He went home July 16th, and since that time has been well.

The growth was a fatty tumor, but the lobules of fat instead of being large and distinct were very small and white and surrounded by a fibrous stroma, which gave to the cut surface much the appearance of a glandular tumor.

The rapidity of growth in this case was rather remarkable as was the marked change in the seeming character of the tumor, as it increased in size. At first, while buried between the muscles of the thigh, it was hard and immovable, while later, when it pushed its way up from among them, it was much softer and had considerable mobility.

PYÆMIA.

Albert D., admitted Saturday, June 20th. A strong, rugged boy. A week before while at play, he had fallen six or seven feet from a fence, striking on his side. He complained of soreness about the body on Sunday but went to school as usual on Monday. On Tuesday he became feverish, vomited and complained of pain in the neck and back; these symptoms continued and on Thursday he became delirious. His parents brought him to the hospital and he was admitted on the medical side, but no definite diagnosis was made. Numerous fine moist râles and patches of consolidated lung were found, which seemed to indicate a broncho-pneumonia, but there were also some of the symptoms of typhoid. There was a pustular eruption scattered over the body, most marked about the knees.

His condition remained unchanged for the first two days; he was actively delirious a part of the time, and nothing happened to throw any light on the case. On the third day, June 22d, the parotid gland on the right side began to swell and grow painful. Dr. Cabot now made a diagnosis of pyæmia, and the boy was transferred to the surgical side. On the following day the middle joint of the second finger of the right hand became swollen and painful, and the next day a swelling appeared in front of the left ankle. The swellings all rapidly increased in size, and fluctuation was soon found. They were all opened early. That of the finger communicated with the joint and contained thick fetid pus; the one at the ankle was more superficial, but extended five or six inches up the leg, necessitating two openings; this also contained thick and fetid pus. The parotid abscess contained thick laudable pus.

The delirium passed away, but the boy lay in a typhoidal state most of the time, taking brandy ʒi every three hours, and quinine gr.iii t. i. d. June 30th, the parotid on the left side began to enlarge, but this subsided under poultices, without forming an abscess. He remained in about the same condition until July 11th, when his right elbow suddenly became painful and swollen, and the next day a swelling appeared in the region of the submaxillary gland on the left. Both of these abscesses enlarged so quickly that they were ready for operation by the 13th.

The pus evacuated from the submaxillary region was extremely fetid. At the elbow, an incision was made on the outer side and a counter opening on the inner side; a drainage-tube was passed directly through the joint. The contents of this abscess was then seropus.

The boy seemed better and brighter after these two abscesses were opened. His stimulants had been increased to $\text{iv} \frac{3}{4}$ daily; this with eggs constituted almost

all his food. He went on for about ten days without any set-back: the discharge from his numerous wounds was slight and he seemed to improve; but on July 24th, the right thigh was seen to be swollen posteriorly; three days later this was incised and a large quantity of pus was evacuated. There was no communication with the hip joint or the pelvis, as far as could be found. While he was upon the operating-table a swelling about the size of an egg opposite the lower dorsal vertebræ on the right side, was noticed. It was soft and fluctuating and could be made to disappear by pressure as though it were pushed within the cavity of the body. There were no symptoms connecting this in any way with the spinal canal. As it was evidently quite different from the other swellings, it was thought wise to aspirate it, and about ʒi of clear fluid, containing a few shreds of tissue, was obtained. This was sent to Dr. Gannett, who reported that it closely resembled cerebro-spinal fluid. It contained a small amount of albumen and some chlorides.

From this time the boy improved steadily. The discharge from all the abscesses rapidly diminished, and those which did not communicate with joints healed quickly.

By October 2d, he had gained strength enough to sit up. On the night of October 14th, he began to complain of pain in the left elbow, and in the morning it was found red, swollen and fluctuating. An internal angular splint was applied and the pain and swelling rapidly disappeared. In two weeks the splint was removed and all signs of trouble were gone.

The past month he has gained much in strength and is running about the ward. There is still a slight discharge from the elbow and finger, and from the submaxillary gland. The elbow has become ankylosed, and excision is proposed when he becomes stronger.

A CASE OF PARIS-GREEN POISONING.

SERVICE OF O. W. DOE, M.D., BOSTON CITY HOSPITAL.
REPORTED BY CHARLES E. TAFT, M.D., FORMER HOUSE-PHYSICIAN.

MICHAEL K., was brought to the Boston City Hospital, May 24th, by friends who stated that he had poisoned himself.

The following history was obtained:

For some time his health had been poor and for the past few days his mind had not been clear. He had not been melancholic.

About six o'clock this morning, after drinking a cup of coffee, he went to a cupboard to get some licorice-powder which he had been accustomed to take for constipation. By the side of the licorice stood some Paris-green which had been recently obtained by the family to use about the place for vermin. As it was rather dark in the cupboard he did not notice the difference in the powders and took three or four teaspoonfuls of the poison.

The mistake was soon noticed and a physician sent for, but between one and two hours elapsed before he arrived. An emetic was then given and vomiting induced. His physician then ordered his removal to the City Hospital. Before arriving there he vomited several times and had some cramping of the muscles of the arms and legs. In all it was six hours and a half before he reached the hospital from the time he took the powder. He arrived there at 12.30.

Examination showed a man about sixty years of age and of rather poor nutrition. His temperature was very slightly subnormal, pulse 96, and of fair strength. There was no tenderness over the abdomen. Said he did not feel sick and there was certainly but very little in his aspect to indicate his condition. Said he had no burning sensation in throat or abdomen.

Very soon after entrance he vomited freely, the vomitus containing considerable greenish powder. A stomach-tube was introduced and the stomach was thoroughly washed out with warm water and warm lime-water. He vomited very freely while the tube was in his stomach. The vomitus appearing to be too thick, from the large amount of green tenacious mucous which it contained, to come away readily through the tube. Soon afterward he had a loose defecation containing some of the greenish powder. An enema of olive oil, suds and turpentine was given and two ounces of castor oil by mouth. The latter was almost wholly vomited.

He remained quite comfortable till 2 P.M., when vomiting commenced again. Dialyzed iron and the hydrated oxide of iron were freely given.

Now he began to look badly. His hands and feet were cold and his pulse was weak and increased in frequency. He complained of cramps in his legs and occasionally in his abdomen. Heaters were applied and abundant stimulation given. He failed steadily and died at 6 P.M., in a collapsed condition.

Autopsy sixteen hours after death by Dr. F. W. Draper: Brain rather moist. Few sub-pleural ecchymoses. Hæmorrhage into the lungs in many places. Subendo-cardial hæmorrhages. Hæmorrhages into both kidneys. The stomach contained considerable mucous and had extensive hæmorrhages, especially about the pyloric end. There was some Paris-green in the pyloric end of the stomach. Intestines contained Paris-green along the whole extent. There were no hæmorrhages into the intestines.

Two points in this case seem especially worthy of mention: the slight amount of abdominal pain, usually a prominent symptom in cases of arsenical poisoning, and the length of time which elapsed before the symptoms began. Until the character of the vomitus was seen, the absence of prominent symptoms after so long an interval, the strength and general appearance of the man made it seem extremely doubtful whether he had taken a fatal amount of Paris-green.

Reese, however, mentions a few cases where the symptoms were delayed from seven to sixteen hours after the arsenic was taken.

—The administration of very small frequently repeated doses of calomel, is recommended by Dr. Musser, of Philadelphia (*Therapeutic Gazette*), in the treatment of summer diarrhœa and vomiting of infancy. In severe cases he recommends a powder containing one-eighth to one-twentieth of a grain of calomel, combined with one-twelfth to one-fourth of a grain of Dover's powder, if there be much pain, fever, or restlessness. These ingredients, combined with a small quantity of powdered sugar, make a very minute powder, which is placed dry on the tongue, and washed down by a spoonful of water, with or without stimulant. He recommends that the dose should be repeated every half-hour at first.

Reports of Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

STATED meeting, March 25, 1886, the President, DR. J. C. WILSON, in the Chair.

INTRA-CRANIAL HÆMORRHAGE: RECORD AND CLASSIFICATION OF ONE HUNDRED AND FORTY-THREE CONSECUTIVE FATAL CASES OBSERVED IN MEDICO-LEGAL PRACTICE AND IN PRIVATE AUTOPSIES IN THE CITY OF PHILADELPHIA,

by DR. H. F. FORMAD.

Dr. Formad made some remarks on the different forms of intra-cranial hæmorrhages he had observed, and presented a number of specimens in illustration. There existed, he said, no well-defined descriptions of the various forms of intra-cranial hæmorrhages with reference to their etiology, and no classification that could be of any service in medico-legal examinations, and Dr. Formad suggested the classification and observations presented below as particularly adaptable for the latter purpose. These records may also be of some use to the surgeon who wishes to trephine. The observations were sufficiently numerous to warrant conclusions of importance for various ends. Dr. Formad regretted that he met his cases on the autopsy table only, and hence was unable to offer clinical details. In some cases the history was far from being reliable, and in a few the history was left to conjecture from the surroundings, the circumstances of the case, and the appearance and general lesions of the body. Dr. Formad wished to give credit to his colleague in coroner's work, Dr. R. R. Stewart, whose assistance in these observations he enjoyed, and also to his assistants, Drs. A. J. Plumer and George H. Chambers. Dr. Formad's cases of intra-cranial hæmorrhage embrace the results of kinds of head injuries (traumatic), and cerebral apoplexies (idiopathic hæmorrhages) as well. By the term cerebral apoplexy, he meant exclusively hæmorrhage in the brain, and did not refer to "congestive," "serous," "embolic," or "nervous," apoplexies, and other affections which tyrannic nomenclature has thrown together under the name of apoplexy.

Idiopathic cerebral apoplexy should also be strictly separated from traumatic cerebral hæmorrhage (this is not done by many writers). The latter can be further sub-divided into very well-defined sub-varieties of hæmorrhages, each etiologically distinct, as will be shown below. These observations will clearly show the necessity and usefulness of a classification such as suggested. There should never be any reasonable doubt at the post-mortem table as to whether a cerebral hæmorrhage was due to disease or to injury, or to both combined; nor as to whether a head injury preceded or followed an intra-cranial hæmorrhage. Dr. Formad believed that the diagnosis between the conditions just stated was much more difficult during life. He had seen errors made by foremost surgeons and physicians, and in the best hospitals in this city. Dr. Formad had seen cases of apoplexy diagnosed as fracture and trephined, and he had seen cases of fracture of skull unrecognized and untouched—left to die in the medical wards.

DR. FORMAD divided the cases of intra-cranial hæmorrhage observed by himself into the following eight different classes, the accounts being given here in abstracted form.