the whole cervical region, extending to the upper part of the chest; considerable dyspnoea and no croupous cough. The case was at once admitted into the hospital and placed under the supervision of Mr. Croft. An attempt was made to examine the fauces for false membrane, but it was impossible to inspect the throat owing to the swelling. A hot bath was given, and ipecacuanha wine, which induced vomiting. Relief was afforded by this treatment, but at midnight, on account of the increased dyspnoea with lividity, Mr. Potter performed tracheotomy under chloroform. The trachea was easily reached, opened by the usual vertical incision, and a silver tube was introduced. Artificial respiration was employed for several minutes. The child was placed in a tent, and steam was diffused in the atmosphere. The mother had suckled her infant throughout.

After the operation the child coughed up several small pieces of cartilage—probably from the rings of the trachea; the swelling and inflammation of the neck subsided, and an india-rubber tube was inserted, and the child did well.

WESTMINSTER HOSPITAL.

GALACTOCELE; INCISION; CURE.

(Under the care of Mr. PEARCE GOULD.)

MRS. T—, aged eighteen, first came under Mr. Gould's care in the out-patient room on Aug. 19th, 1878. She was a robust, healthy-looking young woman, who stated that two years before she struck her right breast against a chair, and three months afterwards noticed a small lump in the breast close to the nipple. She had been married fifteen months, and was confined of her first child in February. "Just a little milk came" in the right breast, but not enough to enable her to suckle with it. There was no pain in it, but as it felt different from the other, and did not secrete milk, she sought advice.

The left breast was well developed, with a good nipple, and secreted freely. The right gland was almost the same size as the left, but was almost completely occupied by a tense, rounded, fluctuating swelling, a little involuted mammary tissue being felt at the lower part; the nipple was flattened out by the swelling; the skin was not reddened, and there was no enlargement of the axillary glands. She was seen again on Aug. 23rd, when the swelling was distinctly larger and "pointing," the contained milk being visible as a white spot in the centre of a red area. A small incision, radiating from the nipple, evacuated about half a pint of creamy fluid, and the sac completely collapsed; a horsehair drain was inserted, and the breast supported by a bandage of cotton-wool. A thick, milky discharge continued to flow from the wound for several weeks, and then gradually became thinner and less, and finally ceased in March, 1879. Extract of belladonna was applied over the breast at first, and later on pressure was employed. The fluid was examined microscopically, and found to be a clear liquid containing colostrum corpuscles, oil globules, and fine granules.

Remarks.—Lacteal cysts are not common. The history and appearance of this case left no room for doubt as to its nature. These cysts have been stated to arise from dilatation of the sinuses or large ducts, or from rupture of a duct and extravasation of milk, in which case they have been found to increase "rapidly and distinctly every time the infant sucks." Here this feature was not noticed, and the history of a previous injury and inability to suckle with the breast render it probable that there was obstruction to one, or perhaps more, of the lacteal ducts. Out of seventeen cases of galactocoele recorded by Gross there had been a previous blow in two. It has been stated that such cysts never burst; this one "pointed" most distinctly, and at least threatened to burst.

FULHAM SMALL-POX HOSPITAL.

TWO FATAL CASES OF HÆMORRHAGIC VARIOLA;
NECROPSIES.

(Under the care of Mr. R. D. R. SWEETING.)

CASE 1.—Elijah B—, aged twenty-one, a compositor, was admitted on September 18th, at 3.30 P.M. He was then in a weak and exhausted state. He was rational, and stated that he had been attacked with headache and vomiting on Sept. 9th, which ceased on the appearance of the eruption on

Sept. 11th. His case was at first pronounced to be "blood-poisoning;" hence the delay in admission.

On examination the surface of the body was found to be covered with a deep-seated confluent eruption, pale and vesicular over the face, but consisting of dark hæmorrhagic pocks over the shoulders, trunk, and extremities. In the latter parts the eruption ran in patches, more or less symmetrical. The tongue was dry and brownish-black; the lips and fauces were black. The conjunctivæ of both eyes were extremely injected. The hands and lips were tremulous; the pulse was soft, highly compressible, 120. Temperature on admission, 103°. During the evening the patient vomited blood several times, which was almost black in colour. Urine also deeply tinged with blood.

On the following morning he was still conscious; answered questions rationally; had slept fairly well. Temperature 101°. There was harsh breathing, especially at the back; deep percussion was impossible. In the evening he was observed to be much more prostrate; pulse 120, feeble and flickering, temperature 103°, respiration hurried, 46. He gradually sank, in spite of stimulating treatment, and died Sept. 20th, at 4.30 A.M.

Necropsy, thirty-two hours after death.—Body badly nourished, covered with petechiæ and pocks, most abundant on inner and back aspect of arms. The left lung was emphysematous at the edges, the right was emphysematous anteriorly, and presented areas of basic consolidation. The right side of the heart was empty and flaccid, the left side semi-contracted; the valves were normal. The liver was large (weight sixty-eight ounces), and presented greenish-blue discolorations at edges. Spleen normal in size, but engorged. Stomach intensely congested, and presenting numerous small hæmorrhages in the mucous membrane, and large rugæ extending through its length. Kidneys: Pelves of both organs the sites of extensive hæmorrhages, being blocked up with dark clots. Ureters: Mucous membrane dark purple in colour, most marked at the upper and lower thirds, the middle portion being fairly normal. Bladder: Mucous membrane slightly congested, presenting a purple arborescent appearance in several parts.

CASE 2.—Grace D—, aged twenty-six, a domestic servant, was admitted Sept. 27th, at 5 P.M. She stated that she had been seized with shivering and headache on Sept. 20th, and felt languid and "out of sorts." On Sept. 24th the eruption appeared, being noticed first on the hands, and on the morning of admission she suffered from vomiting and diarrhoea.

On examination she was found to be the subject of an extensive and varying eruption. Numerous red raised and rough papules were noticed on the arms, wrists, and soles of feet, but none on face or forehead. The regions of these papules were red, indurated, and hot. Besides these there were several reddish-blue spots on forehead, and similar large symmetrical patches covering both sides of lower half of abdomen, and extending down to groins and upper third of thighs. There were also a few dark-purple spots on anterior aspect of legs. This rash was at first thought to be purpura, but from the analogy of the further development of the eruption in other parts, and the fact that it was exceedingly sparse on the legs, the usual site of purpura, the idea was dismissed.

During the evening the patient retched a great deal and vomited once, the egesta being dark and viscid. Temperature 104°; pulse 120. Port wine (four ounces) and iced soda-water and milk ordered.

On the following day the tongue was moist and dark, and there were small blebs of serum on the lips. Pulse quick, soft, and compressible, 120; temperature 102.6°. There had been some slight vaginal hæmorrhage, which patient ascribed to the premature appearance of the menses. There was still occasional retching. Evening temperature 104°. Five-grain doses of sulphate of quinine were ordered.

On the 29th the temperature in the morning was 101°; pulse 110. The vaginal hæmorrhage continued, and was more copious. Some hæmaturia was also noticed. The urine was albuminous (one-sixth). Fifteen grains of gallic acid were given every four hours.

The papules on the arms and wrists were becoming hæmorrhagic pocks. A few pocks filled with dark blood were also visible on the forehead and shoulders. The symmetrical patches on the abdomen and thighs remained the same. Evening temperature 100°; pulse 100. Patient felt sick, but had not vomited. As the hæmorrhage continued, the vagina and uterus were well syringed, first, with luke.

warm water, and then with a warm solution of perchloride of iron. The woman became restless and sleepless at midnight. A scruple of chloral hydrate was given. She slept four hours after the draught of chloral, but next morning seemed greatly prostrated and inclined to coma, and swallowing was difficult. The vaginal hæmorrhage had ceased, but there was still slight hæmaturia. The eruption on the forehead now consisted of a large blended extravasation rather than a collection of pocks, and the papules at first observed on the arms and wrists had all become vesicles, containing blood of a colour almost black. The patches on the abdomen and thighs remained as such, being, however, darker, as also were the few spots on the legs. Temperature 99°; pulse 100, very soft. A pint of champagne was given with the hope of rousing the patient, but she rapidly succumbed, and died at 6.30 P.M.

Necropsy forty-six hours after death.—Body well nourished; surface discoloured, and presenting numerous hæmorrhagic pocks and petechiæ, the latter abundant over abdomen. The edges and upper lobes of both lungs were emphysematous, the lower lobes engorged with blood; no consolidation. The pericardial sac contained half an ounce of bloody serum. The heart-substance was pale in colour; valves healthy; the right cavities were flaccid and empty; the left side was semi-contracted, and contained soft diffluent clot. The spleen was soft and congested; liver normal; stomach greatly dilated; mucous membrane congested; lower part and pyloric region intersected with thick and wavy rugæ. The pelves of both kidneys occupied by large extravasations, consisting of firm dark clots; exterior and cortex of each greatly congested; capsules readily separable, and presenting hæmorrhages in their substance. The commencement of each ureter was blocked up for an inch with a large firm thrombus, greatly increasing the lumen of the tube; the upper half of the mucous membrane of ureter was congested. In addition, there was observed laceration and partial rupture of kidney-substance at the lower part of the hilum below the ureter, with accompanying extravasation into the tissues around the organ. The bladder presented points of congested mucous membrane most marked at the neck. Mucous membrane of the vagina was of a dark purple colour. The cavity of the uterus was occupied by a reddish-brown clot; mucous membrane of fundus presented several points of hæmorrhage. The left ovary was deeply congested; right also congested and filled with corpora lutea; ovarian veins were distended and prominent. The broad ligament and mucous membrane of Fallopian tubes were of a port-wine colour.

Remarks.—Neither of the above patients possessed thoroughly protective vaccination marks, those of Case 1 being "third class," and those of Case 2 "second class." In order to explain this terminology, which is in use under the Metropolitan Asylums Board, "third class" will be held to comprise those cases in which there are one or several cicatrices, making up less than a third of a square inch of badly-foveated surface, or of surface without foveation; and "second class" will include cases in which is found less than a third of a square inch of well-foveated surface, or one-third of a square inch of badly-foveated surface. Thus, the cicatrices in Case 2 were noted as being large, but *puckered* and not truly foveated.

GENERAL INFIRMARY, LEEDS.

CASE OF APHASIA FOLLOWING INJURY TO THE HEAD.

(Under the care of Mr. WHEELHOUSE.)

FOR the following notes we are indebted to Mr. W. H. Brown, house-surgeon.

W. D—, aged twenty-five, a groom, was admitted on October 29th, 1879. The history of the case being that whilst he was engaged in removing a stone from a horse's foot the horse struck out and kicked him on the left side of the head. On admission he was absolutely unconscious, the pulse was slow (56), and the pupils were contracted, and respiration about 24. There was a soft elastic swelling over the left parietal bone just in front of the ear, and through this swelling the bone appeared to be depressed. There was also considerable effusion beneath the frontal portion of the occipito-frontalis muscle. About one hour after admission he became very restless, but remained quiet on being ordered to do so. He then appeared to have regained possession of all his faculties save that of speech, for

he was able to move his arms and legs according to directions and to count figures which were held up to him by holding up a corresponding number on his own hand. About twelve hours after his admission he, for the first time, made an effort to speak, but only succeeded in uttering some incoherent sounds. All symptoms of compression now passed off. In this condition he continued for twenty-four hours, sleeping somewhat heavily at intervals, when suddenly, in answer to a question put to him, he answered "Yes," and to a query put to him as to pain, "No." From this time (thirty-six hours after the accident) he gradually improved, and was able to name objects (such as a watch, keys, &c.), which were shown to him, at first indistinctly, but becoming more correct after one or two attempts. Three weeks after the accident he could converse freely and had fully regained his power of speech. He stated that when he attempted to speak rapidly he at times got confused, but this confusion passed off if he paused for a minute or two.

Rest in bed, low diet, and free purgation was the only treatment.

Remarks.—There appear to be several points of interest in this case. First, its rarity. A similar case is mentioned in Bryant's Surgery, vol. i., page 211. In this case the aphasia lasted once two months, so that the injury was probably much more severe than in the present instance. Secondly, it shows that it is possible to have complete aphasia without any other paralysis. Thirdly, the rapid manner in which the symptoms passed off, leaving the patient practically well. Fourthly, as to prognosis. The case on admission appeared to be most grave, but the manner in which it terminated bears out the late Mr. Callender's opinion that injuries to the right side of the head are more rapidly and more surely fatal than are equal injuries on the left. The aphasia was in all probability due to a concussion of the third left frontal convolution, and may have consisted of minute hæmorrhages which rapidly became absorbed.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Artificial Respiration in New-born Children.

THE ordinary meeting of this Society was held on the 23rd inst., J. E. Erichsen, Esq., F.R.S., President, in the chair. The evening was occupied by the reading of a paper contributed by Dr. Champneys, detailing the results of comparative experiments upon methods of inducing artificial respiration in new-born children, and by the discussion arising out of the paper. Drs. Matthews Duncan, Roper, Powell, and Silvester took part in the debate.

The following is an abstract of the paper, entitled "On Artificial Respiration in New-born Children; the amount of ventilation secured by different methods: an experimental inquiry;" by FRANCIS HENRY CHAMPNEYS, M.B. Oxon., M.R.C.P. The number of bodies experimented on was twenty-six, of which twenty were utilised for this part of the subject; only such as had never breathed being used. Tracheotomy having been performed, a cannula was tied into the trachea, the cannula being connected by an india-rubber tube, with a V tube filled with water, which thus registered inspiration and expiration by the rise and fall of the water, the results in the same body only being compared, and the highest effect being the standard of comparison. The methods used were nine—viz., that of Marshall Hall, Howard, Silvester, Pacini, Bain, Schücking, Schüller, Schroeder, Schultze. The conclusions were the following:—(1) Since the position of equilibrium of a stillborn child's chest is one of absolute expiration, airlessness, or collapse, no method which depends on elastic recoil of the chest-walls will introduce air into its lungs. The methods of Marshall Hall and Howard are useless as means of directly ventilating the lungs of stillborn children. (2) Silvester's method, and its modifications by Pacini and Bain, introduce more air into the lungs than any other method.