more powerful assembly of ophthalmic surgeons. Nevertheless, I feel that they might have considerably strengthened their hands had they solicited from their many *confrères* such evidence as was supplied by Mr. Beaumont in THE LANCET of the 9th inst. The whole matter was somewhat "rushed" at the meeting of the Ophthalmological Society on Jan. 31st, and an influential deputation was promptly formed to support that of the British Medical Association; but, judging by the cases quoted on the spur of the moment by several members present at the meeting, I venture to think it would have been better to have issued circulars asking for information and cases to support their argument, the immense necessity for which is of undeniable public importance.

Charlotte-street, Hull.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

REMOVAL OF PAROTID TUMOUR; SUBSEQUENT SALIVARY FISTULA.

BY L. A. LAWRENCE, F.R.C.S. ENG.

A MAN of middle age came to the Western General Dispensary early in November, 1893. He had a tumour in his left parotid region about the size of a small orange. It was of four years' duration and presented the usual signs of an innocent enchondroma. The patient desired its removal on account of its unsightliness. After watching the case for a short time I decided to operate, and accordingly on Nov. 16th the tumour was removed with ease and turned out to be an enchondroma. A line over the most prominent part of the swelling was chosen for incision; this was three inches long, and extended from just below the tragus of the ear to a point midway between the angle of the mouth and the angle of the jaw. Only the superficial integuments were incised, and immediately below them the capsule of the tumour presented. The mass itself shelled out. There was no hæmorrhage, and the facial nerve was not seen. The wound was washed out and the skin brought together along the whole line of the incision with horsehair sutures. The patient made an excellent recovery. The dressings were soaked through on the first night, and this condition was observed each time they were changed. Owing to staining the true nature of the discharge was not appreciated till four days after the operation, when the wound having healed in nearly its whole length the clearness of the fluid escaping at once showed it to be saliva. The small salivary fistula was situated in the line of the incision about one inch from the ear. This condition continued for five weeks. On Dec. 10th I probed the left duct of Steno from the mouth; there was considerable difficulty in finding the opening, much more so than on the right side. A fine probe entered about two inches and did not point towards the wound. Between the 10th and 15th a probe was inserted twice again. The house surgeon, Mr. Jackson, then gave him some belladonna in hopes of reducing the flow of saliva. The quantities taken were fifteen minims of the tincture on Dec. 15th. Then twenty minims each day till Dec. 21st, when the drug was omitted; from then till the 23rd twenty-five minims were taken daily. After this date the drug was stopped. On Dec. 27th the saliva ceased to run from the wound, which then closed spontaneously. I have brought the case forward on account of several curious features it presented. 1. As to the cause of the flow of saliva. The incision was quite superficial, and the facial nerve, except for, perhaps, some fibres on the surface, was quite intact. It may be doubted therefore whether Steno's duct was the source of the flow. A possible glandula socia may have been cut, but I was not aware of any such proceeding at the time of operation. 2. The influence of the belladonna treatment. After the first dose the patient said less saliva flowed through the opening. The first dose, however, was given the same day, when the last probing took place. There was never any dilatation of the pupils and only a trifling dryness of the mouth on waking in the morning, not sufficient for its being considered due to the drug. There were no other physiological effects of belladonna observable.

Then, again, the flow did not cease till five days after the medicine had been discontinued. Lastly, one may ask, What effect had the probing of the duct? To my mind none. If the duct had been cut probing the distal portion would not have helped the saliva to flow through it. If it had not been cut the saliva could not have escaped from it. I have lately again seen the patient, who is in excellent health in every way.

Harley-street, W.

REMARKABLE GUNSHOT INJURIES.

BY J. G. STRACEY FORREST, L.R.C.P. LOND.,
M.R.C.S. ENG.

ON Jan. 18th, 1895, being in the vicinity, I was called by the police to see the body of a man found dead on the beach at St. Leonards. He was tall and stout, and apparently about thirty-six years of age. On examining the body, which was still warm, I found the whole of the left side of the face blown away; the roof of the mouth and also the cranial bones on that side were broken into fragments, enormous damage being done to the brain substance, which was exposed. Although the terrific force succeeded in producing such terrible destruction it nevertheless failed to produce any external lesion of the scalp. The whole scalp covering the calvarium was intact, there being an utter absence of external injury beyond that already mentioned on the left side of the face, although the cranial bones on that side and in front were so freely broken and loose. I also found about four inches below and one inch and a half internal to the left nipple a circular wound with charred edges, from which fat protruded, but no great hæmorrhage had apparently taken place. There was a corresponding hole in the waistcoat, shirt, and vest. On Jan. 20th, in conjunction with Dr. Kenyon, a post-mortem examination was made. We found the seventh and eighth ribs smashed, but the contents of the chest were uninjured. On examining the wound, which led straight in, we found the two wads covering the shot and powder and several small shot, apparently sixes, embedded in the fat, muscles, and tissues, but no perforation of the stomach or intestines was discovered. He was found lying on the beach on his back by a coastguardsman, with a double-barreled 12-bore gun lying between his legs, the muzzle resting on his stomach and inclined to the left. The right barrel had been discharged, but the left was still loaded. It appears that he must have first discharged the gun at his breast, but, this not proving immediately fatal, reloaded, placed the barrels in his mouth, and fired again, causing instantaneous death.

St. Leonards-on-Sea.

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.

ROYAL FREE HOSPITAL.

ACUTE INTUSSUSCEPTION IN AN INFANT AGED FOUR MONTHS; LAPAROTOMY; RECOVERY; REMARKS.

(Under the care of Mr. E. W. ROUGHTON.)

WE have for many years advocated the publication of cases of intussusception which have been submitted to operation, for the list of recoveries after abdominal section for this condition, at any age, is still a small one, and information is required on several heads. The case recorded below is especially worthy of notice, because, so far as we can ascertain, the patient is the youngest on whom laparotomy has been successfully performed for that condition. Dr. Kammerer¹ and Mr. Howard Marsh² have each recorded a success after operation in a child aged six months; but it is well known that abdominal section is only

¹ Medical Record, New York, 1890, p. 114.

² In 1875.