

and he quietly sank and died on the following Tuesday, the 14th, having lived exactly a week after swallowing the poison. The vomiting of dark-coloured blood continued up to the time of his death.

A post-mortem examination was made 24 hours after death. The weather was very warm but there were no signs of putrefaction. Very slight rigor mortis, if any, was perceptible. The body presented a most curious and interesting appearance. The whole of the neck in its entire circumference, back, and sides bore the appearance of having been stained in a deep solution of Prussian blue, the colour being most intense and brilliant; it was not mottled but uniformly stained. The arms and legs showed an icteric tinge; their superficial veins looked as though they had been injected with a solution of Prussian blue paint and were most beautifully mapped out. On opening the body the chief points noticed were as follows. The stomach contained half a pint of liquid blood; it was deeply coloured blue; it showed softenings and ulcerations in patches, and it was thickened in other parts. The whole of the intestines showed signs of an irritant poison; they were deeply pigmented with the colour, and the contents were dark and pitchy. The transverse colon was intensely inflamed and the fat of the great omentum showed bright extravasations of blood and was most striking in appearance. The heart, liver, and kidneys showed signs of commencing fatty degeneration. The lungs and the liver were deeply coloured blue. The brain was rather anæmic, soft, and almost diffident in parts.

Dudley.

MULTIPLE WARTS CURED BY REVACCINATION.

BY J. DIBBLE STAPLE, M.R.C.S. ENG., L.S.A.,

PUBLIC VACCINATOR FOR THE ASHLEY DISTRICT OF THE BRISTOL UNION

THE relatives of a girl, aged 15 years, consulted me in reference to a number of warts which she had on both of her hands. She had herself counted 94 on the right hand. Her parents had tried several "popular" remedies but with no satisfactory result. Having recently read in one of the medical journals that a number of warts had been cured in a patient who had been revaccinated, I determined, with the consent of the relatives, to give this treatment a trial. I revaccinated the patient on June 1st. The operation was successful, but no effect was produced upon the warts until seven weeks after, when, to use the description of the patient, the warts gradually "disappeared," leaving temporary white spots, and when I saw the patient on August 30th she had no trace of them.

Bristol.

VACCINATION IN MERTHYR TYDVIL.—At the meeting of the Merthyr Tydvil board of guardians held on Sept. 1st it was reported that for the last six months of 1899, in the various districts of the union, there had been 2182 births. Of these children 1484 were successfully vaccinated, three were insusceptible, 437 died unvaccinated, and 117 were medically postponed. There were 12 cases of conscientious objection, and 85 remained unaccounted for. The cases unaccounted for occurred in Merthyr and Gelligaer, and the clerk was instructed to write to the vaccination officers of these respective districts calling their attention to the large proportion of these cases.

FOREIGN UNIVERSITY INTELLIGENCE.—*Athens*: A chair of Hygiene and Bacteriology has been created to which Dr. Savas, a military staff surgeon, has been appointed.—*Berlin*: Dr. Emil Grunmach has been promoted to an Extraordinary Professorship of Medicine.—*Bologna*: Dr. Nicola Giannettasio has been recognised as *privat-docent* of Clinical Surgery and Operative Medicine.—*Greifswald*: Dr. Hugo Lüthje of Marburg has been recognised as *privat-docent* of Internal Medicine.—*Halle*: Dr. Fritz Haasler, *privat-docent*, has been granted the title of Professor.—*Heidelberg*: Dr. Fürbringer of Jena has been appointed to succeed Professor Gegenbaur in the chair of Anatomy.—*Munich*: Dr. Moritz Hofmann has been appointed to the chair of Forensic Medicine.—*Rome*: Dr. Lorenzo Bonomo has been recognised as *privat-docent* of Medical Pathology, and Dr. Mario Ponticaccia as *privat-docent* of Pediatrics.—*Strasbourg*: Dr. Edwin Faust has been recognised as *privat-docent* of Pharmacology.—*Utrecht*: Dr. Ziehen of Jena has been appointed to the chair of Psychiatry.

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.

WESTMINSTER HOSPITAL.

TWO CASES OF GANGRENE OF THE LUNG TREATED BY
PARTIAL EXCISION.

(Under the care of Dr. W. MURRELL and Mr.
WALTER SPENCER.)

THE rarity of gangrene of the lung is indicated by the statistics of Waller¹ who in 2663 post-mortem examinations, including 895 cases of pulmonary disease, found only two of gangrene—i.e., less than 0.1 per cent. of the whole number; but Boudet² in 511 post-mortem examinations found nine cases of gangrene. The value of operation in pulmonary gangrene is undoubted. Reclus³ says that in cases treated by operation the mortality is only 25 per cent., while in cases treated medicinally it is 75 per cent.

CASE 1.—A labourer, aged 32 years, was admitted into the Westminster Hospital on June 13th, 1900, complaining of pain in the right side which was increased by coughing. He stated that he had been perfectly well until three months previously when he contracted a cough which was attended with much expectoration. He had lost flesh and his appetite was bad. On admission it was found that there was dulness all over both backs with scattered moist sounds. At the right base posteriorly the dulness was more intense and the respiratory sounds were absent although friction could be detected here and there. The heart sounds were normal. The temperature ranged from 99° F. in the morning to 101° in the evening. The expectoration was of a peculiarly offensive character and the odour, in spite of the free use of antiseptic inhalations, could be detected in the corridors outside the ward. There was no doubt that the base of the right lung was gangrenous. The patient continued to lose flesh, was unable to take nourishment, and was in a critical condition. On the 28th the temperature ranged from 98.2° in the morning to 101.4° in the evening. The pulse was 112, feeble, and easily compressed and the respirations were 36. The expectoration, which could be separated into the typical three layers, contained streptococci and sarcinæ but no tubercle bacilli. The specific gravity of the urine was 1020; it was acid and contained neither sugar nor albumin. On June 29th Mr. Walter Spencer resected the seventh rib on the affected side and removed a large quantity of foetid pus with portions of gangrenous lung. The pulse on the evening of the operation was 118 and the respirations were 56. The following night the temperature was 100°, the pulse was 134, and the respirations were 49. The patient rallied for a time, but died on July 3rd.

Necropsy.—At the post-mortem examination the following appearances were found. There were adhesions in both pleural cavities, but most extensively on the right side. On the right side behind the pleura was gangrenous and sloughy over a space as large as a man's hand. The upper lobe of the right lung was normal throughout but cedematous. The middle and lower lobes were coherent and in the lower part of the latter there was a gangrenous focus of the size of a Tangerine orange. Around, the lung was semi-solid with a tendency to break down. The left lower lobe showed a small cavity in the upper part of a distinctly pyæmic character. There was no evidence of tuberculosis in the lungs. Around the cavity in the left lung the pulmonary tissue was intensely cedematous and looked as if it were in a state of grey hepatisation, but it still contained air as indicated by the fact that some portions did not sink in water. The larynx, trachea, and bronchi were full of blood-stained mucus. There

¹ Prager Vierteljahrschrift, 1846, Band xi., p. 63.

² Archiv Générales, 1843, vol. iii.

³ Revue de Thérapeutique Médico-Chirurgicale, Nov. 1st, 1835.