than a fortnight he was extremely drowsy, sleeping day and night when left alone. The paralysis of the left arm and leg and ptosis, which were at first almost complete, gradually disappeared and were quite gone six weeks after the accident. For two or three days after the accident I could obtain no knee-jerk on either side; the right side was the first to return, and the left only came back some days later. I did not examine his eyes until he was nearly well. There was then no difference between the discs and nothing abnormal in either. Seven weeks after the accident he was perfectly well.

Remarks.—There seem to me to be two noteworthy points about this case. 1. The action of the bullet. I cannot yet understand how a large conical ball (0.450) projected with such force could inflict such an injury and then be found lying loose in the wound. No doubt its incidence on the skull was at a very acute angle, but then one would expect it to travel onwards after this slight resistance. I saw the ball; it had a deep notch in it transversely and was otherwise altered in shape; the apex was not flattened. 2. The unusual disposition of the paralysis on the same side as the lesion. I am puzzled as to the cause of this and should be glad to receive any suggestions. From the delayed onset of the coma in the first instance it seemed as though its cause were probably intra-cranial hæmorrhage—no doubt subdural, for it was only after tension was relieved by an incision into the dura mater that the coma was relieved. Yet surely it is not likely that hæmorrhage caused in such a way would take place chiefly or largely over the hemisphere of the sound side. Could the *contrecoup* hypothesis be applied in any way in this case? I may say that there was not any paresis at all (as far as one could judge) on the right side.

Maffra, Victoria.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

A CASE ILLUSTRATING THE BENEFIT OF ASPIRATION IN HYDROTHORAX.

BY CECIL F. BEADLES, L.R.C.P. LOND., M.R.C.S.

IN THE LANCET of March 25th last Dr. Hale White reported a case of chronic tubal nephritis on account of the associated hydrothorax, the point of special interest being the exceedingly rapid accumulation of a large amount of fluid after repeated removal by aspiration. Only very transitory improvement followed in that case. The following case is of interest as illustrating the beneficial result that may be obtained from aspiration of the chest where much fluid exists in the pleural cavities. It was one of granular contracted and cystic kidney (probably secondary to large white kidney) accompanied by an unusual amount of pleural effusion, giving rise to urgent symptoms.

A woman aged forty-six came under observation on Jan. 17th, 1890, for dropsy of two months' duration. There was no history of scarlet fever. She suffered much from dyspnoea. There was a mitral systolic murmur and the urine contained a large quantity of albumen. By the early part of February she was free from dyspnoea and the œdema of the legs had entirely disappeared. She was able to get about till July, when the dropsy returned and her breathing became short, but she did not lay up until July 11th. During the preceding two weeks she had passed little urine (which was thick) she had suffered much from palpitation, and she could not sleep. She now suffered severely from dyspnoea and palpitation. On examination signs of fluid were detected in both sides of the chest, being most marked on the right side. The heart sounds were churning in character and the pulse was 112. The liver dulness extended lower than normal; there was no ascites, but considerable anasarca of both legs existed. The urine was acid and contained a large amount of albumen, the specific gravity being 1012. On July 14th altered percussion note was noticed and diminished breath sounds were found to extend half way up the vertebral border of the scapula on the right side. At the left base there was dulness, but it was less extensive. At 5 P.M. the patient had a severe attack of dyspnoea, with a weak pulse, and an aspirating needle was

introduced on the right side and fifty ounces of clear straw-coloured fluid were drawn off by means of an exhaustion bottle. The dyspnoea was at once relieved. The next day all the physical signs had improved and the dropsy had greatly diminished. On the 17th she had a slight attack of dyspnoea, which was relieved by means of a mustard poultice. The patient continued to improve under a mixture containing digitalis, nitro-muriatic acid and sulphuric ether, so that by Aug. 13th there were only slightly impaired sounds to be detected at the right base, there was no œdema of the legs, and the urine contained merely a trace of albumen.

The patient again came under observation on Oct. 17th, 1890. She had been well till a month before this date, when her breathing became short and her legs much swollen at times. During the previous fortnight she had had some attacks of dyspnoea. When seen she had some difficulty in breathing. There were dulness and absence of breath sounds at both bases, but more especially on the right side again. Both legs were greatly swollen. The urine was clear, the specific gravity was 1010, and the albumen one-third. On the following evening she was seized with severe dyspnoea and her pulse was extremely weak. The right side of the chest was aspirated and eighty-five ounces of clear fluid were drawn off. The breathing was at once relieved and the pulse improved. On Oct. 20th she stated that she had been unable to sleep during the night owing to severe dyspnoea at times. The temperature was 100°; the pulse 120. The feet were slightly swollen. A number of severe attacks of dyspnoea occurred during the day. At 7 P.M. on the same day it was noted that the fluid in the left side of the chest had apparently much increased since the morning. A needle was introduced into the left side and twenty-three ounces of fluid were removed, but all was not allowed to drain away. At 10 P.M. there was another attack of dyspnoea. On the following day much pain was complained of in the side and the difficulty in breathing continued; the pulse was very weak, 140, and slightly irregular. After this the patient improved to some extent, the pain disappeared, the pulse became good, 100, and the albumen in the urine was reduced to less than one-sixth on Oct. 25th. Four days later she had a cough, which continued for a few days. On Nov. 1st the percussion note was found to be improved at both bases, and the breath sounds were heard almost throughout the left side, but were very weak at the right base. At the right base also the vocal fremitus remained slightly diminished and friction sounds and râles were occasionally heard. The pulse was 108 and regular, and the albumen in the urine had slightly increased in amount. On Nov. 20th the patient was much improved and got up. She continued fairly well until Dec. 10th, when the breathing again became bad, her legs were more swollen and the physical signs at the bases increased, and there was also more albumen present in the urine. In the early part of January, 1891, she again improved and continued to do so during that and the following month, but at the beginning of March all the old symptoms had returned. On March 11th her face and hands became cyanosed, and she died on the following day after having been in a comatose condition for four hours. There had been no severe attack of dyspnoea for a considerable time previously to death.

At the necropsy both pleural cavities were found to contain a large amount of fluid, which was slightly bloodstained. Both lungs were œdematous, especially the lower lobes, there were no adhesions, and the left upper lobe was collapsed. The weight of the right lung was thirty ounces and of the left eighteen ounces. The heart was greatly hypertrophied, but not much dilated, and there was tricuspid insufficiency. There was no fluid in the peritoneum; the left lobe of the liver was found to be congested. The spleen was large and firm, and weighed nine ounces. Both kidneys were small and were very granular on the surface, the cortex being narrow; one kidney contained numerous cysts.

Colney Hatch Asylum.

A CASE OF SPINA BIFIDA IN THE CERVICAL REGION.

BY LEWIS MARSHALL, M.D. ABERD., M.R.C.S.

(Reported by GEOFFREY W. THOMPSON, M.B. Camb., House Surgeon, Children's Hospital, Nottingham.)

A CHILD aged seven months was admitted into the Children's Hospital, Nottingham, on March 25th of this year. The child was one of a healthy family, no other member suffering from any congenital malformation. It