exfoliated bone being discharged from time to time from the scalp wound.

The value of large doses of opium in traumatic de-

lirium is exemplified in this case, and three useful lessons

may be drawn therefrom. First, to accept cum grano

sacris statements of bystanders, as to the weapon used

in the infliction of suicidal or homicidal wounds. Secondly,

never to neglect the minute examination of a scalp wound,

no matter how trifling; and thirdly, that no influenza

patient should be left alone, even though the temperature

be not higher than 101.5°F.

MULTIPLE PAPILLOMATOSIS OF THE VAGINA.

By A. G. Creagh, M.R.C.S.

Several instances of suicidal and homicidal impuisces

having been mentioned as occurring during the influenza
epidemic of the past year, I think the following extracts
from my case-book may be of interest to some of the readers
of The Lancet. On the evening of May 7th I was called to
a patient suffering from influenza of the pulmonary type,
prevalent at the time. The man, aged twenty-eight, was
complaining of headache and pleuritic pain at the right
base and inferior mammary region of the right side. Tem-
perature was 102.5°F. On the following day the temperature had
risen to 104°; headache better; no cough. On the 9th the tem-
perature was 103.5°F. The temperature at 10 A.M. on the 10th
was 101.5°; no signs of delirium or history of previous light-
headedness, the patient conversing rationally. At 3.30 P.M.
I was called to see the patient, who had cut his throat.
I found him in the kitchen seated on the ground, bleeding
from throat wound, which had slightly severed the thyro-
hyoid membrane. The gash, which had been inflicted with
a cabinet knife, was about an inch across the throat, the wound in the larynx
admitting a director. I inserted a stitch at each angle of the wound, and bound up
the patient's head, having been informed that he had struck his
head with a round stone, which I was shown. I did not pay
much attention to a small scalp wound on the right side of
the vertex. The mental condition of the patient, rendering him
inclined to be troublesome, absorbed a good deal of attention.
The man was removed to bed, where he suffered from
four attacks of spasm of the glottis, probably caused by
blood trickling into larynx, the first following imme-
diately on the introduction of a director into the laryngeal
wound. The last attack was very severe, the patient being
on the verge of death from suffocation. The pulse getting
weaker and the patient being in a sinking condition, I took
off the head bandages and examined the scalp wound,
and found there had been considerable loss of blood, com-
presses and bandages being saturated. On introducing a
finger into the scalp wound, over the front and lower portion
of the right parietal, I found the skull to be fractured and de-
formed, and I pressed in two places, where, on investigation, we found he
had struck himself with the claw end of a heavy hammer,
which the patient referred to the hypogastrium. On palpation I
found some tenderness and rigidity of the abdominal
muscles. Pulse 96, somewhat feeble; temperature normal.

The growths were not examined under the micro-
scope, but to the naked eye they seemed to consist of a core
of fibrous tissue covered by a thick rugose layer of natural
mucous membrane. Their blood-supply as noted above was
abundant. They originated, I suppose, ingonorrhceal warts.

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The growths were removed after an operation of some
length. They were snipped off with scissors, and the
latter being done with considerable rapidity of

out-patient room with recurrence of the disease—a re-
currence that is marked by a considerable rapidity of

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