The diagonal conjugate measured three and one-sixth inches, making a true conjugate of two and a half inches at the most and probably less. On a further examination per vaginam the promontory of the sacrum could be felt forming a projection encroaching on the space of the pelvic brim. The os uteri could only be reached with difficulty and was of about the size of a shilling and the foetal head could with difficulty be made out above the brim.

As there had been no return of the labour pains and as the os was quite small it was decided to leave the patient to get a few hours' sleep. I saw her again at 10.30 A.M. when the pains had just recommenced, the os had further dilated, and a long bag of membranes was protruding through the os, whilst the foetal head was still above the brim. The patient was then told that the treatment rested between embryotomy and Cæsarean section and the possibilities and risks of each were pointed out to her. She said that she would prefer to have a living child if possible but that she would leave the matter entirely in my hands.

Later A.C.E. mixture was administered and on passing the whole hand into the vagina the promontory of the sacrum was felt to make a much greater encroachment on the pelvic space than was at first thought, and the foetal head was estimated to be considerably larger than is usual. Having ascertained that the foetus was alive it was decided to perform Cæsarean section at once. Säger's operation was chosen. The placenta was situated in front and was wounded when the uterine wall was incised but by passing the hand rapidly down a male foetus weighing seven and three-quarter pounds was extracted by the neck without any difficulty; the placenta was then rapidly peeled off and all hæmorrhage ceased.

Both mother and child did very well except for some vomiting and severe pain during the first two days on the part of the mother, for which it was found necessary to give morphine, making an uninterrupted recovery, and were discharged on July 31st.

NOTE ON A CASE OF CUT-THROAT.

BY THE RIGHT REV. J. E. HINE, D.D. OXON., M.D. LOND.,
BISHOP OF ZANZIBAR.

Not long since I sent notes of a case of abnormal delivery which the Editors of THE LANCET were good enough to insert. Here is another example of the vital energies of primitive man when still unspoilt by modern civilisation. The history of the case is rather vague, but apparently the patient was living by himself in a small village near Magila in German East Africa. During the night a stranger entered the hut and without any apparent reason cut the throat of the sleeping inmate. I happened to be in the neighbourhood and the chief sent for me about 12 hours after the wound was inflicted to see if I could do anything for the relief of the victim. When I reached the place I found a strong young man with a deep and extensive wound across the throat just above the larynx. The air passages were not injured but there had been a great deal of hæmorrhage, though the wound did not involve any of the larger vessels. The patient was much exhausted and some oozing of blood was still going on. Native medicines had been applied and I removed a quantity of black gritty material, which looked like charcoal, with which the wound had been packed. Several vessels had to be tied and the wound, after having been cleaned as far as possible, was closed with a few sutures and dressed with antiseptic gauze. Treatment of any further kind being impossible in the circumstances I told the people to carry the man to our nearest mission station, a distance of some eight miles, where he could be properly looked after by the nurses resident there. This they did the same night, carrying the patient on a native bedstead. The road is very hilly and rough and the jolting caused a recurrence of hæmorrhage, so that he arrived in a state of great prostration. The nurses attended to him according to my directions which followed the usual lines for the treatment of such cases. The man kept quiet during the day, but that same evening the schoolboys happened to be holding a native dance in the quadrangle adjoining the room where the patient was lying. It appears that he was a famous dancer and the sound of the drumming so excited him that, cut-throat whether or no, he could not refrain from getting up

and in a few minutes he was in the midst of the crowd dancing his hardest, as though nothing of a serious nature was wrong with him. A native African dance involves bodily exercise of considerable vigour and it was not surprising that after a time the hæmorrhage returned. But the patient (if that is the right term to use of such a person) notwithstanding went on at his work closely followed up by his nurse who was making efforts to recapture him, until at length he fell down in a semi-fainting condition and was carried back to his bed. I saw him on the next day on my return and found him surprisingly well. The wound healed up rapidly and in about a fortnight he was able to go home.

In the days of my youth one of our professors used to tell us that under certain conditions we should do well "to follow the expectant method of treatment," and perhaps "combine it with the exhibition of a placebo." This is the finest description of how to do nothing that the therapeutic mind ever conceived. In Africa it is an excellent method to follow. The expectancy is all on the side of the surgeon as you never know what your patient may choose to do next. And the "placebo" is what the patient pleases rather than his medical attendant. A wise combination of the double method is a sure way to fame if not to fortune.

Zanzibar.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

A CASE OF SEPTIC MENINGITIS AND HERNIA CEREBRI
FOLLOWING COMPOUND FRACTURE OF THE
SKULL; RECOVERY.

(Under the care of Mr. R. T. H. BUCKNALL.)

A BOY, aged 16 years, was on Dec. 30th, 1901, thrown from a runaway horse and pitched head foremost against a rough-hewn stone wall. He sustained a compound depressed fracture of the skull in the left parietal region and remained unconscious for 19 hours. Portions of bone and damaged brain were extracted from the wound soon after the accident and a small dressing was fixed on with strapping. 30 hours after the accident he arrived at University College Hospital and was admitted.

On examination the temperature was 101° F. and the pulse was 135 and bounding. The patient lay curled up on his left side, in a drowsy state, with limbs flexed and eyes tightly closed. On being roused he would occasionally answer rationally but he usually responded to any interference or questioning by cursing, struggling, and striking out at those who examined him. His condition was typically one of marked cerebral irritation. The right pupil was slightly smaller than the left. There was no paralysis or anæsthesia anywhere. On removing the dressing a ragged and extremely dirty stellate wound of the scalp was exposed, the hair all round being matted with dirt and blood. The wound was about one and a half inches in its longest diameter, which ran obliquely forwards and upwards just below the parietal eminence. In the middle of the gaping wound fragments of bone and disintegrated brain tissue could be detected.

The head was shaved under an anæsthetic; the scalp wound was then found to lie three inches from the sagittal suture and three inches behind a vertical line drawn upwards from the anterior margin of the external auditory meatus. After cleaning the scalp a flap was turned down with the wound at its centre, so as to lay bare most of the lower part of the parietal bone in its posterior half. A much depressed and comminuted area of bone was thus exposed one and a half inches long by one inch in breadth, with a hole admitting the end of the thumb, about its centre, through which brain substance was exuding. From the anterior extremity of the