

men is quite as good as at first. In its present compressed state it is exactly three-eighths of an inch in length; the head pointed and the anal extremity truncated.

I do not remember upon what authority I suspected it to be *musca vesicaria*, but I showed it to no expert, being unaware of the rarity of the case.

Abergavenny.

NORRIS F. DAVEY.

SURGICAL MEMORANDA.

CASE OF TYPHILITIS CAUSED BY A DATE STONE SWALLOWED SIX MONTHS PREVIOUSLY.

H. F., farmer, aged 35, sent for me at 9 P.M. June 26th, 1889. I found him in bed suffering from the usual symptoms of obstruction of the bowels, abdominal pain, vomiting, etc. There was evidently an accumulation at the cæcum, and great tenderness on pressure at this point. He attributed his illness to catching cold from going to sleep on a damp fermenting haystack, and a few days previously he had eaten a quantity of cherries, but was quite certain he had not swallowed any stones. He had, moreover, for some time felt far from well, had had constant uneasiness in the bowels, and had had to take quantities of aperients. The day before my visit he took some strong pills, which gave him, as he expressed it, quite a "turn out."

The treatment consisted in opiates and hot application, followed by castor oil. The first dose or two of oil was vomited, but persevering with it he kept a dose down, and on June 28th a large accumulation of fæces was passed, which gave immense relief to all the symptoms. Sinking to the bottom of the vessel was a date stone; it was quite black, slightly eroded at the ends, and had evidently been some time in the bowel. Unfortunately, the improvement was only transient, an abscess formed very slowly, bursting into the bowel on July 5th. After this my patient made a rapid recovery.

REMARKS.—There is nothing remarkable about this case but the time the date stone must have been caught at the cæcum and remained there without producing very serious symptoms. The latest date at which H. F. partook of dates was at Christmas, 1888, which gives the stone six months' residence in the bowels. He also had no recollection of swallowing one.

Feltwell, Brandon.

ERNEST G. ARCHER, M.R.C.S., L.S.A.

TOXICOLOGICAL MEMORANDA.

POISONING BY "SICHERHEIT" EXPLOSIVE.

A SIMILAR case to the interesting one reported in the JOURNAL of July 20th by Dr. Sykes, of Mexborough, was brought to me by the manager of the "Flameless Explosive Company" on July 6th.

The man, E. P., aged 37, had always enjoyed good health, with the exception of occasional rheumatic attacks, and up to the present time had been an engine driver. He was first employed at the "Sicherheit" works on July 2nd, and was then quite well, and continued so on the 3rd; on these two days he was crushing and sieving the ingredients, and worked nine hours on each day. On Thursday and Friday, the 4th and 5th, he was "steaming" the mixture, and on the Thursday night he felt languid and did not sleep well, but had no sickness, diarrhoea, or headache. On Friday night he felt more languid, and had to stop on his way home several times "to get his wind;" he had pains across his chest and at back of head and neck, and "thumping" of his heart. He still feels weak, especially in his legs. His face had a bluish appearance, lips purple, and the mucous membrane of gums and inside of mouth blue and somewhat pale. The tips of his fingers and nails were white, bloodless, and cold, the bases of the nails purple. The heart's action was excited, sounds normal; respiration normal: expansion under clavicles somewhat deficient. The urine was very dark coloured; specific gravity 1006, acid, free from albumen, sugar, blood, or bile pigment. Careful analysis gave distinct evidence of nitro-benzene in the urine.

REMARKS.—I believe the vapour given off during the process of steaming the "Sicherheit" is either nitro-benzene or dinitro-benzene; a case of poisoning by the latter vapour is recorded in the *Lancet* of July 13th, as occurring during the manufacture of robruite. I gave my opinion that the man, E. P., was suffering from the poisonous effects of the inhalation of nitro-benzene vapour, and pointed out its dangerous effects upon man; and,

doubtless, the company will adopt means, either by ventilation or some mechanical process, to prevent the danger produced by its inhalation. The difficulty of breathing, languor, and weakness of the legs, together with the "thumping" and excited action of the heart, seem to point to a paresis of the respiratory and other nerve centres; but I have as yet heard of no case passing on to coma or death in this neighbourhood, although a fatal case is recorded in Dr. Swaine Taylor's work.

Rotherham.

HENRY JOHN KNIGHT, M.R.C.S., L.S.A.

REPORTS

ON

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

GENERAL HOSPITAL, BIRMINGHAM.

CASE OF FRACTURED STERNUM: DOUBLE PLEUROPNEUMONIA IN A MAN AGED 64: RECOVERY.

(Under the care of Sir WALTER FOSTER.)

[Reported by T. SYDNEY SHORT, M.B., Resident Medical Officer, from the Hospital Notes]

D. C., aged 64, was admitted on May 20th, 1889, with urgent dyspnoea and pains in both sides of the chest. Pulse 120; respirations 58; temperature 103°. On examination it was found that he was suffering from pleuropneumonia of both sides; the lower part of the chest behind and at the sides was dull with bronchial breathing and crepitations. A loud friction could be heard and felt in the lower axillary region on the left side. He coughed violently and with pain in both sides, but that on the left side seemed to be the more severe. The lower part of the sternum from the upper border of the fourth costal cartilage moved with each inspiration on the upper, with distinct crepitation. Patient was a spare but fairly developed man, conscious, and answered questions, as far as his breathing would allow, rationally. He was very deaf, and, being greatly distressed, a woman, his landlady, who brought him in, gave the details of his illness. It appeared that four days before admission he fell downstairs, and afterwards complained of great pain in the front of the chest, in the back of the neck, and in the left side. His breathing was bad, and he got steadily worse until he was brought to the hospital. He had been feverish, very thirsty, and blue about the face, with loss of appetite and constipation.

On further examination it was noted that his tongue was large, white, and flabby, with dirty fur at the back. The abdomen was normal in appearance, without tenderness. Liver dulness reached from the sixth rib to the costal margin in the vertical nipple line, measuring vertically about three inches. Spleen appeared normal. Cardiac dulness was not increased upwards; the apex beat was in the fifth interspace, just internal to the vertical nipple line. Second sound much accentuated at the base on the left side. No murmur was heard. Pulse irregular, intermittent, full, and of good tension. Wall somewhat thickened. He was put to bed with hot bottles, and ordered a drachm of brandy every hour, with a morphine linctus for the cough and pain.

During the night his breathing became stertorous, and his face and hands dusky and blue. He was wandering and making a good deal of noise, but understood what was said to him when shouted into his ear. He was able to cough up sputum, which was muco-purulent; and he did not pass evacuations into the bed.

The next morning he was in much the same condition. His urine was of specific gravity 1020, acid in reaction, and contained a faint trace of albumen and an excess of phosphates. It was found that a pad of lint, with a piece of strapping about two inches wide, passing from between the fourth and sixth ribs on one side to the same position on the other side of the chest, to keep the pad in position, lessened to some extent the movement of the lower part of the sternum, and this was ordered to be applied and readjusted from time to time.

On the third day he was still in a very precarious condition. His pulse, however, remained of fair tension, though not so good as on admission; and he was ordered a drachm and a half of brandy every hour, and a mixture containing acetate and carbonate of ammonia and squill. There had been no evidence of

pericardial effusion. Both lung bases were still dull, with crepitation, and the grating friction could still be both heard and felt at the left base in the lower axillary region. He could not spit up the thick phlegm so easily, and there was a continuous rattle in his throat. His temperature was between 101° and 102°. Morning, respirations 52, pulse 104; evening, respirations 56, pulse 104.

From the third to the eighth day the temperature fell steadily to 99°. He had strength to get out of bed occasionally if not prevented, and talked nonsense the greater part of the night. The pulse deteriorated, and on May 25th (the fifth day) it was decidedly weaker, and an ounce of brandy-and-egg mixture was ordered every three hours. His mouth was very foul, the smell most offensive in spite of repeated cleansings, and he became more unconscious, the continuous rattling in the throat masking the auscultatory signs. By the eighth day his pulse was still 108 to 120, but respirations had dropped to 44. He was quieter, but weaker; the suffused and blue look about the face was disappearing, and his heart was acting more steadily, and with increased force. The lung-sounds were clearer in front. The sternum still producing crepitation, but with less movement, and the grating friction in the left side was still evident, and a faint trace of albumen had been detected in the urine each time it had been examined. From the eighth to the tenth day he seemed to improve a little, but was much weaker, and wandering each night; the pulse fell in quality again, and he twitched his arms and hands about on the bedclothes, but at the same time his colour and breathing improved. From June 1st (the eleventh day) he steadily improved, and on the 5th was put upon quinine and digitalis in an effervescing mixture, with the brandy-and-egg mixture every four hours. There had been no movement detected between the pieces of the sternum during the last few days.

On June 16th he had a rise of temperature, with a fresh extension of pneumonia at the left base. He was delirious and noisy at night, and passed evacuations into the bed. This attack passed off, and on the 21st he was free from pain and breathing easily.

From this date he made a good recovery. The brandy-and-egg mixture was stopped on the 21st, and the quinine mixture continued. A faint trace of albumen was detected in the urine on almost every occasion on which it was examined.

On July 11th, the day before he was discharged, it was noted that the chest moved fairly in respiration; the breath-sounds at the bases were good, and accompanied occasionally by dry creaking sounds; these were particularly well heard in the left lower axillary region. At the level of the fourth costal cartilage, the sternum was thickened with perfect continuity; the lower portion of the sternum was rather prominent, as compared with the upper.

REVIEWS AND NOTICES.

A TEXTBOOK OF PATHOLOGY, SYSTEMATIC AND PRACTICAL. By D. J. HAMILTON, M.B., Professor of Pathological Anatomy University of Aberdeen. Copiously illustrated. Vol. i. London: Macmillan. 1889.

WE congratulate Professor HAMILTON on having had the courage and enterprise to undertake the writing of a complete textbook of pathology on his own foundations. This is indeed a task which, at the present day, could hardly be carried out by anyone but a professor of the subject, undistracted by the claims of practice, and supported by the resources of a laboratory and of daily pathological experience. Not all the teachers, however thus favourably situated, would have the zeal to begin and energy to complete so serious a piece of work. A glance at his first volume is enough to show that it aims at a standard of comprehensiveness and thoroughness higher than that attained by any other English work on the subject.

The difficulty of such a task is moreover greatly enhanced by the wide extension which Dr. Hamilton, in common with some other recent writers of textbooks, gives to the field of pathology. It is not so very long since, in this country at least, the main task of pathology was thought to consist in the comparison of *post-mortem* appearances with clinical symptoms, and certainly such comparisons will never lose their importance. But this is not the whole of pathology. Next came the epoch of histology through which we are still living; for even now it may be necessary

to remind students (if not in some cases their teachers) that the making of fine sections, though a refined and beautiful art, has no more claim to represent the whole science than the coarser anatomy of the dead-house. Indeed, candidates who are strong on spindle-cells and proliferation are sometimes found quite unable to give an accurate description of the naked-eye characters of morbid specimens. Something more is yet wanting. As Dr. Hamilton says, "morbid anatomy and pathological histology will not carry the earnest inquirer beyond a certain point;" and no competent teacher will differ from the dictum that "the pathology of to-day is not delimitable merely as a matter of pure morbid anatomy, pathological histology, pathological physiology, pathological chemistry, or clinical medicine; but these are simply the members of a great body, and are indissolubly bound together."

With all these branches of the subject Dr. Hamilton makes a vigorous and, on the whole, a successful attempt to grapple, and the only doubt one feels is whether the whole subject is not somewhat too vast for the limits of one book. However, the wider and more scientific conception of pathology now beginning to prevail, which we trace here as in some other recent textbooks, cannot but have a favourable influence on pathological teaching.

The first part of the work, occupying more than 150 pages, is devoted to technical methods. It contains copious directions for performing *post-mortem* examinations, a very good model of report for note-taking, remarks on medico-legal necropsies, and other valuable matter. Perhaps the most noteworthy point is the method given for examination of the brain. It must be admitted that no theoretically perfect method has yet been devised for this important part of a *post-mortem* examination, and great diversity of practice will be found in different institutions. Dr. Hamilton's method seems rather elaborate, but would be well worth testing practically.

In speaking of microscopical examination, we are glad to see that Dr. Hamilton lays great stress on the immediate examination of fresh specimens, a method now far too much neglected. Many points in the structure of cells are actually much better seen in unmounted specimens than in the finest sections of hardened tissues; and even if this were not so, there is always a certain loss when specimens are set aside for elaborate preparation. As the tissue hardens the clinical interest is apt to evaporate. This part of the work concludes with a tolerably complete account of bacteriological methods.

The sections on hypertrophy, degeneration, and the like, seem rather meagre as compared with other parts of the work. Atrophy is one of the subjects very summarily dealt with. It is defined as "the diminution in size or absolute destruction of a part which results from direct and continuous overpressure where the blood-supply is not deficient." Now a definition is doubtless always an easy target for criticism, and the definitions given by other authors are probably not unassailable, but this of Dr. Hamilton's strikes us as singularly narrow. It would exclude most instances of what is called, clinically, atrophy, and especially what some would regard as the most typical forms; for instance, hemiatrophia facialis. And to lay down that in atrophy the blood-supply must not be deficient seems to savour of paradox.

The great theme of inflammation is naturally a cardinal topic in pathology, and Dr. Hamilton's account of this subject is one of the most elaborate and valuable parts of his book, while it is copiously illustrated with very beautiful figures. The physical causes of the vascular disturbances are fully explained on the basis, partly, of the author's well-known researches in this field. His explanation of them is mainly mechanical, or at least physical, and differs widely from that given by most recent writers. Whether we agree with him or not—and for our own part we are disposed not to agree—it cannot be denied that Dr. Hamilton has earned the right of stating his own conclusions. The least satisfactory part seems to be the account of the changes in the fixed elements, other than connective tissue, in vascular parts; but this point may receive further consideration in treating of special inflammations.

On the other hand, the description of inflammation in non-vascular parts, such as the cornea, is very full, and is based on a minute account of the normal histology. The author's conclusions harmonise as well as could be expected the opposing views of different schools, and give, as it seems to us, the most satisfactory account yet published of this extremely perplexing subject.

The one thing which we miss in Dr. Hamilton's account of inflammation is some general conception giving a synthesis of the