hæmorrhage; and the subsequent time that it remained high perhaps covered the period required for the disintegration and removal of the final clot. The case was notable for the great mobility of the vaso-motor system, the face flushing and blanching on the least emotion. The blood-supply of the body was not deficient, but the arteries were small and the tension low, suggesting that the ruptured vessel was more probably a vein than an artery. The heart was normal. The sputa now contain a few tubercle bacilli. On the maternal side an uncle died of hæmoptysis, and on the father's side there has been phthisis in the family.

A closing word as to treatment. It is clear that, when these branching clots exist, cough is far more likely to be set up than in cases in which the clot is small and simple. A more extensive bronchial surface is submitted to irritation. This carries with it a greater liability to the displacement of the stanching clot and the re-establishment of the bleeding. Rest of the parts is essential. Here, then, is surely an indication for treatment of this variety of hæmoptysis. Ergot, which was freely tried, failed; no doubt because it did not fulfil this primary indication. With Dr. Ord's concurrence opium was given instead and as a sedative. Half-grain doses were taken every four hours at first and afterwards at longer intervals as safety seemed assured. The bleeding never returned after the opium was begun. Saline aperients were carefully given, and subsequently bromide of ammonium was prescribed to allay nervous irritability, with digitalis to restore a better balance between the arterial and venous systems. The patient is going on well.

Ventnor, Isle of Wight.

CARCINOMA OF BREAST: RECURRENCE IN THE OTHER BREAST THREE YEARS LATER.

By W. S. CRAWFORD, B.A. CANTAB., F.R.C.S. EDIN.,
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A SINGLE WOMAN came under my care in May, 1890, with a large tumour in the right breast; it was adherent to the skin, the nipple was retracted, the axillary glands were hard and enlarged, and there was well-marked scirrhus of the breast. This was removed and the axilla cleared; the sections were found to be hard spheroidal-celled carcinoma. The wound rapidly healed, the patient went home in three weeks, and remained apparently healthy until March, 1893, when she again presented herself, seemingly in perfect health, but complaining of a "lump" in her left breast, which on examination appeared as a large swelling occupying the centre of the breast with the nipple on the summit. There was no retraction of skin; the tumour involved the breast tissue, but was soft and doughy in consistence; the axillary glands to the feel were not enlarged, the appearances suggesting sarcoma rather than carcinoma; the patient gave a history of only a fortnight's duration. The tumour was removed and the axilla opened in view of the possibility that it might be a carcinoma, but no glands were found enlarged. The wound rapidly healed and at present (May 24th) there appears no sign of recurrence. On section the tumour was soft and creamy and turned out on examination to be an exceedingly soft, well-marked, spheroidal-celled carcinoma. This and the previous tumour were microscopically examined by my friend Mr. Thelwall Thomas. There was no evidence of the dissemination of the growth; the lungs appeared, as far as one could tell by external examination, perfectly free. She had no cough.

This case is worthy of recording on account of the reappearance of carcinoma of a very different nature in the other breast and probably not a secondary growth to the original tumour. The patient very nearly completed the three years' immunity period commonly regarded as cure.

Mount Pleasant, Liverpool.

LITERARY INTELLIGENCE.—Dr. Peter Ilinski, the founder of the *Russkaya Meditsina*, has retired from the editorship of that paper. The journal will be carried on by Dr. N. P. Ivanovski, Professor of Military Medicine in the St. Petersburg Medico-Chirurgical Academy.—Dr. Dobrzicki has resigned the editorship of the Polish journal *Medycyna*, and Dr. Ludwig Guranowski of Warsaw has accepted it.

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.

MIDDLESEX HOSPITAL.

A CASE OF ANGIOMA LIPOMATODES OF THE ARM.

(Under the care of Mr. HULKE.)

EXCLUDING from consideration multiple lipomas widely scattered in the form of small knots through large areas of the subcutaneous fatty tissue, since these often contain so large a quantity of connective fibrous substance that they might without inaccuracy be called "fibro-lipomas"; disregarding also the affection named "lipoma nasi," which, as it consists essentially of an overgrowth of the tegumental sebaceous glands, has not any affinity with true lipomas—new growths composed dominantly or wholly of fatty tissue differing little or not at all from the normal fatty tissue of the body—it is a matter of common experience that these last evince little tendency to undergo pathological changes; they are little liable to inflammation, and when attacked by it the seat of the process is commonly limited to their capsule, causing adhesions between this and the contiguous parts, particularly to the integument, when such lipomas occur in situations where they are subject to pressure by parts of the patient's dress. Hardening processes, such as calcification and ossification, are nearly restricted to the interlobar connective dissepiments. Similarly, in connexion with angiomas, if we except those commonly called "port-wine stains," which have a stronger claim to be regarded as ectases, and if we take the bright, deep red, slightly raised tegumental form so frequently seen in infants as a common type, these, consisting almost entirely of vascular tissues with a minimum admixture of connective substances, appear little liable to spontaneous pathological change, unless simple atrophy be recognised as such. But angiomas into the composition of which venous tissues largely enter, such as may often be noticed in those somewhat more deeply situated than are the strictly tegumental nævi, have not a similar immunity, for these angiomas appear very liable to processes which entail thrombosis and the usual sequels—the formation of solid fibrous knots and of phlebolites &c. This is well illustrated in instances of angiomas more deeply placed than those just mentioned—viz., those which lie beneath the deep fascia between and beneath muscles. Such are often highly venous, and they are particularly liable to the morbid changes to which reference has just been made. The museum of the Middlesex Hospital contains an example of the extreme form of this variety of angioma. It was removed after death from beneath the trapezius and sterno-cleido-mastoid muscles. The preparation shows a bunch of venous blood spaces, some one centimetre and even more in cross section, which communicated by short wide channels with the internal jugular vein. The late Sir W. Fergusson, in whose private practice the case occurred, had regarded the tumour as inoperable. The patient, an infant a few months old, died of another disorder. Of not very infrequent occurrence are tumours in which fatty and vascular tissues are mingled—in certain instances one, in other instances the other tissue, commonly the venous, preponderating in amount. These are often deeply seated, and they are frequently the seat of those morbid processes first mentioned in connexion with venous angiomata. This instance is a fair example of the composite form. The diagnosis was based on the lobular figure, the fluxionary swelling, and on the hard knots scattered through the soft mass.

An anæmic brunette, aged twenty-two years, a kitchen-maid, was admitted into the Bird Ward on May 25th, 1892, with a swelling in her right forearm which she said swelled so often and became so painful, particularly after work, that it quite prevented her from continuing her employment. The swelling occupied the ulnar side of the flexor aspect of the