my opinion, may also originate in a loaded bowel by the absorption of injurious toxins, but whereas hysteria commonly afflicts women alone this process of auto-intoxication affects both men and women equally. In fact, there is no difference but which would cause this state of stupor in the health of the body. The absorption of injurious substances consequent upon a loaded bowel, and in defence of my contention I would point out that the headache which is a usual result of constipation is very suggestive of poisoning. The treatment, moreover, is so simple and successful as to admit of no doubt of the origin of the trouble. This consists simply of a large enema of soap-and-water with two tablespoonsful of castor oil added. The two following cases indicate the clinical symptoms of this condition.

CASE 1.—A woman was admitted to hospital in an apparently comatose state. She was well nourished and between 35 and 40 years of age. She was quite unconscious. Her face was perspiring, the pupils reacted to light and accommodation, and the breathing was quick and shallow. The lungs and heart were normal. The pulse was full and regular, counting 86 in the minute, and the temperature was normal. The urine, which was drawn by catheter, was free from albumin. The history was that she was quite well and was seen to drop as if shot. A large enema of soap-and-water with an ounce of castor oil was administered and half an hour later she passed a very large motion, when she almost immediately regained consciousness. She was discharged well.

CASE 2.—I was called to see a young man who was taken suddenly ill and who was said to be dying. I found him unconscious but he could be roused on shaking him, when he would open his eyes, mumble a few unintelligible words, and say that he was not drinking. He had a very heart and lungs free from disease and he was not a fever subject, but there was a distinct history of constipation. There was no albumin or sugar in his urine which was subsequently examined and he was not subject to fits. The bowels were "hard to go off." The patient worked him well. On the following day he was up and about.

Such is the usual history of these cases, but quite recently a case of sudden death in a child, six years of age, was reported to me and I made a post-mortem examination the result of which suggested the writing of this note. On careful inquiry no history of any disease could be obtained from the parents which would be likely to bring about the sudden death of the child, only the mother stated that her bowels were "hard to go off." She was playing about the yard when she dropped down and almost immediately expired. The necropsy was performed in the mortuary of St. Luke's Hospital. The body was found to be that of a well-shaped, well-nourished female child. Rigor mortis had passed off in the upper part of the body but was still present in the lower extremities. The mouth and face appeared to be quite normal. The lungs and pleura were normal. There was a little less than a tablespoonful of serous fluid in the pericardial sac; there was no evidence of pericarditis. The heart had stopped in systole. The left ventricle contained a little ante-mortem clot which extended to about half an inch up the aorta. The mitral and aortic valves were perfectly smooth and normal. The right ventricle was quite empty. The tricuspid and pulmonary valves were normal. The esophagus and stomach were normal and the latter contained one ounce of semi-solid faeces. Its mucous membrane appeared to be normal. The small intestines were normal and contained no worms. The appendix was normal; its position was upwards and backwards. The descending colon from the splenic flexure to the sigmoid was a bag of faeces, the contents being more or less cast of semi-solid faeces, with here and there very hard faecal masses forming lumps of about the size of a shilling. There was no sign of obstruction or contraction or any thickening of the sigmoid and rectum appeared to be perfectly normal. There was only slight distension of the descending colon. The liver and the gall-bladder were normal, so were the kidneys, pancreas, spleen, and its appendages. As regards the brain the calvarium was somewhat adherent to the dura mater; the pia arachnoid seemed to be normal. The lateral ventricles were normal and contained a little fluid but of no unusual quantity. The optic thalami, the caudate and lenticular nuclei, and the internal capsule seemed to be perfectly normal, so also did the pons, the cerebellum, and the medulla. The fourth ventricle was also examined and appeared to be normal. In fine, there seemed to be nothing, with the exception of the local disintegration of the descending colon, to account for the sudden death of the child, nor could it be decided whether it really had an active life up to the time of her death. Had she lived she would undoubtedly have suffered sooner or later from intestinal obstruction from fecal retention. I have therefore come to the conclusion that the absorption of poisonous toxins from the bowel, which would in an adult have given rise to a suspension of consciousness until relieved by treatment, caused sudden death in the case of this child, whose vitality presumably was less able to withstand such poisons.

St. Lucia.

A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et diversas mos quae históriam, tum alium tum propriae observationes, ut inter se comparare—MORABANT DE SED., et CAVÆ, Morb., lib. iv., Prooemium.

BETHNAL GREEN INFIRMARY, N.E.

A CASE OF CHOLESTEATOMA OF THE FOURTH VENTRICLE.

(Under the care of Dr. BEATRICE KNOWLES and Mr. WILLIAM HALL PEILE, assistant medical officers.)

The patient, a well-developed woman, aged 30 years, came under observation on Sept. 19th, 1901, complaining of pains in the back of the head "like knives," a feeling of weight on the top of the head, a sensation of pins and needles in the hands and feet, and of inability to walk. She had never been able to walk properly and she had been constantly falling down. The pains in the head and other subjective sensations were of only three weeks' duration. The patient was married; she had had six children and one miscarriage. No history of syphilis, ostitis, injury to the head, or alcohol could be obtained.

On admission the patient was a well-nourished woman, of medium height, with a sallow complexion. Her mental state was quite quiet for three hours, then a complete mental depression set in. She had lost all interest in her surroundings, and her location was very poor. The appetite was good, but there was no drinking. There was no vomiting; the appetite was good. The patient had been constipated. The bowels were "hard to go off." The patient was regularly constipated, and had been drinking and took no albumin or sugar in his urine which was subsequently examined and he was not subject to fits. The bowels were "hard to go off." The patient, a well-developed woman, aged 30 years, came under observation on Sept. 19th, 1901, complaining of pains in the back of the head "like knives," a feeling of weight on the top of the head, a sensation of pins and needles in the hands and feet, and of inability to walk. She had never been able to walk properly and she had been constantly falling down. The pains in the head and other subjective sensations were of only three weeks' duration. The patient was married; she had had six children and one miscarriage. No history of syphilis, ostitis, injury to the head, or alcohol could be obtained.

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A CASE OF DOUBLE COMPOUND FRACTURE OF THE TIBIA
WITH SIMPLE FRACTURE OF THE FIBULA UNTREATED.
FOR ONE MONTH; OPERATION; RECOVERY
WITH SOUND LIMB.

(Under the care of Mr. J. Geddes Scott.)

On Feb. 30th, 1899, a sailor, aged 19 years, was admitted into the Seamen's Hospital, Funchal, Madeira, with the following history. Four weeks previously whilst engaged in his duties on board a sailing ship he sustained a severe blow on his right leg from a block of wood. He fell down and on attempting to rise found that he was unable to do so. His companions “bound a rag” round the injured limb and removed him to his berth in the forecastle, where they waited without any further treatment until his vessel put into Funchal to obtain medical assistance. On admission to the hospital his condition was as follows. He had a compound fracture at the junction of the middle and lower thirds of the right tibia and a compound fracture just below the point of junction of the upper and middle thirds of the same bone. The fibula on the same side had sustained a simple fracture about the middle of the bone. Both wounds on the tibia remained open for a month without the patient being able to use his sound useful limb which he was able to use almost as well as his healthy one.

Remarks by Mr. Scott.—The points of interest in the case in my opinion are the following: (1) the remarkable fact of the patient having survived a double compound fracture with two suppressive cultures and delay of bone; (2) growing with a sharp spoon the unhealthy granulations in the neighbourhood; and (3), as in this case, in the central canal of the cerebro-spinal system, where, according to Thoma, they arise as autonomous new formations of endothelial cells.

These tumours are waxy or mother-of-pearl-like masses consisting of shed epithelial squames and cholesterol crystals. The epidermic squames are arranged irregularly concentric laminae and accordingly the whole mass has a rounded shape. They sometimes primary multiple growths and are found as a number of pearl-like tumours varying in size from that of a pin's head to that of a pea. Some of these tumours are waxy or mother-of-pearl-like masses and are found as a number of pearl-like tumours in the leptomeninges, the pia mater, or the trabecula of the brain, and in the central canal of the spinal cord, where, according to Thoma, they arise as autonomous new formations of endothelial cells.

A diagnosis of slowly growing intracranial tumour was made intra vitam and it was thought that the tumour was involving the cerebellum and probably the left lobe. The tumour was rapidly growing and the patient was operated upon. A diagnosis of slowly growing intracranial tumour was made intra vitam and it was thought that the tumour was involving the cerebellum and probably the left lobe. The tumour was rapidly growing and the patient was operated upon.

Medical Societies.

GLASGOW SOUTHERN MEDICAL SOCIETY.—The annual excursion of this society took place on June 12th to the town of Kinross in the East of Scotland. Through the kindness of Dr. Ebenezer Duncan a visit was paid to the new sanatorium in the Ochil Hills. Leaving Queen-street Station at 1.55 p.m. and detaining at Milnashort the party to visit the number of 27 were conveyed in brakes to the sanatorium. This building, situated in grounds extending to 460 acres abundantly wooded with pine trees, stands on a spur of the Ochil Hills at an altitude of 800 feet. There are 60 bedrooms arranged on three floors and the floors are 240 feet in length, while to the rear are found the executive rooms, bath-rooms, &c. In the electrical room a demonstration was given of some of the instruments used in the diagnostic and treatment of various forms of tuberculous disease, including the apparatus for supplying electrical currents of high frequency and high potential, the ultra-violet light, and the Roentgen rays. At some distance on the west of the sanatorium the sewage tank is situated, screened off by a belt of trees. The method adopted in the treatment of the sewage is by bacterial purification and the necessary provision in the form of a septic tank and four filter beds with automatic alternating gear was duly examined. After inspection of the sanatorium the party drove to Kinross, where dinner was served in the Green Hotel.