can only claim a palliative and not a curative influence, they were cases which, from their nature and degree, no other result could be expected. In less advanced cases, where the kidneys are capable of recovery, better results may be hoped for, and, indeed, have been obtained.

Cavendish-square, W.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

REMARKABLE SUICIDE.

BY JOHN GRANT, M.B., C.M. EDIN.

At 8 A.M. on June 2nd I was called to see F. B—, a blacksmith, aged forty-eight. He was lying on his back in bed, dressed in a cotton shirt and flannel under-shirt, dead. He had come home the preceding evening at 6 P.M. partially intoxicated, having been drinking for two days. Of late he had been addicted to drink. He went to bed at once, but left his room in half an hour, coming downstairs. He was quarrelsome, but on persuasion returned to bed. At 11 P.M. his wife tried to rouse him, but, getting no answer, thought it best to let him alone. At 6 A.M. next morning she again tried, but failed. At 8 A.M. her son broke open the door, and found his father in a sitting posture with his back against it, preventing entrance. He did not go in, but ran for a police officer and medical man. The constable arrived first and forced open the door, finding the deceased as described. Round his neck was a common red cotton handkerchief twisted and tied to the door handle. He immediately cut him down and placed him in bed. On examination I found the body cold and rigid. Post-mortem lividity was well marked on the lower part of the back and legs. The pupils were equal, and moderately dilated. The jaws were firmly clenched and the lips blue, but the face as a whole was little altered, and there was no protrusion of the tongue or eyeballs. Round the front part of the neck immediately below the chin, extending upwards and backwards obliquely over the occiput, was a mark produced by the handkerchief; it was about an inch and a half broad, the skin being quite natural and pale; the texture of the cloth was clearly impressed, but there was no roughening or excoriation; at about an inch on either side of the middle line posteriorly the mark ceased. Turning the man on his face, I noticed the buttocks were flattened and white.

Remarks.—It is perhaps worthy of note that the post-mortem external appearances afforded some indication of the position in which death occurred. The presence of the lividity on the lower part of the back and legs, the flattened pale nates showed that the body had assumed a more or less vertical position, and the minute impress of the cloth on the anterior aspect of the throat pointed to its inclination forwards—in fact, indicated that the man had, so to speak, sat down and hanged himself. The handle of the door was only two feet nine inches from the floor. It is probable the deceased made a loop of his handkerchief, hitched it over the door handle, twisted it to fix it there, but leaving space to admit his head. He then sat down on the floor with his back to the door, put his head through the loop, and bent forward. The forward inclination of the body and the drooping of the head probably induced suffocation by pressure of the glottis against the back of the throat. One has only to try the position for a few seconds to become convinced of the congestion it causes in the head. The entire facts showed considerable method and determination on the part of the deceased.

Maidstone.

INSANITY FOLLOWING MUMPS.

BY R. PERCY SMITH, M.D., M.R.C.P.

INSANITY is well known to be associated with several of the infectious fevers as a complication or sequela, but I am not aware that cases following mumps have ever been recorded. Mumps is not mentioned in the ordinary textbooks on insanity under the heading of "Post-febrile

Insanity," and therefore the following cases have appeared to me to be worth recording.

CASE 1.—G. R. R. T—, a clerk, aged nineteen, was admitted to Bethlem Hospital on June 19th, 1888. He had enjoyed good health previously to this illness and had never suffered from insanity before, and there was no neurotic inheritance. A fortnight before admission he had suffered from mumps, there being other cases in the family and in the same village. His attack was associated with diarrhoea so severe as to be called "English cholera" by the doctor attending him. The patient was said to have been extremely exhausted and almost pulseless afterwards, and was described by his friends to have been "nearly gone." On recovering from this about five days before admission he became excited, sleepless, and rambling, and passed into a condition of acute mania, in which state he was admitted to hospital. There was no special feature about his insanity while in the hospital; he rather rapidly improved, and was discharged recovered in October last.

CASE 2.—This case occurred in a young medical man who had an attack of mumps complicated with severe orchitis, for which he was admitted to a general hospital, and as a result of which he became depressed and suspicious, thought he was guilty of imaginary crimes for which he dreaded punishment, and was suicidally inclined. He had a short attack of melancholia, which passed off with improvement in his physical health, and eventually he recovered perfectly without the necessity of being sent to an asylum.

It is worthy of note that in both cases there was a severe complication associated with the mumps, so that there was considerable physical exhaustion, this seeming to have more to do with the attack of insanity than and severe febrile process or metastasis.

Bethlem Royal Hospital.

NODULAR PERIOSTITIS IN CHILDREN'S RHEUMATISM AND HEART DISEASE.

BY ANGEL MONEY, M.D., F.R.C.P.

OF the occurrence of subcutaneous nodules we have many records enough and to spare. It is not so generally known that nodules are rheumatic manifestations in other tissues. Nodular pericarditis, pericarditis with fibrous nodules, nodular pleurisy, and nodular periostitis are, however, undoubted facts. I have notes of a few cases in which subcutaneous nodules were associated with nodules growing from the bone—exostoses—resembling subcutaneous nodules in every respect except that they are firmly fixed to the bone and cannot be dislodged. One case, a boy aged ten, died, and then I was able to prove post mortem that his olecranon had nodular exostoses growing therefrom. He had many nodules in the valves of the heart, chiefly the mitral valve. Rheumatism is a frequent producer of fibrous nodules, limited localised lumps of connective tissue; a nodular sclerosis, different from the nodules of tuberculosis and from the limited fibroid formations of syphilis, but nodules or limited fibrous formations all the same.

Harley-street, W.

CASE OF SUPRA-PUBIC OPERATION OF OPENING THE BLADDER FOR STONE.

BY CECIL A. CORKE, F.F.P.S., L.R.C.P., L.S.A.

W. B—, aged sixty-eight, consulted me about four years ago, when he suffered from chronic bronchitis, pain on micturition, and was passing gravel. About twelve months ago he passed some bloody urine, but this symptom has only appeared twice since. I sounded him for the first time in June, and discovered the presence of a stone; but from the symptoms then and in subsequent soundings I concluded that the stone was encysted, and from its position not easy to reach by the ordinary operation of lithotomy, so determined upon the supra-pubic operation.

On Wednesday, July 3rd, chloroform being administered by my coadjutor, Dr. Freeman, R.N., and in the presence of Dr. Sankey of Boreatton and Dr. Sandford of Baschurch, who kindly assisted me, I performed the operation, having first distended the rectum with an indiarubber ball of 10 oz. capacity. I injected ten to twelve ounces of boracic solution into the bladder, carefully dissecting and scratching my way