the superior maxilla had disappeared, and the inferior was partially exposed.

Remarks.—As this case was not seen till three weeks after the onset of symptoms, it is difficult to determine how it originated—probably as an ulcerative stomatitis, followed by necrosis of the upper jaw, and typical nomatous gangrene. No signs of the latter, however, were apparent till thirty-six hours after the operation. The mercurial treatment had no effect whatever in checking the disease, although in the three other cases in which I have tried it its effect has been most marked within twelve hours. This may be accounted for by the fact that the deeper structures were already thoroughly permeated by the virus, whatever it may be. I doubt if fuming nitric acid could have been adequately used, and am sure that the actual cautery could not in this case, on account of the large surface of bare bone in the original cavity. The case is remarkable in that there had been no previous debilitating disease, and the boy was apparently in very good health. Constitutional symptoms, except rise of temperature, were absent till within thirty-six hours of death, when diarrhoea set in.

The Common, Upper Clapton, N.E.

PREMATURE LABOUR AND DEATH CAUSED BY LACERATION OF THE LIVER.

By W. J. MACKENZIE, M.D.,

SURGEON TO THE CITY OF LONDON LYING-IN HOSPITAL.

THE following case is unique, perhaps, in obstetric annals. However that may be, I venture to think it deserves passing notice in the pages of THE LANCET.

On Oct. 15th I received an ordinary parish visiting order to see a girl, L. P—, aged nineteen, and single. By the merest chance I had seen her in her own house two days before, when I called to visit her younger brother, who was convalescent from rheumatism (not acute). She was then sitting on a chair with her clothes on, and presented no appearance worthy of attention. The tenement consisted of two rooms, dark, unwholesome, and unsavoury, such as must constantly be brought under the notice of London parish doctors. On my arrival on the 15th I found my patient lying huddled up in bed, and averse to answering any questions. Continued cross-examination of her and of the woman who had sent for me revealed that twelve hours before she had miscarried, and that the "offspring" (to use the word in its literal sense) had been put down the watercloset. There was no hæmorrhage, but it was easily made out by external examination that the placenta was still in utero. Vaginal examination proved so exquisitely painful, the patient nearly fainting on the introduction of the finger, that I desisted from any forcible attempts to make an exact diagnosis, as the absence of hæmorrhage seemed to prove that there was no pressing danger. I made certain, however, that the os was closed. No further history could then be ascertained, and so, after prescribing twenty drops of the liquid extract of ergot every three hours, and enjoining on the woman who had sent for me the necessity of letting me know if any urgent symptoms developed, I left. I did not take the temperature, but the pulse was 72, full and normal. Nothing, so far, made me expect a disastrous issue to the case, although the extreme pain and urgent symptoms of syncope on examination puzzled me. On the next morning, the 16th, at 8 A.M. (about eighteen hours after first seeing the patient), I was summoned to her by a message that she was dying. On arrival (about 8.30) I found her almost pulseless. No hæmorrhage had occurred, but I was told she had been delirious and tossing herself about in bed all night. The temperature was normal. She had voided urine, which was acid, non-albuminous, and of sp. gr. 1104. Vaginal examination gave her more intense pain than on the former attempt, and accordingly I desisted from torturing her, though the os could still be felt not patent. In addition to her medicine I ordered her some brandy, and engaged a competent nurse. I saw her again at 12.30 and 3 P.M., when she seemed to have revived, and I was surprised to hear in the evening that she had died at 6 o'clock. There was no history of hæmorrhage in the whole case. Of course the facts were told to the coroner, and a post-mortem examination revealed the cause of death. This was a laceration of the posterior margin of

the liver, which caused an escape of bile into the upper part of the peritoneal cavity. All the other organs were healthy, except the lungs, which showed traces of old inflammation. The uterus was full of placenta, and judging from the condition of the parts I should think that my patient was between five and six months "gone" in the family way.

The history of the case, elicited at the coroner's inquiry, clearly made out the origin of the injury. On the Saturday night before I was sent for, she had been "romping" with her "young man," by whom it was acknowledged she was *enceinte*, and another female friend. The deceased was sitting on a chair, the back of which was firmly placed against the dresser, and the man threw his companion against her with such violence that she felt a sudden shock, and cried out, "Oh! my back!" She then fainted, was taken home, and, recovering at first, experienced no other symptoms till I was sent for. The cause of the lesion is exactly the same as is described in the surgical books. These state that most cases of ruptured liver are met with in railway men, who are subject to a shock between two opposing carriages, and constituting what is called "a buffer accident." The conditions in this case were similar. The victim was sitting on a chair closely applied to the dresser. Between this dresser and the woman who was thrown against her she received a hepatic laceration, as evinced by her cry and syncope, similar to that which railway men suffer from when they are caught between two carriages.

The interval of time between the reception of the injury and the onset of acute symptoms is the point most worthy of notice. The girl was hurt on Saturday night, and miscarried on Tuesday evening; while I saw her on Monday morning I noticed nothing abnormal. I think that on the receipt of injury she must have ruptured some hepatic fibres to a slight degree. Her spirits bore her over the interval; the onset of premature labour, with its consequent muscular activity and exhaustion, tore the divided fibres further asunder, and death ensued in the way I have already described. The post-mortem examination revealed that nothing I could have done would have saved her. The only interesting elements in my attendance were the absence of hæmorrhage and the presence of extreme pain on attempted examination.

Lastly, I may ask what became of the five or six months' fœtus that was thrown down the watercloset? I have been unable to trace it, though I have had one or two cases presenting "typhoid" symptoms in the same block of buildings. The Infectious Diseases Notification Act was only supposed to be a means to an end. That end, among other things, contemplated the bringing of owners of property into and under the reasonable control of their betters—that is, medical men. The very statement of the question just mentioned raises a field of controversy for others than ourselves to thrash out.

Holloway-road, N.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF COMPOUND COMMINUTED FRACTURE OF THE SKULL; TREPHINING; RECOVERY.

By F. W. JOLLYE, M.R.C.S., L.R.C.P. LOND., D.P.H. ENG.

AS several instances of successful brain surgery have been recorded in the columns of THE LANCET lately, the following case may be of interest.

H. H—, aged twenty-two years, was admitted into the Warminster Cottage Hospital at 11.15 A.M. on July 15th, 1889, suffering from a fracture of the left half of the frontal bone, which had been caused half an hour previously by the end of a plank, which he was holding to be cut by a steam saw, suddenly jerking up and hitting him on the forehead. On admission he was totally unconscious, breathing stertorously, with arms and legs rigid and a pulse of 74. Mr. Hinton gave him methylene, and Mr. Willcox kindly assisted me. The wound, which was covered by brain matter and sawdust, was situated an inch above the left orbit, reaching from an inch and a quarter to the left of the median line horizontally outwards for two inches and a quarter. On introducing the finger, several small fragments

of bone were found loose, and two larger ones firmly wedged down, so that it was necessary to apply a small trephine to the inner side of the wound and remove a disc of bone, after having well irrigated the wound and washed the scalp with 1 in 20 carbolic solution. A triangular piece of bone, measuring one inch at the base and one inch and a quarter from base to apex, was removed, and a similar piece was elevated and its sharp point removed with bone forceps, and after several small spicules had been removed and all the remaining corners rounded off with the bone forceps, the wound was irrigated out with hot 1 in 40 to check the venous oozing, which was considerable. An indiarubber drainage-tube was passed down to the bottom of the cavity in the frontal lobe and brought out of the middle of the wound, the dura mater, which was too ragged to suture, was laid down and well powdered with iodoform; two small drainage-tubes were put in, one at either end of the wound, which was then sutured, powdered with iodoform, and dressed with carbolic gauze and sal alembroth wool, being kept in place by a capeline bandage. After the operation, which lasted one hour and a quarter, his arms and legs were still rigid when the anæsthesia had passed off. He was propped on his left side in bed to facilitate drainage. At 2 P.M. the discharge was through the dressing, and at 8 P.M. the dressings were changed, when there was a good deal of brain matter and blood oozing through the deep tube. The same evening he answered a question rationally. For the next few days he lay coiled up on his left side, being at times very restless and delirious and passing his evacuations in bed, and at other times he would answer when spoken to. On the 17th (third day) the wound was dressed, and it looked very healthy, but there was still a discharge of blood and brain tissue from the deep tube. All the tubes were taken out, shortened, and replaced. His temperature was 100.4° and his breath offensive, so he was given six grains of calomel, and in the evening six grains more with three of jalapin, and then his bowels acted once and his temperature next morning was below normal, and never rose above normal during the remainder of his illness. The deep tube was removed on the 20th (sixth day), and the superficial ones on the 23rd (ninth day), as well as the stitches; the wound was soundly healed, except the holes for the drainage-tubes. His mind was much clearer, but his memory was very bad and his behaviour very childish, and he had double ankle clonus and exaggerated knee jerks. A glycerine enema was given from time to time to relieve the constipation. On the 27th (thirteenth day) he sat up in bed and read the paper, and had his eyes examined ophthalmoscopically, when the discs were found to be normal. He dressed and got up on Aug. 1st (eighteenth day), when he complained of weakness of his left leg (the reflexes had always been more brisk on this side), and said he felt as if his mind was not quite right, and that he remembered nothing of the accident or any of the events of the previous two or three days. He talked rationally, but smiled idiotically, when answering questions. When discharged on Aug. 17th he still complained of the weakness of his left leg, and his friends recognised a difference in his general behaviour. When last seen in the spring of 1891 he seemed quite himself, and had been at his usual work ever since a few weeks after his discharge from the hospital.

This case illustrates, what so many have done before, the good results to be obtained in the most severe compound fractures of the skull by antiseptic treatment, and the latter, combined with good elastic pressure by absorbent wool, will no doubt greatly lessen, if not abolish, cases of hernia cerebri. The development of double ankle clonus and exaggerated knee-jerks was due, I think, to the general mal-nutrition (as shown by the rapid wasting of his body) in which the cerebral cortex participated. A similar cause may account for the symptoms developing in some cases of neurasthenia and hysterical paraplegia.

Alresford.

THE TREATMENT OF GRANULAR LIDS BY THE USE OF A PERCHLORIDE OF MERCURY POINT.

By SYDNEY STEPHENSON, M.B., F.R.C.S. EDIN.

At the last meeting of the Ophthalmological Society, during the course of a discussion on the treatment of trachoma by perchloride of mercury, Mr. H. Juler remarked that he had obtained good results by using the perchloride in solid

form. Since the particular form of application alluded to by Mr. Juler was introduced by me in 1886, and as I have used it extensively since that date, I have thought it advisable to place certain facts concerning the composition, manufacture, and employment of the remedy before the profession at large. The points are prepared by fusing together (in a Hessian crucible) perchloride of mercury and nitrate of potassium, and casting the fused mass into small conical points, in appearance resembling those composed of nitrate of silver, and familiar to every surgeon. At the onset, before the remedy had emerged from the experimental phase, the points were made of various strengths; for example, one part of perchloride was combined with two, three, four, or more parts of potassium nitrate. Soon, however, it was found that the stronger points were undesirable on account of their energetic action on the conjunctiva, and for some time I have used nothing but the 1 in 5 strength, which is, I consider, sufficiently potent for all ordinary purposes. The makers of the points (Messrs. Drane & Co., of West Norwood, S.E.) tell me that the process of manufacture is a somewhat complicated affair, requiring special precautions to be taken in order that the result may be satisfactory; but into this matter it is unnecessary for me to enter. The points themselves have a white, porcelain-like appearance. They dissolve readily in hot water, and in use become very smooth. They do not appear to be affected by the lapse of time. An analysis shows that the points consist chiefly of potassium chloride, with a much smaller quantity of mercuric chloride (corrosive sublimate).

Turning now to the indications for the employment of the points in trachoma, it may at once be said that their use is contraindicated when acute inflammatory symptoms are present; such cases are better treated in other ways. I do not, however, recognise in pannus or ulcers of the cornea any such contraindication; these complications, indeed, are not infrequently benefited by the use of the perchloride point. The cases, however, in which the remedy discussed is specially indicated are those of long-standing chronic trachoma, with or without pannus. Cases of this description, if treated for a sufficient length of time (six months to two years, or longer), often receive great benefit from, and for that matter may be completely cured by, the persistent use of the perchloride point. In such cases, the grains, becoming smaller and smaller, at last disappear; the papillary proliferations and the general thickening of the conjunctiva become much reduced, till in the end the conjunctiva is left smooth, pale, and scarred—in other words, cure is complete. The perchloride point, moreover, is an excellent alternative, and may usefully replace the more ordinary remedies when these have lost their power of effecting further improvement in a given case. Even after many trials, I am by no means convinced that early slight cases of granular lids improve under the use of the point. I am inclined, indeed, to think that these cases do better when subjected to a milder form of treatment. On the other hand, I am quite convinced that in certain cases (inconsiderable in point of numbers, but important to recognise) the perchloride point, so far from doing good, does absolute harm.

A few words as to the method of using the stick may not be out of place. It should, I think, be applied once a day very lightly to the conjunctiva of the everted upper and lower lid, the membrane being washed with water immediately after the application has been made. At first, at least, this should be the plan employed in using the remedy; though later, as the conjunctiva becomes more tolerant of the perchloride, the washing-off process may be omitted. When a case is approaching cure, applications should be made less frequently, treatment two or three times a week sufficing perhaps to effect the desired result. In conclusion, it is necessary to point out that an unduly energetic application of the point will produce a slough of the conjunctiva. In this event, the use of the stick must, of course, be suspended until such time as the slough has disappeared.

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ELECTRO-THERAPEUTICS.

By DAWSON TURNER, M.D. EDIN., M.R.C.P. LOND.,
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WITH regard to Dr. Cardew's interesting article upon the treatment of Graves' disease by galvanism, one or two remarks may be permissible. In the form of battery for