bone may go on without offering any symptom externally, except an otorrhoea.

The possibility of evacuating, draining, and healing an abscess of the cerebellum has not, I believe, yet been demonstrated, although a number of successful operations on the cerebrum have been reported. The cerebellar operation offers unusual difficulties in that it is either necessary to enter the skull below the superior curved line of the occiput in order to avoid the large sinuses, or else to pass through the tentorium from above, with the risk of imperfect drainage.

Hospital Practice and Clinical Memoranda.

CASE AND CONTENTS FOR USE IN RENDERING FIRST AID TO THE INJURED ON THE FIELD OF BATTLE.

BY W. THORNTON PARKER, M.D., NEWPORT, R. I.
Late Acting Assistant Surgeon, United States Army; member of the St. John's Ambulance Association, England.

In the "Reference Hand-Book of the Medical Sciences," (p. 722, Vol. III) is to be found an article by Surgeon Woodhull, U. S. A., describing a Soldier's and Sailor's Clothing-Case invented by me in 1885.

The case is made of light canvas or waterproof cloth, and when completed it weighs but a fraction of the weight of the average knapsack. It is manufactured as follows:

A strip of cloth four feet long, or four feet six inches is a better length, by sixteen inches wide, is folded to make a pocket six or eight inches deep. This is done by making the covering flap lengthwise and dividing it into three pockets by a few stitches across at a third of its length, making three equal divisions. Six buttons hold the flap in place. Loops at either end enable the soldier to wear it secured at the ends without it being rolled in blanket or overcoat. This case will hold two pairs of drawers, two flannel shirts, two pairs of stockings, towels and other extra pieces of clothing, and the "soldier's book."

It is useful in that it can be worn for days without giving fatigue, and the weight is so evenly distributed that the soldier does not suffer from carrying it or feel disposed to throw it away. Upon reaching camp the blanket can be unrolled and the case hung up or thrown in the corner, the clothing remaining in the case clean and undisturbed. The case will be found useful as a pillow when folded. When the clothing is rolled loosely in the blanket only, upon reaching camp the blanket is needed and the contents are likely to be scattered about the tent and soiled or ruined with mud and rain.

This clothing-case does away with the necessity of knapsack or clothing-bag, and can be manufactured easily and quickly, and at a trifling expense compared with the cost for the manufacture of knapsacks. The expense saved by the use of this case would be very great indeed in the equipment of even one regiment. No clothing-case could be more easily carried than one suspended from the shoulder. It can be used at

all times, even in action, and would then offer considerable protection of the vital organs against musket balls.

It is intended that this case be worn in the rolled blanket suspended from the left shoulder, giving the right arm full play and allowing, as we have seen, the utmost freedom in the performance of the most important exercises of the manual of arms.¹

Such is the description of the case as originally invented for the use of the soldiers and sailors in general. In preparing a work on "Military First Aid to the Injured, and Stretcher and Ambulance Drill," it has occurred to me that for Red-Cross Sergeants on the field no better case could be devised for carrying the necessary instruments and appliances to be used in first aid. The knapsacks, bags, and haversacks in use in the hospital corps of the European and American armies are clumsy and very tiresome. The constant stooping and rising positions assumed by the medical attendants in ministering to the sick are made doubly irksome by the clumsy and heavy bags and haversacks suspended by a strap which often cuts deeply into the shoulder of the wearer. I have devised a case for a Red-Cross Sergeant made in the same fashion but of different material than that used by the soldiers and sailors, who wear theirs inside the rolled blanket. This case is to be made of brown waterproof cloth secured at the right side by two strong straps. When required for use it can be quickly unslung and opened and as quickly closed and slung into position again. The contents are as follows:

One Hypodermic needle and rubber-stoppered bottle containing Magendie's solution, morphia, (Tiemann & Co.); one-half pound Lawton's absorbent cotton in a flat package; six woven bandages, antiseptic, (Tiemann & Co.); six first aid triangular bandages, (Tiemann & Co.); one case isinglass plaster; one inch tape; one package in flat wooden box, surgeon's adhesive plaster; three sponges in waterproof bag; two tourniquets, field (Tiemann & Co.); two tourniquets, Esmarch, (Tiemann & Co.); one tin box wax candles and matches, or folding lantern; one Red-Cross Sergeant's dressing case, (Tiemann & Co.)

This case will be found of great practical convenience and can be furnished at reasonable expense and much below the cost of Hospital knapsack bags, and haversacks already in use.

A very good field stretcher can be formed at once with three of these cases, either full or empty, secured upon two rifles. The ends of the cases being folded over the rifle stocks, and secured beneath. Number one holding the butts of the rifles as he would hold the stretcher handles, and number three holding the muzzles.

TWO CASES OF CANCER.

BY H. H. A. BEACH, M.D.,
Visiting Surgeon, Massachusetts General Hospital.

CARCINOMA OF LEFT BREAST: A NEW AND EFFICIENT MATERIAL FOR DRAINAGE TUBES.

A WOMAN, fifty years old, in good health, has noticed a bunch in left breast for some ten months. Skin adherent over tumor, which is movable on the parts beneath. A few glands, the size of beans, felt in the axilla. Operation done; removal of whole breast, with a dissection of the axilla. Previous to

¹ Read before the Boston Society for Medical Improvement, April 23, 1888.

¹ Journal of the American Medical Association, March 6, 1886.

the operation, for several days, breast and axilla, whole side of chest, and inner side of arm were scrubbed with a nail-brush and a solution of phenyle ($\frac{1}{50}$), and then with corrosive sublimate ($\frac{1}{1000}$), the axilla being shaved clean before the scrubbing. Boiled silk sutures, kept in strong alcohol and soaked in corrosive sublimate just before the operation, were used, and juniper oil catgut ligatures for a few bleeding vessels. The drainage was maintained by means of quills at either end of the incision.

The first and only dressing was done seven days after the operation, and the wound found healed solidly. The stitches were removed, together with the drains. It was found that the tubes had remained patent, clean, and unclogged by discharge of blood or serum. The tube-holes remaining were small, and seemed to heal quicker than the opening from which a rubber drain was removed in a breast case done the same day. The tube allowed of greater firmness in the application of the dressing, resisting compression more successfully than rubber tubing.

The patient was discharged from the Hospital at the end of fourteen days.

[NOTE.—The object of reporting so common a case as cancer of the breast was to record the use of a new and valuable means of drainage applicable to all cases where rubber tubes are used.]

CANCER OF THE PYLORUS, WITH GREAT DILATATION OF THE STOMACH.

The patient, a woman thirty-seven years old, had excellent health up to within one year. Since that time has lost flesh and strength, has vomited considerably, especially after meals. Has vomited no blood of bright color. Vomitus coffee-ground, mucus-like

material. Has noticed swelling of abdomen for two months. Bowels constipated; no cough. She was pale and extremely emaciated. Abdomen distended unequally, more on the left than on the right side, presenting a tumor that extends from beneath the left costal cartilages down on left side of abdomen, and across below umbilicus to right iliac fossa, where a

hard mass can be felt about the size of a fist, which is slightly movable and flat to percussion.

The patient was unable to take much nourishment, and failed rapidly. Eight days after entrance, temperature subnormal; only once above normal.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.

CHARLES F. STRONG, M.D., SECRETARY.

MEETING December 5, 1887. DR. C. F. FOLSOM in the chair.

DR. H. E. MARION read a paper upon

A CASE OF PYO-PNEUMOTHORAX, WITH AUTOPSY, IN A SUBJECT WITH EXTREME RETRO-LATERAL CURVATURE OF THE SPINE.¹

DR. A. N. BLODGETT read a paper entitled

TWELVE YEARS IN THE DEVELOPMENT OF A CASE OF MORAL IMBECILITY.²

DR. HENRY I. BOWDITCH said that the case was a painfully interesting and very important one. He thought that a grave responsibility rested upon all persons actually cognizant of the facts in regard to the questions of allowing such a patient to be at large in any community. The youth might kill any one present at this meeting but no jury would ever convict the assassin of murder, after hearing the details of his life and gradual development in normal obliquity, given by the reader.

DR. FOLSOM, spoke of the case of the notorious Jesse Pomeroy and said that the latter case was not one of moral imbecility. At the time of Pomeroy's sentence to be hanged only one definite diagnosis of the disease was made, namely, marked epilepsy, which, however, has not been justified by the subsequent history of the case. Pomeroy had no striking mental or moral defect or perversion except a love of torturing primarily, animals, and later children, for the gratification which their suffering gave him. The case was, in his opinion, similar to that of Piper, who had intercourse with dead or dying women, and to those of others who had intercourse with young girls or mutilated women for the added sexual gratification produced by the contortions induced by the sufferings of their victims. The cases were not many in which this striking perversion of character could properly be said to so far exceed the limits of self-control as to amount to real moral insanity or strictly speaking, one of its divisions, namely, *folie impulsive*. Dr. Folsom considered the Pomeroy and the Piper cases both in the same category and as not constituting real insanity or involving irresponsibility. At all events, there was no moral imbecility in either case.

In regard to the case reported by the reader, Pinel has remarked, and his observation had been verified by subsequent experience, that striking moral perversion had not the same significance in children and youths as in adults and that age and proper discipline often corrected it, while if neglected or treated with weakness and indcision, it developed into actual moral insanity or primary insanity, so called. Dr.

¹ See page 544 of the Journal.

² See page 537 of the Journal.