only a little blood oozing from the openings. When all oozing ceased, the tube was finally withdrawn, and nothing left except the points of entrance and exit of the trocar and canula, no disfigurement or puckering of the skin so frequently left after ordinary incisions and sinuses. The skin over the seat of the abscess was quite on a level and attached to the surface beneath in a few days. The left groin was treated then in a similar way, and with the same favourable result. The hard sore on the penis remains, and is getting much less in size under tonic and mercurial treatment. No eruption has ever appeared, but will, in all probability, later on. Slight sorethroat, not ulcerative, appeared some time after admission. The patient is now up, but much weakened, and looks very anæmic. He lost once a stone in weight within a few months. He is now rapidly gaining weight and feeling himself much stronger. I may mention that, during his time in hospital, he suffered from occasional attacks of simple continued fever, which is known in some cases to induce inflammation and enlargement of the glands in the groin. But I am of the opinion in this case, they were due to venereal, though the patient gave the history that they appeared previous to the hard sore on the penis. The patient was discharged, fit for duty, a few weeks later on.

A CASE OF LAWN-TENNIS LEG.

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MR. G.—, a short, muscular, and sturdy young man, about 30 years of age, was playing tennis with the writer on the evening of the 26th ultimo. In the course of playing he had to rush up and receive a ball served out to him, when suddenly he stopped playing, and complained of somebody having struck him with a stone on the back of his leg. I was in front of him, and saw that nobody had done so. On trying to put his foot to the ground, the pain was described as excruciating, and he had to draw up his leg at once. I asked him to show me his calf, and ran my fingers over his

gastrocnemius muscle, when I discovered that he had ruptured it across, about two inches above the commencement of the Tendo-Achillis, and a decided gap about half-an-inch wide could be felt there. My treatment was to immediately support the ruptured muscle by strapping the leg up with adhesive plaster, and applying a firm bandage over the strapping. This enabled my friend to walk to his house, leaning on my arm with little or no pain worth mentioning. In four days from the receipt of injury he was perfectly well, though he kept the stocking of plaster on for a fortnight, and has been able to play a game or two of tennis since.

The interesting points of this case are its characteristic symptoms, *that of being, as it were, struck by a stone the moment the rupture took place, and the inability to walk, and the efficiency of the treatment adopted.* Two similar cases were recorded in a number of the *Lancet* last year, but I have not heard of a single case of its kind happening in India. There is no doubt that, as tennis obtains the popularity that it has deservedly got in the West, we will hear of more 'lawn tennis legs'.

This record would be incomplete and less attractive to your readers, were I to omit the surgical pathology of ruptured muscle. The following quotation I therefore subjoin from a recent and original authority:—"When a muscle is ruptured, the contractile substance coils up somewhat within the sarcolemma, so that the ends become more or less club-shaped. The ends of the fibres degenerate, and split up longitudinally, and the nuclei to the same extent become granular from fatty metamorphosis. The degenerated products are absorbed, and the muscular fibres are seen to be lying in a bed of proliferating granulation tissue. In the lower animals fusiform cells derived from old muscle nuclei, and wandering corpuscles have been found to enlarge and become transversely striated, so that to some extent the union is by muscular fibre. Observations are wanting to show if this occurs in the human subject. Connective tissue cicatrization is certainly the rule, but from what we know of the repair of injured nerves, there seems no reason why muscular fibres should not be regenerated."

CASE OF TRIPLETS.

By ASSISTANT APOTHECARY B. COLACO.

MARIAMMAH, a Moplah female, aged 28, residing at Pallikal, Kasaragod Kasba, launched three living female children into the world after ten months' pregnancy, two months and nine days ago. One of them died seven days ago. The remaining two are doing well.

KASARAGOD, 29th August, 1887.