

On reviewing Lefour's cases we find that, of 66 which terminated unassisted, 32 ended fatally, or a mortality of 48.4 per cent. Of 35 cases of version, 21 died, or 60 per cent.; while the percentage mortality attached to forceps and embryotomy is 25.9 and 55.5 respectively. Fœtal mortality is also particularly high, being 77.7 per cent. in version. These figures amply prove the fact that fibromyomata are a most dangerous complication of pregnancy and labour, whether operative treatment be adopted or not.

I have dwelt somewhat at length upon myotomy, Cæsarean section, the Porro-Cæsarean operation, and Müller's ablation, because they are, comparatively speaking, modern improvements, and it is in the perfection of them, I think, that our great prospect lies of reducing the hideous mortality which I have shown exists in cases where they are rendered necessary.

ERRATUM.—In Mr. Hurry Fenwick's paper on "The Value of Inspecting the Orifices of the Ureters by Electric Light, etc.," in the second sentence of the first paragraph (line 5), for "it" read "method."

TOXICOLOGICAL MEMORANDA.

ATTEMPTED SUICIDE BY SWALLOWING CARBOLIC ACID: RECOVERY.

E. W., female, aged 20, on the morning of May 12th, 1888, purchased a ten-ounce bottle of carbolic acid from a neighbouring chemist, and drank three ounces of it. Three-quarters of an hour after she had taken it I found her lying on the floor in great agony. Not having my stomach-pump with me, I gave her a hypodermic injection of one-tenth of a grain of apomorphine, and administered olive oil and lime water freely. This was followed almost immediately by copious vomiting. At the expiration of half an hour I gave another injection of one-twentieth of a grain of apomorphine, and continued to give small quantities of lime water. Shortly after she became insensible, and remained in a comatose state for eight hours. When consciousness returned I had her removed to hospital, from which she was discharged on May 19th.

R. H. A. HUNTER, M.R.C.S., etc.
Clifton House, Battersea Park, S.W.

CLINICAL MEMORANDA.

A CASE OF PERNICIOUS ANÆMIA TREATED BY REPEATED TRANSFUSION.

G. P., aged 58, came under care on July 23rd, suffering from intense anæmia; he was very thin, with an anxious careworn expression. The skin was uniformly of a tawny colour, without any intensification in any locality, the mucous membranes were free from pigmentation, the sclera was pearly white, the ears thin, pointed, white, almost transparent. There was no splenic, hepatic, or glandular enlargement; no pulmonary disease. A hæmic murmur was marked over the aortic and pulmonary orifices; the cardiac impulse was very feeble; there was no anasarca or chubbing of fingers or toes. Urine, specific gravity, 1010; no albumen. Microscopical examination of blood showed twenty or thirty white corpuscles in one-fifth field; one or two nucleated red ones. Retina almost white; here and there some yellowish spots; on right one or two linear extravasations of a recent date in the vicinity of the macula (the sight of this eye had been impaired for some time); over both retinæ there were some small extravasations in various stages of absorption. History: A butcher—an enormous worker—reducing sleep to meet his business requirements, eating largely, and abusing the use of stimulants; had never lived in a malarious district, and had not suffered from syphilis.

REMARKS.—This was considered to be a case of pernicious anæmia or Addison's disease. He was treated by a continual recumbent position because of his dyspnoea. Iron and arsenic in effervescent form were given for some months. Peptonised fluid aliment and brandy were given with strict regularity. At one time more than four quarts of peptonised milk were consumed in twenty-four hours. After a few months it was apparent that the treatment was of no avail, so I resolved to transfuse as often as it might be necessary. Mr. G. S. Watson kindly gave me his assistance, and on December 12th I injected about ten ounces of blood into his left median basilic by Aveling's apparatus, from a healthy strapping lad—his nephew. The immediate effect was brilliant; a slight colour came into his cheeks and ears, and he expressed

himself as "expanded" by the dose. For a few hours he breathed 30 per minute. Temperature rose to 103 about six hours afterwards, but no pulmonary trouble appeared, and the next day he was quite brisk. The improvement gradually waned, and by the 16th the operation was again necessary. The left arm could not again be utilized, because the use he had made of the veins had completely obliterated all the large ones on the surface, so the right median basilic was chosen, and ten ounces injected with the same train of symptoms as before. On the 22nd, the right median cephalic was used, and ten ounces injected. This last injection completely occluded the surface veins of the right arm, so that when on the 30th the transfusion was again necessary, the left external saphena was chosen, and ten ounces used. This was the last that was done, for, on January 11th, the attempt to open the lumen of veins in either leg was impossible from their extreme tenuity.

He lingered a few days and then sank, without any evidence of organic disease save pulmonary hypostasis. His existence simply abandoned him. No *post-mortem* was permitted.

Tunbridge Wells. CLELAND LAMMIMAN, F.R.C.S.

SURGICAL MEMORANDA.

GUNSHOT WOUND OF THE FACE.

W. L., when leading a horse and cart along the road, heard two shots in quick succession; the second struck him in the face. When he applied, his right cheek and lower lip were swollen. There was a roundish wound, with scooped-out and rather lacerated edges, large enough to admit a finger, to the right of the middle line and just below the lower half of the orbicularis; also a small wound on the cheek, which might have been made by a single pellet of shot. The right canine and central incisor, with their sockets, were gone; the intervening tooth, with its socket, was still held by the periosteum and gums of the inner aspect of the maxilla. The gums on the outer surface were lacerated and separated from the bone, which was roughened and scored, down to its lower border. No shot could be felt—only some bone-grit. The jaw was broken, but the structures on its inner aspect were uninjured. Some days afterwards there was a sinus from the wound on the cheek to that over the chin, and a cavity formed below the chin on the right side. Here the probe detected some hard substance, which, after the sinus had been slit for some part of its length, was grasped by forceps, but crumbled under its grip. Withdrawal of the forceps was accompanied by a shower of shot falling to the floor. The blades held a lump of four pellets firmly stuck together, and much of what was then and subsequently removed consisted of pellets in twos and threes. The amount of shot recovered was one-third of an ounce. Recovery was rapid. The shot was fired from the raised bank of the Trent across a field, the distance to the road being 133 yards. It was fired at and killed a pheasant. The shooter saw the cart, but said it was out of the line of fire. He was not seen by the wounded man till after the accident, but a lad leading another cart behind saw the shot fired.

The points worthy of notice are: 1, the distance—133 yards; 2, the amount of shot recovered—one-third of an ounce; 3, the statement that the man was out of the line of fire. In regard to point 3, I have been told of two other cases of *stray* pellets hitting persons quite out of the line of fire. As to 2, the shot was carried in a lump, and this perhaps explains 1.

M. R. J. BEHRENDT, L.R.C.S. and P.Ed.

Burringham, Doncaster.

CASE OF FRACTURE OF THE BASE OF THE SKULL: PROLONGED INSENSIBILITY.

On December 30th, 1887, I was sent for early in the morning to see a gentleman who was thrown from his horse on the common. On reaching the spot I found Mr. F., aged 48, standing up talking incoherently, and not knowing of his accident; blood was flowing freely from his left ear, but there was no external wound. I got him home, and telegraphed for Mr. Edmund Owen. In the course of half an hour he vomited at least half a pint of blood; he was very excited, and at times violent. Mr. Owen confirmed my opinion that he had fracture of the base of the skull, applied blisters behind the ear, and gave calomel and bromide of potassium. At 8 p.m. he had an epileptic convulsion; evening temperature 101.2°. I passed the catheter, and emptied his bladder. The