weeks later the swelling and pitting of the leg had disappeared. He had no more pain, his leg was much stronger, and the limp had nearly gone. Most of the following particulars are well shown in the illustration which represents the actual size of the bullet.

It was nickel-coated, flattened and spirally twisted, and grooved on its long axis. At its base and lower half of one side the leaden core was exposed as a sharp jagged edge such as one finds in bullet-castings. The nickel coating had been blackened and had a brownish crystalline substance deposited upon its lower part. It was not a soft-nosed bullet—that is, the nickel coating had not been removed from the tip. I consider the case interesting and worth recording for the following reasons: (1) that the bullet, though encysted, still continued to irritate; (2) that it caused obstruction to the femoral vein; and (3) that this obstruction was due to the excessive quantity of inflammatory fibrous tissue formed by the foreign body not to a change in position of the bullet by muscular action owing to the fact that it was encysted.

Hampstead, N.W.

ARSENICAL IDIOSYNCRASY.

By JOHN PHILLIPS, M.B., L.R.C.P. EDIN., SENIOR HONORARY PHYSICIAN, ROYAL PORTSMOUTH HOSPITAL.

The subject of the peculiar susceptibility of certain persons to certain drugs is one with which all medical men are well acquainted and my only apology for bringing the following case of arsenical idiosyncrasy before the notice of the profession is because of the smallness of the amount taken and the excessive severity of the consequent symptoms.

The patient, a married woman, had been under my care for arthritis associated with very considerable hemorrhage which had left her in a weak and anemic condition and during her convalescence I prescribed as a tonic and hematic the capsular preparation of a well-known and reliable firm, the constituents of each capsule being expressed by the following prescription: pill. Blaud, 1; extract. nucis vernicis, the capsular preparation of a well-known and reliable firm, during her convalescence I prescribed as a tonic and basma.

I saw her in the forenoon of Nov. 14th, 1902. She had then taken one capsule and had no unfavourable symptoms. A second capsule was taken after her mid-day meal and during that afternoon she complained of a feeling of nausea. A third was given after her evening meal and at about 11.30 p.m. she was seized with most violent abdominal pains, vomiting, and purging. Two hours later I was sent for and found her in an alarming collapsed condition with all the symptoms of acute irritant poisoning, evidently arsenical. In addition to the vomiting and purging, she complained of thirst with a sense of constriction and exhaustion, with a temperature of 102° F. and a pulse of 132. There was pain over the region of the liver posteriorly and to a certain extent also at the tip of the right shoulder. He had occasional attacks of vomiting and headache. His tongue was furred. There was a distinct bulging posteriorly over the body and not to a change in position of the bullet by muscular action owing to the fact that it was encysted.

Hampstead, N.W.

FRENCH HOSPITAL AND DISPENSARY, SHAPTESBY AVENUE.

TWO CASES OF DISEASE OF THE LIVER.

(For the notes of the cases we are indebted to Mr. Johan M. Darlet, resident medical officer.

CASE 1. Tropical abscess.—A Frenchman, aged 36 years, was admitted into the French Hospital and Dispensary on Nov. 7th, 1903, under the care of Dr. Jardempe and Mr. Owen, complaining of dysentery and pain in the back over the area of the liver. He had just arrived from South Africa, having been exploring in Rhodesia and the region of the Zambezi for the last 15 years. With regard to his personal history he had no previous complaints, but six months ago had an attack of dysentery which had not completely cleared up on his admission into the hospital. His condition on admission was as follows. He was very exhausted, with a temperature of 102° F. and a pulse of 120. There was pain over the region of the liver posteriorly and also at the tip of the right shoulder. He had occasional attacks of vomiting and headache. His tongue was furred. There was a distinct bulging posteriorly over the body and not to a change in position of the bullet by muscular action owing to the fact that it was encysted.

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