ST. GEORGE-IN-THE-EAST INFIRMARY.

CASE OF CHARBON; EXCISION; RECOVERY.

(Under the care of Mr. J. W. SANDERS.)

THIS is a typical example of charbon or malignant pustule, and is a short, complete account of a case of the disease and its treatment. It is interesting to look at the earlier history of the disease as known in this country. In 1862 Dr. Budd of Bristol read a paper on this subject, and gave a summary of nine cases which he had seen, and of seventeen which he had collected; he referred to the treatment by excision as practised abroad, and added that the disease was only mentioned in two of the medical works of the day. This statement, which was denied by some who quoted cases which had appeared in the medical papers of the time (some of them from St. Bartholomew's Hospital), is confirmed on examination, for they were probably malignant carbuncle with pyæmia; and by Mr. Marrant Baker, who, in 1884, published what he called the first case seen at that hospital. Much confusion has, however, arisen in the past from the use of the word "pustule." Bourgeois's work in 1863 on Malignant Pustule and Malignant Edema did much to advance a knowledge of the disease, and the investigations into the life history of the bacillus discovered by Pollender in 1852 carried us much further. Many things have been tried as local applications to the part, from walnut leaves to pure carbolic acid, applied after incision, and the actual cautery; but the method adopted in Mr. Sanders' case is the one generally acknowledged as the best—that is, free excision and the application of a powerful caustic; some using a strong solution of iodine, chloride of zinc paste, or pure carbolic acid, as an application to the raw surface.

A. M—, aged fifty, was admitted into the infirmary on Oct. 22nd, 1888, with the following history. He had been a free liver, and had worked on and off at the docks for years. Three weeks previously he was engaged in moving bales of wool, since which he had been engaged in ordinary labouring work. On the 19th (three days before admission) he noticed a pimple on his face; he scratched it and made it bleed. On the next day he noticed that it was black in the centre, and that it was swollen and surrounded by a red ring. Being much worse the next day, he applied for admission.

When seen the man presented the following symptoms. He appeared to be very ill; was trembling and could scarcely stand. Temperature 101.6°; pulse 110. On the left cheek was a black patch about three-quarters of an inch in diameter, dry and anæsthetic; surrounding this was a zone of imperfectly formed vesicles, which was again surrounded by a ring of red brawny cedema (three and a half by two inches); no sign of pus. He complained of no pain whatever; there was cedema of the eyelid and also of the submaxillary region, and the glands in this region could be felt to be enlarged.

The A.C.E. mixture having been administered by Mr. Pollard, the whole patch on the face was excised, the incisions being made through healthy skin. One small vessel was twisted, and the surface of the wound mopped with nitric acid. Dry dressing was applied. Bacteria were distinctly seen in the blood which was scraped from the surface of the excised mass.

On Oct. 24th the wound was dressed for the first time, the cedema of the eyelid had disappeared, that of the neck was much less, but the glands still felt enlarged; the wound looked healthy; iodoform and dry dressing were applied. Temperature 99°; pulse 80. From this point the patient never had a bad symptom; the wound continued to be dressed with iodoform and wood-wool; it granulated up and healed till very little scar remained. He was discharged on Nov. 17th, twenty-six days after admission, quite well.

BURTON-ON-TRENT INFIRMARY.

COMPOUND COMMINUTED FRACTURE OF THE SKULL,
WITH EXTENSIVE INJURY TO THE BRAIN;
OPERATION; RECOVERY.

(Under the care of Mr. MASON.)

WE have seldom recorded instances of fracture of the skull in which more extensive injury than was present in this case terminated in recovery. The success attained must be

largely attributed to careful antiseptic treatment. For the following notes we are indebted to Mr. M. W. Oldham, house surgeon.

J. C—, aged forty-three, signalman, was admitted on Oct. 18th, 1888, at 8.45 A.M., suffering from compound comminuted fracture of the skull. The man gave the following history. He left the signal-box at 7.10 A.M., and remembered two trains passing him. The atmosphere was very foggy, and he was walking in the six-foot way. He was picked up unconscious by some workmen, having been knocked down by another train, and they brought him to the infirmary. On the way he regained consciousness, and vomited once.

When admitted, the man was rather dazed, but not suffering much from shock. Pulse 72, full and compressible; pupils slightly dilated and reacting to light. There was a V-shaped lacerated wound of the scalp, commencing half an inch behind and an inch and a half above the right external auditory meatus, extending for about two inches and a half upwards and forwards. The skull was comminuted and driven into the brain. The brain was much lacerated, and portions of two convolutions were detached, lying at the edge of the wound. There was no paralysis or loss of sensation. Chloroform was administered, and after a few inspirations the breathing became stertorous, the pupils widely dilated, and he vomited. Eight pieces of bone were removed with the elevator and forceps, varying in size from a pea to a shilling. After removing the largest piece, which was embedded in the brain, the breathing became normal, and the pupils regained their natural size. The wound and surface of the brain were freely irrigated with carbolic lotion (1 in 40), much brain débris coming away; a good-sized drainage tube was introduced, and the edges of the wound brought together with eleven wire sutures, and dressed with iodoform and carbolic gauze. At 11.30 P.M. the temperature was 98.4° and the pulse 70. The patient had taken nothing but a few lumps of ice, and had vomited three times. Two minims of liquor morphiæ were given subcutaneously.

Oct. 19th.—Temperature 98.4°; pulse 72. Slept two hours last night. Vomited again this morning. Head dressed. There had been a good deal of serous and bloody discharge. Ice was ordered, and half a pint of milk to be taken during the twenty-four hours.

20th.—Temperature 99°; pulse 70. Temperature 99° in the evening. Ordered a pint of milk.

22nd.—Temperature 98.4°; pulse 64. Tube removed. Wound healing; dressed with wet boric lint.

25th.—Wound dressed; it has healed except where the drainage tube was taken from; all the sutures removed. To have three pints of milk.

27th.—Wound completely healed. Half a pint of beef-tea ordered.

After this the diet was gradually increased, he was not allowed to get out of bed for three weeks, and he left the infirmary a fortnight later, not having had a symptom beyond the slight attack of vomiting, and the temperature never rose above 99°.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Skeleton of a Dwarf; Adjourned Debate on Chronic Alcoholism.

AN ordinary meeting of the above Society was held on Dec. 18th, Mr. Marrant Baker, Vice-President, in the chair.

Mr. JONATHAN HUTCHINSON exhibited the Skeleton of a Short-limbed Dwarf, aged thirty-five, from the Norfolk and Norwich Museum, which he believed was unique so far as England was concerned. All the limbs were affected, but the cranium and trunk had developed normally. The clavicles, instead of articulating in the usual way, had a sliding joint on the upper aspect of the manubrium sterni. He showed photographs of the limbs and of the individual bones, and also copies of two skeletons in the Musée Dupuytren at Paris; one being a foetus which had died at birth, the other a short-limbed dwarf, a woman, who died, aged twenty-two, after Cæsarean section. All these specimens were labelled "rickets," but Mr. Hutchinson objected to this, as the usual signs of that condition were not present. In Mr. Cadge's