

ounces of brandy in twenty-four hours. The child was, of course, not allowed to be put to the breasts.

On January 29th and 30th the mother remained about the same, and on the 31st was very weak and prostrate. The temperature began to fall on the evening of this day, and on February 1st was 100.5°, pulse 80, respirations 18.

On February 2nd I peeled off the large piece of membrane, which left beneath a surface in parts raw and oozing with blood, but in others merely dark pink. From this time forward nothing worthy of comment occurred, and the patient slowly recovered her health and strength.

Earl's Court Gardens, S.W.

DUNCAN J. CADDY, M.B.

PNEUMONIA WITHOUT COUGH.

A YOUNG man, aged 22, contracted the above-mentioned disease, which, when I was first sent for, was in the acute inflammatory stage, with high temperature (104° F.) and delirium. The pneumonia ran its usual course of hepatisation and resolution, and all the symptoms—fine crepitation at the base of the lung, tubular breathing, and dulness—were well marked. But one symptom was absent—cough. Each morning when I asked the nurse whether the cough had been troublesome, the answer was that “he had not coughed at all,” and as far as I could learn the patient was never troubled in that way all through his illness, except during the primary stage of delirium, when he kicked about somewhat, and then it was very slight. I could never ascertain that he expectorated more than once or twice after the first stage had passed, and the amount would scarcely fill a thimble. Now, he was a man of a particularly phlegmatic disposition, and during his illness he would lie perfectly still and quiet, never speaking to anyone, and never moving voluntarily, and this I take to be the cause of the lack of a prominent symptom, and it suggests to me that a pneumonic case may be saved a considerable amount of pain and distress by insisting upon absolute prohibition from talking, and the minimum amount of movement.

Beccles.

ROBERT ALDOUS.

VESICULAR DEGENERATION OF THE CHORION.

On October 20th, 1892, I was called to see Mrs. A., aged 29. She had been married four years, and had three living children and no previous miscarriage. Her condition of health previous to marriage was good, and she had never any serious illness. The menstrual habit had always been regular, without pain; the period lasted three or four days. She said she was pregnant, and thought she had been so about three months, but certainly not more.

She was anæmic; lay on her back, with knees drawn up and her feet resting on the bed. She looked as though dying; was panting apparently for air, and in much pain, which, from her description, seemed to be uterine. The chamber utensil was full of blood. The nurse said the blood had poured from her when she got up to urinate, and that there had been more than ordinary oozing before and subsequent to this exertion. The nurse, who has been in regular daily work for many years under the supervision of the local ladies' lying-in charity, said she had never previously seen so much oozing in miscarriage. The pulse was quick, fluttering, and erratic. The expression was wild, as though she feared some impending calamity.

The abdomen at first sight looked as though she were pregnant, full time. On palpation I felt a large and hard substance in the place which would be occupied by the uterus at full term. The percussion note was dull all over. I cooled my right hand in very cold water and, placing it over the enlargement, I felt uterine contractions. From the vagina the blood was discharging as from a bad miscarriage. The patient was laid on her back, my left hand steadied the apparent uterus, and a careful examination was made with my right. I found the os was hard, as though it contained a fibroid. On using firm steady pressure the os yielded, and then the feeling was as though my finger had got into a fragile placenta. I detached some of this substance, and, after washing, it resembled sultana raisins, but the colour was white.

I gave chloroform and a hypodermic injection of Symes's ergotine (about 15 m.) into the buttock. My right hand was introduced conewise, while the left hand steadied the uterus externally. I extracted several handfuls of the raisin-like material from the uterus before I felt its walls flush and clean. The parts were then syringed with hot Condy's fluid, and an iodoform bougie (10 gr.) was put into the uterus. My hands and instruments were first washed with a solution of perchloride of mercury (1 in 1,000), and perchloride ointment (1 in 2,000) was used.

During the whole process, and until recovery, her position was horizontal, and no raising of the head allowed under any pretext. Nourishing food was given every two hours, and not more than 4 ounces of spirits was allowed during every twenty-four hours. Whiffs of ammonia were given if she felt faint. A hot douche of Condy's fluid was given daily, and followed by an iodoform bougie. No sign of a fœtus could be discovered. She recovered, and is doing well.

Waterloo, Liverpool.

A. HOULGRAVE.

REPORTS

ON

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

NORFOLK COUNTY ASYLUM.

A CASE OF A REVOLVER BULLET IN THE OCCIPITAL LOBE OF
THE BRAIN FOR AT LEAST TWO YEARS WITHOUT
SYMPTOMS.

(By RICHARD P. RYAN, Second Assistant Medical Officer.)

T. S., a criminal patient, aged 74, was sent from Norwich Prison on July 15th, 1892. He had been convicted for attempting to hang himself, and was stated to be actively suicidal.

No clear history could be obtained from the prison authorities of his life prior to arrest, but he stated that about two years previous to admission he had shot himself with a six-chambered revolver, held 3 feet from his forehead. As he was a demented patient and his memory defective, the length of time since the occurrence is uncertain, but he had a circular depression in the centre of the frontal bone, covered by a bluish cicatrix.

He died on February 6th, 1893, from gangrene of the leg—amputation being considered inadvisable—and at the *post-mortem* examination I found the following changes: The frontal bone presented in its centre a circular depression about the size of a shilling, the base of which was formed of splinters. The inner table was splintered for about an inch, and a mass of bone fragments about as large as a walnut was protruding through the dura. Pressing on, and adherent to the brain substance in the mass, were numerous black granules, which subsequently proved to be lead.

The dura mater on the upper surface of the brain was thickened and adherent in patches to the bone; old-standing hæmorrhages into its substance were visible. The surface of the brain was normal in appearance, except some general atrophy of the convolutions, and an excess of cerebro-spinal fluid.

No lesion of the cerebral substance was apparent, except a small cavity lined by a smooth membrane, on the surface of the occipital lobe, in the neighbourhood of the middle convolutions, and close to the median fissure. This contained a partially flattened revolver bullet, about 0.380 in size, one surface smooth, the other jagged, and adherent to the dura mater.

The bullet must have penetrated the frontal depression; then, being deflected upwards, probably by some fragments from the inner table, passed over the cerebral surface, until, finally arrested by the tentorium cerebelli, it lodged in the above position, and remained there for at least two years without causing symptoms.

ASSIOUT HOSPITAL, EGYPT.

A LARGE LIPOMA OF THE ABDOMINAL WALL: REMOVAL: RAPID RECOVERY.

(By ABDEL-FATTAH FAHMY, Surgeon in Charge.)

[Translation.]

G. A., aged 30, an Egyptian peasant woman of Akinim, in the province of Sohag, was admitted on October 9th, 1892. She stated that her parents had died of old age, that her children and husband were healthy, and that she herself had not suffered from any previous illness. She complained of a tumour springing from the abdominal wall, which, by reason of its hanging down between her thighs, rendered walking fatiguing. The tumour had appeared on the left side twelve years earlier, and had continued to enlarge gradually until it attained the size shown in the accompanying reproduction of a photograph. It did not produce any general disturbance, but was a source of inconvenience by dragging upon the skin and impeding walking, and had caused her to be separated from her husband.

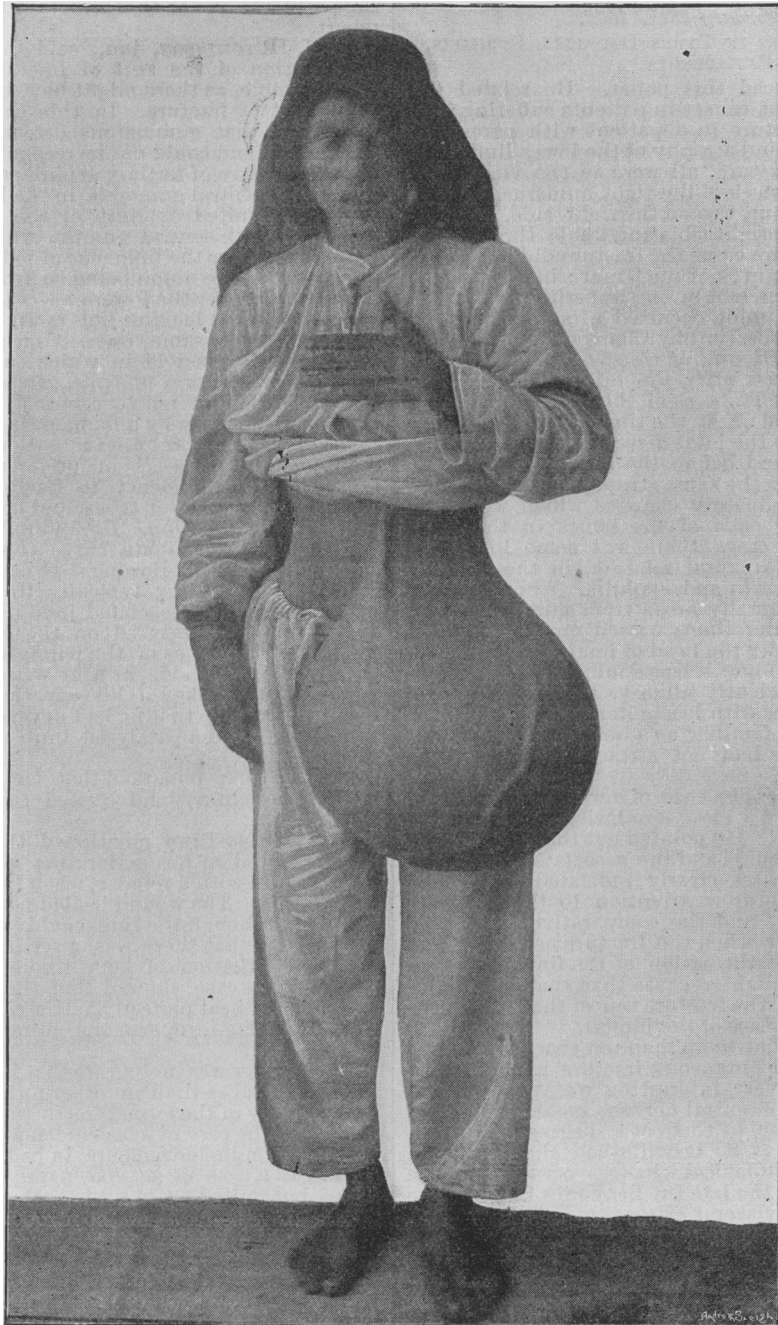
The patient was a thin woman, of middle stature. The tumour was attached at the left side of the umbilicus by a pedicle; it could be separated by pressure from the abdominal wall. The skin was not altered, but the veins were large and convoluted. On palpation the tumour, which was neither painful nor tender, was found to be lobulated. The woman appeared to be otherwise healthy. The form, chronicity, size, lobulation, and elasticity of the tumour, together with the freedom with which it could be moved on the abdominal walls, and the absence of any affection of other parts of the trunk or of the limbs, led to the diagnosis of lipoma. She was advised to submit to operation, and consented.

Having spent a week in hospital to become habituated to the air and food of the hospital, she was on October 16th given a general bath. Chloroform having been administered, the tumour and its neighbourhood was washed with strong

sublimate solution (1-1,000). The instruments had been placed in a carbolic solution. After having drawn the skin tightly towards the tumour in order to avoid the formation of a pocket, which would have favoured suppuration and retarded cicatrization, two semilunar incisions were made, and the tumour was removed. The wound was washed with strong sublimate solution, and the lips brought together first

with silver wire and then with catgut; a drainage tube was introduced at the inferior angle of the wound, over which a Listerian dressing was then applied. On the fourth day the dressing was changed, and as there had been no elevation of temperature, the tube and the silver sutures were removed. The catgut stitches were removed on the sixth day. The patient left the hospital quite cured on October 23rd, and is now residing once more with her husband, a butcher, at Akinim. The lipoma weighed 7 kilogrammes (15½ lbs.).

The photograph which is here reproduced was taken by a photographer who happened to be at Assiout at the time when the woman was admitted; he had left before she recovered.



CONGRESS OF THE GERMAN PUBLIC HEALTH ASSOCIATION. — The Eighteenth Congress of the German Public Health Association will be held at Würzburg on May 25th, 26th, 27th, and 28th. The subjects for discussion include, among others, "Reforms in the Preparation of Bread" (to be introduced by Professor K. B. Lehmann, of Würzburg); "Food Supply for the Masses" (introduced by Dr. Ludwig Pfeiffer, of Munich, and Town Councillor F. Kalle, of Wiesbaden); "Measures for the Prevention of the Pollution of Water," by Herr Kümmel, of Altona; and the "Hygienic Inspection of Meat," by Dr. Lydtin, of Karlsruhe. In view of the proposed new law for the prevention

of epidemics, and of the forthcoming Conference at Dresden, the Committee has decided that the time would not be opportune for a discussion on cholera in its epidemiological relations.

THE Lord Chancellor has appointed Mr. George R. Cundell, of Kew, a justice of the peace for Richmond, Surrey.