with a supply of purified atmospheric air, will give off every two hours oxygen at the rate of one cubic foot per pound of barium oxide. Perhaps the most interesting point in connexion with this process is that it is absolutely a mechanical one. There is no loss or waste of the agent employed—namely, the anhydrous oxide of barium. There is no visible difference under the microscope between the low and the peroxide, and no chemical change takes place. The oxygen is absorbed from the purified air passed through the retorts under pressure; it is given off again under vacuum; and the proof that in carrying out this method MM. Brin call to their aid no complex chemical decomposition is, that the same pound of barium, increased in weight when it takes up the oxygen, returns to its exact original weight when, under vacuum, the oxygen is yielded up. Moreover this same pound of barium is at once ready to perform, and repeat *ad infinitum*, its task of absorbing and yielding up this perfectly pure oxygen.

Park-street, W.

CASE OF MENSTRUATION AFTER REMOVAL OF PREGNANT UTERUS AND APPENDAGES.

By LAWSON TAIT, F.R.C.S.

E. P.—, aged thirty-three, menstruates somewhat profusely at irregular times, and has done so twice in the last three weeks. This has continued since I removed the uterus (at the fourth month of pregnancy) in August, 1884. A large soft sarcoma grew from the fundus, and the whole uterus was infiltrated with nodules of the same growth; therefore the clamp was made to include as much of the organ as could be pulled up, and I believe the whole of the organ was removed. Previous to the operation, she tells me that she never had any sexual enjoyment, but that now she has it occasionally. The vagina is now (Nov. 22nd, 1886) greatly elongated, and a small pimple can be felt at the upper end of it, in the cicatrix.

Birmingham.

LARGE HÆMATOMA OF BUTTOCK; ASPIRATION.

By J. HEADLEY NEALE, M.B.ED., M.R.C.P.LOND.,

ASSISTANT-PHYSICIAN TO THE LEICESTER INFIRMARY.

On the evening of Sept. 3rd, 1885, I was sent for to see Mrs. M—, the wife of a travelling photographer, who was stated to be suffering from persistent loss of sleep, following an injury. I found the patient, a stout comely-looking woman of fifty years of age, bathed in a profuse perspiration, and exhibiting signs of extreme mental as well as physical prostration. She complained of a dull aching pain in the region of the left buttock, which deprived her of any but the merest snatches of sleep, and gave me the following history:—One evening, about three weeks previously, she was leaning against the gate-post at the entrance of the yard in which her husband's photographic "saloon" stood, talking with a neighbour, when a two-horse waggon turned into the gateway. The horses shied, and, instead of making the curve, the waggon came over the corner of the pavement, and my patient was jammed between the near fore-wheel and the gate-post, from which perilous position she was rescued by the prompt action of her friend, who dragged her clear of the wheel. Since the accident she had been under the care of an unqualified practitioner. The application of some "oils" had raised a huge superficial sore—fortunately, however, *not* over the most prominent seat of injury, but doubtless adding in a great measure to the condition of prostration from pain and insomnia in which I found the patient. Careful inquiry elicited the fact that the bladder and rectal functions were normal, so I prescribed a draught containing bromide of potassium and chloral hydrate, promising to make a more systematic examination of the swelling on the following day.

This I did, and, on the principle of exclusion, made up my mind that I had to deal with one of three things—(a) malignant tumour,¹ (b) gluteal abscess, or (c) hæmatoma (unabsorbed). The size and period of growth negatived the

first, in addition to which I thought I could detect obscure fluctuation. A subnormal temperature contra-indicated the second alternative, so I made the diagnosis that there had been fracture of the gluteal muscles with deep-seated hæmorrhage. An exploratory puncture with a fine trocar and cannula, placed the matter beyond a doubt, several drops of serous fluid with flakes of fibrin oozing through the cannula. On Sept. 7th, after cleansing the parts with a 1 in 2000 solution of corrosive sublimate (the discharge from the sore referred to smelling badly), I plunged a hollow needle attached to a Potain's aspirator into the most dependent part of the swelling, and drew off a quantity of blood-stained serum (17½ oz., carefully measured) with flakes of fibrin in suspension. There was so little apparent diminution in the size of the tumour, that I felt convinced that all the fluid had not been evacuated, and reluctantly withdrew the needle, only to find it, as I had anticipated, plugged with fibrin. The patient expressed herself as much relieved, but in the course of a few days, the dull aching pain having returned, I aspirated a second time, using on this occasion a good-sized trocar and cannula, and removing 14½ oz. of fluid. Rapid resolution followed, and then the condition of the injured parts was plainly shown. Running downwards and inwards from the back of the great trochanter was a nodulated ridge, the contracted tendinous fibres of the gluteus maximus, which had been torn through close to its insertion, while the belly of the muscle hung as a flabby useless mass, giving an asymmetrical appearance to the buttocks. The patient made a rapid and complete recovery, with the exception that on flexing the trunk beyond a certain angle (as on stooping to pick up anything from the floor) she was unable to regain the erect posture without the aid of extraneous objects, such as a chair or table leg; and failing these she adopted much the same tactics seen in children suffering from pseudo-hypertrophic paralysis, by climbing up her own thighs.

I saw Mrs. M— in July last, ten months after the accident, and found her in good health, but complaining that "the place ached a good deal in wet weather." Her daughter informed me that they sometimes had to help her up when she stooped, and if more fatigued than usual she could not get upstairs to bed without assistance. The patient allowed me to inspect the parts, and I found that the asymmetry persisted in a marked degree, a deep furrow indicating the line of fracture of the muscle.

Leicester.

A CASE ILLUSTRATING THE NEED OF CAUTION IN THE USE OF SALICYLIC ACID.

By W. T. FREEMAN, L.R.C.P. Lond., M.R.C.S.,

IN connexion with the annotation in THE LANCET of Oct. 2nd on salicylic acid ("salicylated beer") the following notes should prove interesting.

A short time ago I was attending an old lady of fifty-nine years of age. My attendance to the time of her death extended over a period of three weeks, but she had been attended for a few weeks previously elsewhere by another medical man. Her symptoms ran as follows: A great feeling of malaise, of depression of spirits, with always more or less of a slight headache; tongue coated with brownish fur, especially at the back; sallow skin; stools clay-coloured; bowels opened freely every day; pulse during the whole of the three weeks full, and beating at the rate of from 105 to 110 per minute; never any rise of temperature; specific gravity of urine about 1020, acid, with distinct trace of phosphates, but no albumen or sugar. She was restless at times at night, even to the extent of getting out of bed aimlessly. I diagnosed the case as an obscure one, but expressed my opinion that she was suffering from congestion of the liver, and probably also from some congestion of the brain. The patient was generally of a feeble habit. On the twentieth day of my attendance, although she showed no alarming symptoms whatever, and as she became but slowly better, I suggested a consultation. She had improved, however, in these respects—the motions had become of an almost natural colour, and the headache was better; the rest of the symptoms were unchanged. The treatment to that day had been attending to the bowels, regulating diet, and keeping the patient quiet, whilst medicinally she had been taking a simple effervescing

¹ I have twice seen a sarcoma result from a hæmatoma following an injury, and have long regarded this as one of the "ultimate destinies" of blood-clot.