of pneumonia. It was my fortune during the early months of last year, as a practising physician in the United States, to meet with many cases of this disease, occurring chiefly in adults and men of middle age. It is needless to say that several of these cases were attended by symptoms of extreme danger. These symptoms in the cases observed were due directly to the deficient aeration of the blood. They were marked by difficulty of breathing, together with weakness of the heart's action. The faulty aeration is recognised almost at its onset by the livid hue of the lips, of the ears, and the finger nails. This condition is well known to every physician, and, as it is the token of immediate danger to the patient, it is important that the best measures be taken to overcome, if possible, the difficulty. In pneumonic cases in young and old, presenting symptoms of deficient blood aeration, the inhalation of oxygen gas has, in my hands, proved to be a remedy of remarkable power. Under its use the lips recover their redness, the breathing becomes easy, and the toneless heart is strengthened in its action.

As to the method of using the gas, a few words may be added. A supply of pure oxygen gas can be easily obtained from the laboratory of a chemist. It is collected in a receiver, and can be conveyed a considerable distance without loss of gas. In the immediate use it is better to fill a rubber bag from the tank than to give the gas directly to the patient. The rubber bag should have a capacity of one or two gallons, and be provided with a stopcock at one end. To this a short rubber tube ending in a mouth-piece can be readily attached. The mouth-piece is applied over the mouth of the patient, the valve of the bag is turned, and the whole or any portion of the gas in the bag can be inhaled at a single dose. As the gas is heavier than air, its escape from the bag will be facilitated by holding this above the level of the mouth, and slight pressure upon the bag will still further assist in the inhalation. From half a gallon to a gallon of gas can be given every half hour with perfect safety, and with great relief to the sufferer's symptoms. I have continued such doses for four days and nights, with the most satisfactory results. Life has certainly been saved in many cases when it has seemed that death was inevitable. When cardiac weakness is urgent, an excellent and safe tonic is found in sulphate of strychnia, which may be given in doses of one-eightieth of a grain every four or six hours, until a decided change in the condition of the pulse is manifest. When this occurs the strychnia is omitted, but may be of use again in a day or two if the pulse should fail. The relief in desperate cases, where asphyxia is threatened, is so marked that it is astonishing physicians have not more generally used this simple remedy. The use of oxygen gas imposes a great deal of labour on physicians and nurses. With a little training, however, the nurse soon learns to give the oxygen, thereby relieving the physician. Two nurses should be employed—one for the day and one for the night.

Paris.

A CASE OF ACUTE INTESTINAL OBSTRUCTION FROM IMPACTED GALL-STONE, IN A PATIENT AGED SEVENTY-SEVEN; RECOVERY.

BY CHARLES H. MILES, L.R.C.P. LOND., &C.

MRS. B—, aged seventy-seven, was taken ill on March 4th with severe pain in the right iliac region, just over the cæcum. After the pain had persisted with more or less severity for upwards of two hours vomiting commenced. The vomiting at first consisted of bile, but rapidly became stercoraceous; everything taken, even the smallest quantity of fluid, was immediately rejected. On seeing the patient two days after the commencement of her illness, I found her in a state of extreme collapse, with feeble fluttering pulse, dry brown tongue, and complaining of great thirst. On inquiry I found that the bowels had not been moved for some days, nor had any flatus been passed per anum. On examining the abdomen, I found it moderately distended with flatus and tympanitic, with extreme tenderness in the right iliac fossa; there was also a soft, ill-defined swelling in the left iliac fossa. I diagnosed the case as one of intestinal obstruction, and from the history, symptoms, sex, and age of the patient, together with the result of my examination, I thought possibly the obstruction might result from hardened feces or impacted gall-stone

I therefore carefully manipulated the abdomen, which the patient afterwards said gave her great relief and seemed to move something, and the severity of the symptoms diminished soon afterwards. I ordered hot fomentations to be applied to the abdomen, gave opium internally, which she now kept down, and soon after an enema was given, which brought away a quantity of hardened feces, amongst which was a single large gall-stone; in colour and shape it resembled an early potato, measuring $1\frac{3}{4}$ in. in its longest diameter by $1\frac{1}{8}$ in. in its shortest diameter; its circumference measured 3 in., and its weight was just half an ounce, and adherent to its surface was a portion of mucous membrane, the size of a shilling, covered with recent blood. After the bowels had been relieved, the patient rallied, and the sickness and pain ceased. She was given a little beef-tea and brandy, and the opium continued internally. For nearly a fortnight she was kept exclusively on a liquid diet, consisting chiefly of beef-tea, arrowroot, raw egg, brandy, with opium internally. She suffered very much at first from diarrhoea and extreme prostration, but ultimately made an excellent recovery, and is now quite comfortable.

Such a large stone must of necessity have ulcerated through from the gall-bladder into the duodenum. It seems strange therefore that such a thing should take place without giving rise to pain or spasm in the epigastric and right hypochondriac region, or to a certain amount of jaundice, neither of which symptoms occurred previously to the onset of the acute illness. The first symptom was probably caused by the stone becoming impacted in the lower end of the ileum. Manipulating the abdomen must have moved it on into the colon, and so gave rise to the amount of relief experienced directly afterwards by the patient.

Stantonbury.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

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

LONDON HOSPITAL.

UNILOCULAR ABDOMINAL CYST OF LARGE SIZE,
APPARENTLY OVARIAN; LAPAROTOMY; CURE.

(Under the care of Mr. RIVINGTON.)

IN the following case the removal of a large abdominal cyst was performed during the early stage of pregnancy, and the operation was followed by abortion five weeks later; but there was a special reason for the expulsion of the uterine contents in the suppuration about the uterus and in the lower abdomen which followed the removal of a very adherent tumour. Several cases of removal of ovarian tumours during pregnancy without any unfavourable result are on record. Stratz,¹ from a study of nineteen cases of pregnancy complicated by ovarian tumours, in fourteen of which ovariectomy was done, came to the conclusion that if this operation is necessary the prognosis is not rendered unfavourable by the fact of gestation. Mundé² is of opinion also that, as a rule, the prospect as regards continuance of gestation is favourable when the operation has been performed in the early months of pregnancy. We refer our readers to Mr. Rivington's remarks.

Eliza B—, twenty-seven, married, was admitted into the London Hospital on Aug. 20th, 1889. She had not been well since her last child was born, fifteen months previously. She was regular up to three months ago, when menstruation ceased. Every few days she suffered from pain in her left side. The pain became very severe a week before admission, and she was very sick. Her abdomen was distended. There was absolute dullness over the tumour in front as far down as the pubes, and it did not alter its position when the patient was turned to one side or made to sit up, whilst there was resonance above and in the flanks. A firm elastic mass could be felt per rectum behind the cervix. The

¹ Sajous, 1888, vol. iv., p. 174.

² Ibid., 1889, vol. ii., f. 30.