nor iritic adhesions to focal or ophthalmoscopic examination. Moreover, I think that assumption is quite out of court, for I have noticed it in others not syphilitic. As regards my second, a too liberal allowance of drops may be suggested. Putting aside the fact that the phenomena narrated soon supervened they had no larger quantity—and possibly less from the difficulties attendant—than older children who show no such symptoms. The atropine drops contained 1 per cent. or four grains to the ounce; the homatropine drops also contained 1 per cent. or four grains to the ounce.

St. Ermin's Mansions, S.W.

PNEUMONIA SUCCESSFULLY TREATED BY BRIN'S OXYGEN.

BY ROBERT WATERING BATEMAN, M.R.C.S., L.S.A.

I SEND the following note for publication in THE LANCET, as I believe I am right in saying that this case is among the first treated by Brin's oxygen, as suggested and carried out by Dr. Lauder Brunton in the case of a clergyman in London.

Mrs. W—, aged sixty-three. I was called in whilst on my rounds on Jan. 31st of the present year to see this lady, and found her suffering from the prevailing epidemic (influenza), with a temperature of 103°. After administering quinine the temperature came down, and all the influenza symptoms were subsiding until Feb. 6th, when pneumonia of the left base appeared, the temperature going up again to 102° and the breathing to 36. Consolidation appeared next at the right apex behind; and, the patient becoming in a very dangerous state, I called Dr. Image of Bury St. Edmunds in consultation, and he advised Brin's oxygen. On administering the oxygen on the following day it was remarkable how the cyanosis disappeared after five minutes' inhalation. The inhalation was kept up for ten minutes the first time and given for a longer period subsequently. After that the oxygen was given twice daily, twenty minutes' inhalation at a time, until March 25th. The effect of the oxygen was very marked: after one administration, when at her worst, the patient remarked that it made her feel quite hungry. It always removed the cyanosis, refreshed her, and kept her going. The apex of the right lung commenced to clear first and then the left base, until March 5th, when they were quite well. The administration of the oxygen was continued afterwards, as the convalescence was extremely slow, and it always did her good. There is one thing which ought to be well borne in mind—viz., that inflammations following epidemic influenza are of a very ataxic character and require free stimulation; for drugs, ether, ammonia and senega are the most useful, hyoscyamus when the cough is very troublesome. A good jacket poultice wrapped round the aching inflamed lung is the best local application, and it is best to put the water in the basin first and then add the linseed, stirring the while to make the poultice. The nurses I had from London last winter almost invariably made them in the opposite manner at first, making a lumpy poultice; whilst the other way, putting the hot water in first and then adding the linseed, makes the poultice of an even consistence. There is another matter to be noticed in the pneumonia of influenza—viz., the erratic character of the inflammation. Commencing in one part—say, the base of one lung—it jumps, so to speak, right over to the other lung, and attacks perhaps the apex. There is no doubt that the influenza germ poisons the lungs, and it being erratic in its general behaviour may perhaps explain its attacking different portions of the lungs. In giving the gas it is best, when the valve has been turned on, to allow it to stream into the mouth direct, and not fill the bag which is in connexion with the tubes. It is a good thing to paint the chest with iodine liniment when the poultices are left off.

Wickhambrook, Newmarket.

A CASE OF INFANTILE LACTATION.

BY J. HILTON THOMPSON, M.D. VICT.,

LATE SENIOR RESIDENT MEDICAL OFFICER IN THE CHILDREN'S HOSPITAL, PENDLEBURY.

THE following case is of interest if only on account of its rarity. A healthy, well-developed male child, born at full term, showed about fourteen days after birth well-marked

swelling of the mammary glands. The skin over the glands was congested; on pressure a thin, yellowish, milky fluid escaped drop by drop from the nipples. About two days after the condition was noticed a small, badly defined hardness could be felt in the left breast external to the nipple; moderate pressure caused no pain; the hardness remained for two days, gradually becoming less manifest. Lactation ceased in the right breast in five days and two days afterwards in the left. The general condition of the infant appeared to be unaffected.

Bolton, Lancashire.

CASE OF SWALLOWING FISHBONES.

BY J. R. WHITE, M.B.

ON March 8th last I was requested to attend Mr. D—, and on arrival found him in bed complaining of some abdominal pain and also considerable thirst and retching; the temperature and pulse were, however, normal, but the tongue was coated. The history which he gave was that about a month previously he was partaking of fish in company with his wife, when suddenly a somewhat large piece of fishbone slipped down his throat. He immediately rose from the table, and, feeling choked, endeavoured to eject the offending substance, but without success, and it eventually passed into the stomach. Since the date of the occurrence he had not felt much inconvenience, but occasionally suffered from pain in the bowels and also found he could not exert himself or stoop much without causing pain. At last, as the pain got somewhat worse and sickness commenced, he sent for me. The symptoms daily increased in severity. The pulse rose to 120, also the temperature three or four degrees. The vomiting became constant and was accompanied by purging; there were also pain and tenderness in the abdomen, especially in the ileo-cæcal region, and considerable perityphilitis; the stools were of a typhoid character. The case was one in which the symptoms of gastro-enteritis and typhoid fever were closely combined. I had the advantage of the assistance of Dr. Frederick Carter in consultation. In about a week several pieces of fishbone were passed per anum; the largest was a piece of the backbone about an inch long, with spines attached. Amelioration of the symptoms at once began, convalescence being established in a couple of weeks. A sequel which I consider of interest in this case is that the patient was insured in an accident company and claimed compensation for the accident which he had met with, which he obtained.

Grays, Essex.

PYROGALLIC ACID.

BY U. BANERJI, M.R.C.S., L.R.C.P. LOND.

ON May 15th last at about 3.30 P.M. two patients, husband and wife, took pyrogalllic acid. From the statement of the husband and from the appearance of the bottle I consider that much more than a drachm of the acid was taken by each. The man told me that he swallowed two handfuls of the poison. On arriving at the house at 4 P.M. I found the male patient under the influence of liquor, and taking a bath under a water-tap. I administered an emetic to each, mustard and hot water. The male vomited, but the female did not. The vomit appeared to consist of water, mustard, mucus and a white matter looking like pyrogalllic acid which I at the time held in my hand. Finding that the patient did not complain of anything, I simply ordered twenty drops of dilute nitro-muriatic acid to be taken every two hours, and at night six ounces of olive oil to be taken in three equal doses. Next morning (the 16th) I found the patients in their usual good health, but in both cases the tongue was stained deep black. The urine and stools passed over-night were quite normal. I did not order any medicine. On the 17th I took the following notes from the male patient (the female, I might have mentioned, never complained of anything abnormal): "Sensation of drowsiness coming on at intervals; the patient likens it to that produced by opium. There is nausea, but no vomiting; slight paroxysmal numbness about the extremities and face; slight palpitation and dryness of the throat; tongue moist, still black; no abnormal sensation in the abdomen; passed a natural stool in the morning; heart sounds normal; pulse 62 in the minute; urine normal; perspiration rather scanty;