When the apparatus is in use as a respirator only, the medicament box is replaced by a short length of plain tubing. The temperature of the air inhaled will of course depend upon the length and calibre of the tubing and the temperature of the air-supply. With an air-temperature of 57° F. and twelve feet of a quarter of an inch tubing an elevation to 80° may be procured, the average result of my experiments being that a minimum rise of from 15° to 20° may be depended upon at all seasons for purposes of outdoor respiration; whilst for inhalation in-doors the temperature in the medicament box may be always maintained at or near 80°, sufficient for the vapourisation of carbolic acid, most of the terebinthinae, and other medicaments in common use. By the extension of the free afferent extremity the closeness of the sick chamber may be readily counteracted by allowing the tubing to communicate with the outer atmosphere through a small hole in the window-frame. The ever-present difficulty of inducing patients to encumber themselves with inhalation apparatus is in this case much lessened, inasmuch as free locomotion is in no way interfered with, and the changes of temperature experienced in passing from room to room, or in travelling to warmer climes, effectually counteracted.

By the use of the above-described inhalation respirator I trust that the business man may be able to proceed from his home to the scene of his daily avocations without encountering any material change of temperature in the air inspired, and whilst performing the duties of his office to resume or discontinue almost instantaneously the treatment prescribed by his medical adviser. As an inhaler I would claim that it is ever ready and portable, whilst as a respirator it affords absolute immunity from the dangers of changes of temperature, enabling a patient in the highest part of the Eugadine to inspire the pure mountain air without the inconvenience so frequently experienced from its low temperature. I have confirmed the construction of the apparatus to the well-known firm of Messrs. Maw, Son, and Thompson.

Ospedaletti, Italy.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

ST. THOMAS'S HOSPITAL.

FOREIGN BODY IN THE AIR PASSAGES; BRONCHO-PNEUMONIA; REMOVAL OF BODY BY TRACHEOTOMY;
RECOVERY.

(Under the care of Dr. BRISTOWE and Mr. SYDNEY JONES.)

FOR the report of the following case we are indebted to Mr. W. H. Battle, surgical registrar.

R. B.—, a girl aged three years and nine months, was admitted on Oct. 20th, and left cured on Nov. 21st, 1883. On Oct. 12th the child was playing in the garden, when her mother heard her scream. The child ran towards the house, and said that she had swallowed a stone. She coughed violently at frequent intervals, and was taken to a medical man, who gave an emetic and recommended tracheotomy. She was brought to the hospital, but, as she appeared better, the mother took her away again. From that time the child suffered from cough and shortness of breath; the cough, which was said to have been accompanied at times by a peculiar rattling in the throat, had been worse for the last two days.

When she was admitted under the care of Dr. Bristowe, the following was her condition:—"Fair, rather delicate-looking child, with flushed face, and quick, but not distressful breathing; loud rhonchus and sibilus throughout both lungs, with loose râles at both bases. There was no distinct evidence of any obstruction of either bronchus. It was thought that the breath-sounds on the whole were more feeble on the right than on the left side, and that the respiratory movements on this side were less ample than were those on the other. No one portion seemed more affected than the rest of the lung. The tracheal sounds

were very noisy, but in no way hissing, nor was there any working of the *alæ nasi*. The child had occasionally fits of something between hiccough and vomiting, and at the same time became blue and anxious. Temperature 101·8°; pulse 190, of fair strength; respiration 52, regular, and fairly full; urine, sp. gr. 1030, no albumen. She was ordered eight minims of ipecacuanha wine, half a minim of tincture of opium, and two drachms of caraway water every three hours.

Oct. 21st: Both lungs were affected in much the same degree, but the right did not seem to move quite as much as the left.—23rd: Crepitation over both lungs, crepitation at left base very loud and noisy; had a somewhat severe fit of coughing in the morning; was restless and fretful. Mr. Sydney Jones saw the child in consultation in the afternoon, and it was determined that tracheotomy should be performed. The child seemed to be in a good deal of distress, and was anxious-looking. Mr. Sydney Jones accordingly opened the trachea, dividing two or three rings below the cricoid cartilage, and found a stone lying loose on the posterior wall, immediately beneath the incision. This measured five-eighths of an inch in length and was a little over two-fifths of an inch in width, the ends being rounded. Chloroform was administered; there was very little hæmorrhage, and easily arrested. Sutures were inserted through the skin, and the edges brought together over half a split drainage-tube. The wound was dressed with carbolic oil and iodoform gauze. Steam was freely diffused in the apartment by means of a bronchitis kettle. In the evening the child had lost its dyspnœa, but still suffered from frequent loose cough, which had, however, lost its choking character. She had lost the anxious look.—24th: The drainage-tube, which had slipped out during the night, was replaced, air coming through the wound when any accumulation of mucus took place in the larynx. Warm-water dressing was substituted for oil. Slight dulness at both bases, and general loose râles in lungs. Respiration 36; pulse 128; temperature 98·6°. At night the temperature was 100°; pulse 140; respiration 40. Air entered the right lung more freely, quite as well as left.—25th: Dulness over right lung posteriorly, extending up to angle of scapula, with tubular breathing, the latter also heard over the right base in front. Cough troublesome; the temperature varied from 98·8° to 100·4°, the former at midnight, when the pulse and respiration were as on the evening of the 24th.—26th: The child seemed rather better. Stitches removed, and replaced by strapping across the upper part of the wound. Warm sponges placed over the wound. Highest temperature, 100·6°.—27th: Average temperature 100·4°. Evening: Pulse 148, respiration 32.—28th: Temperature varied from 98·8° at 4 P.M. to 101·6° at 4 A.M.—29th: Improving. Temperature varied from 98·2° at midnight to 99·8° at 4 A.M. Evening: Pulse 80, respiration 30; less crepitation in the left lung, loose crepitation at base of the right lung, and little crepitation in front of the left.—30th: Less cough and less difficulty of breathing. The wound closing slowly by granulation; less discharge, but strapping required to keep the edges together; wound gaping.

Nov. 3rd.—Still dulness anteriorly at base of the right lung; general slight bronchitic sounds in each lung, but otherwise they appear normal. There is little air passed through the opening.—10th: The air now passed through the wound.—16th: Wound closed. From this date the improvement was more rapid, and she left cured. On the 2nd, 4th, and 5th the temperature reached respectively 100·8°, 100·6°, 100·2°, but this at irregular times; after that it was normal.]

BRADFORD INFIRMARY.

A FORM OF LOSS OF MEMORY OCCASIONALLY FOLLOWING
CRANIAL INJURIES.

THE following notes, for which we are indebted to Mr. W. J. Spence, house-surgeon, refer to two cases similar in character to those described by Dr. Crichton Browne in a public lecture delivered in Bradford some three or four years ago, and also to those related by Dr. Joseph Bell in the *Edinburgh Medical Journal* of last year.

(Under the care of Mr. SPENCE.)

On Dec. 28th, 1882, an intelligent boy, aged twelve, was admitted to the Bradford Infirmary, under Mr. Spence, suffering from concussion of the brain. He was one of the unfortunate persons picked out from amongst the débris at the Newlands Mill chimney disaster. The accident occurred about 8 15 A.M., and the lad was brought to the infirmary

some two hours later in a state of complete unconsciousness. There was no external injury, with the exception of an unimportant laceration of the right leg. For five days he lay rolled up like a ball, unconscious of everything. On the fifth day he spoke for the first time, and after this gradually came to himself. He was discharged completely cured shortly afterwards. This patient remembers nothing of the accident, not even going to work the same morning. The last thing remembered was going to a circus on the previous afternoon in company with another boy. They set out from home with the intention of going to an entertainment at the Mechanics' Institute; but it was so crowded that they were unable to obtain admission, and went to the former place instead. He remembered nothing of the performance at the circus, and nothing afterwards; from entering the place of amusement to the time of regaining consciousness his memory was a complete blank.

(Under the care of Dr. RABAGLIATI.)

The second case is that of a fairly intelligent boy, aged fourteen, admitted under Dr. Rabagliati. He had fallen from a viaduct in course of construction in the neighbourhood, and was brought to the infirmary some hours afterwards in an unconscious condition. For three weeks he lay like a log, but about this time he showed signs of coming to. At first he was very foolish—would get out of bed and lie upon the floor until removed by the nurse, throw his plate away, &c. He had ptosis of the right eyelid and slight loss of power in the arm of the same side. He recovered completely, with the exception of some slight ptosis, which still remained. Like the other case, there is a blank in the boy's memory. The last thing he remembers before the accident is saying his prayers the night before. He cannot recollect what he did or saw between this act and the accident next morning. His memory up to this blank period was excellent.

Notes by Mr. W. J. SPENCE.—The following case has been related to me by Dr. Rabagliati. A young lady, very intelligent, a teacher in an institution, went out for a drive with a lady friend. They drove into the country for several miles, and stopped at a roadside inn to give the horse a drink. To enable the horse to get at the water better the blinkers were removed. Just at this moment something frightened the animal, and it bolted with the carriage containing the young lady (the friend had previously alighted). It had not gone far when the carriage came into collision with a wall, and the young lady was thrown violently to the ground. She was picked up in an unconscious condition, and removed to her home, where she was attended by Dr. Rabagliati. There was a scalp wound, and some severe contusions, but no fracture could be detected. She remained unconscious for some hours, and in a semi-unconscious condition for ten days afterwards, but in the end made a complete recovery. In this case also there was a total loss of memory for two or three hours before the accident. The patient remembers putting on her bonnet before starting, but going downstairs, entering the carriage, and the journey are all forgotten. Her memory for events up to this time was accurate.

NEWCASTLE-ON-TYNE INFIRMARY.

ATRESIA VAGINÆ; SUCCESSFUL OPERATION.

(Under the care of Dr. OLIVER and Mr. PAGE.)

JANE R—, aged seventeen years, was admitted in July, 1882, complaining of pain and swelling in the abdomen. Till a year before admission she was healthy. At this time she suffered from cramp-like pains in the abdomen; pains which have recurred regularly every month, attended by fulness in the breasts and associated with sickness. She had never seen any menstrual discharge. On examining the abdomen there was found in its lowest third a pyriform semi-fluctuant mass, dull on percussion and not painful on pressure, which reached to the umbilicus. It had been getting gradually larger, the increase in size being specially noted at the periods of pain and vomiting. The vaginal orifice was occluded. At the apex of either lung there were heard moist crackling râles.

Operation by Mr. PAGE.—Upon cutting through the tissue entirely occupying the space between the urethra and the perineum, about an ounce of thick dark fluid escaped, and the end of the finger passed into a cul-de-sac. The onward progress of the finger was arrested by a firm diaphragm; and, upon this being exposed, it was seen to be perforated in two

places. The upper and larger opening admitted a probe for about half an inch only. The lower allowed a probe to pass into a considerable cavity; and through this smaller hole a thin bloody fluid issued slowly. Dissection was made through the diaphragm, and immediately beyond it the tip of the finger impinged upon, but could not be made to enter, the os uteri. No flow followed; and, as the size of the abdominal swelling was not reduced, the os was incised so as to admit the finger into the uterus, when about eight ounces of a material closely resembling meconium escaped, and the abdominal swelling subsided slightly.

Acute metritis with some peritonitis followed the operation, and for some weeks the girl's life was in danger, owing to the presence of abdominal pain, continuous vomiting, high temperature, &c. Ultimately she recovered, and left the infirmary. Menstruation never appeared. The patient died of phthisis nineteen months after the operation.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Myxœdema.

A MEETING of this Society was held on the 8th instant, Dr. George Johnson, President, in the chair. Addresses of condolence with Her Majesty and the Duchess of Albany were passed by the Council and announced to the Fellows by the President. Drs. S. H. C. Martin, Marmaduke Sheld, Wayland Chaffey, and Heneage Gibbes, and Messrs. George Lawson, Bowreman Jessett, John Protheroe, Whitehead Reid, Dennis Dallaway, and Alex. Anderson were elected Fellows.

Dr. JOHN HARLEY read a paper on the Pathology of Myxœdema as illustrated by a Typical Case which was under his care at St. Thomas's Hospital for nearly seven years. The post-mortem examination revealed extensive adhesions and thickening of the pleuræ with fibrous degeneration of one lung, also traces of general peritoneal inflammation, the result of a severe illness after the birth of the patient's last child, ten years before her death. The thoracic ganglia were deeply implicated in the adherent and degenerated pleuræ, and on the left side the ganglia could not be satisfactorily distinguished. Apart from these morbid changes two main facts were obvious. First, the quantity of blood was small; although the heart was contracted and empty, and one lung degenerated and much less vascular than the normal organ, there was no noticeable fulness either of the superficial veins during life or of the great internal veins after death. Secondly, all the tissues were abnormally firm and tough; there was a general increase of connective tissue throughout the body. The amount of mucin contained in the more important tissues and organs was determined. The author is not aware that the proportions of mucin and the other constituents of healthy tissues of various ages have been ascertained, and he has therefore determined this question in respect of another patient, a woman, aged twenty-four, who died of mitral disease. On comparing the analyses in the two cases it appears that the quantity of mucin was nearly doubled in the myxœdemic case. The author, however, hesitates to conclude from such scanty evidence that the mucin was in excess of the normal amount. But he thinks that the question of an increase of mucin sinks into insignificance in face of the unmistakably great increase of connective or fibrous tissue, and to which the increase of mucin, if this should be hereafter demonstrated, may be regarded as secondary. The cerebro-spinal nervous system is evidently very slightly affected, but the sympathetic is in many cases more deeply involved. He referred to a case of so-called "simple atrophic sclerema," but really of fibrous degeneration of the lungs and thoracic sympathetic, published in the fiftieth volume of the Transactions of the Royal Medical and Chirurgical Society, as illustrating this view. The myxœdemic and scleremic conditions in these patients were merely the consequence of severe internal inflammation, experienced years before, and affecting, *inter alia*, the pleuræ and peritoneum, and the sympathetic ganglia adjacent to these membranes. In the two cases referred to, fibrous degeneration of the lung was a notable factor in the disease, but it is of course conceivable that myxœdema,