

the voyage to England. The leg was steadied in two lateral plaster-of-Paris splints, extending from above the knee to the toes. On the patient's arrival in London some dead bone was removed and several months afterwards small flakes of bone were dislodged. Although several pieces of the tibia were removed during the operation there was not one-sixteenth of an inch of shortening as compared with the sound leg. Even in this severe wound, which was exposed for seven weeks to the emanations of a West African swamp, there was never any sign of septic poisoning and only once slight malarial fever. In September, 1896, a Roentgen photograph was taken of the wounded leg. On examination of the same a slight thickening of the bone was observed over the fracture and what seemed to be a spur of bone nearly extending to the fibula.

West Africa.

CASE OF MEASLES COMPLICATED WITH PNEUMONIA, FOLLOWED BY SCARLET FEVER AND DIPHTHERIA.

By E. B. MACDONALD ATKINS, L.R.C.P. & S. EDIN., &c.

THE following case may, I think, be looked upon as almost unique in medical practice

In the evening of Nov. 6th, 1895, I was called to see a delicate-looking child three years old who had been suffering with measles for some days, but prior to my visit had not been under regular medical treatment. On my arrival the child's mother informed me that he had been going on well so far as the measles was concerned, but that he had a troublesome cough, which seemed to be getting worse, and all through the day she noticed that his breathing was rather quick, and fearing that he was getting bronchitis she thought it better to have medical advice. On examining the boy I found his temperature to be 102.6° F., the pulse 130, and the breathing quick and irregular; but on account of the child being very restless it was impossible to get a correct estimation of its rate. Well-marked congestion of the base of the right lung was present, so I prescribed small doses of calomel and Dover's powder and ordered linseed poultices. Next day the temperature had risen to 103° and the case had developed, as I expected it would, into ordinary acute pneumonia affecting the lower lobe of the right lung only. Under treatment the patient went on very favourably, the temperature coming down and the lung commencing to clear on the sixth day. Two days later the temperature again rose, reaching 103.6°, and a fresh area of dulness appeared. I began to fear the case was about to turn out badly. In a few days, however, the temperature began to fall and the dulness cleared rapidly, and by Nov. 24th, eighteen days after first seeing the case, it was given over as convalescent. On Dec. 4th I was again requested to see the child. This time I found him suffering from scarlet fever; his throat was very much inflamed and his body covered with the rash. His temperature was 103.8° and his pulse 140, with restlessness and constipation. A calomel powder relieved the bowels, and on the following day the temperature had fallen to 101° and the pulse to 120. By the 6th the rash commenced to fade, but the throat made no progress whatever. On the contrary, the inflammation about the uvula and soft palate seemed more intense, and the child's condition was far from satisfactory, and continued so until the 8th, when an extensive diphtheritic patch appeared on the soft palate and uvula. The temperature had risen to 104.8°, the cervical glands became enlarged, and the urine contained albumin. The patient was placed on iron, sulphate of magnesium, and perchloride of mercury, the throat being painted four or five times daily with a mixture of salicylic acid, sulphur, and glycerine. On the 9th anti-diphtheritic serum was injected, and immediately afterwards the temperature, which had fallen to 103°, went up to 105°, but fell again by the evening to 104°, and the following morning to 103.5°. The child was now in a very prostrate condition, taking scarcely any nourishment, and to all appearance the case was hopeless. By the 11th there was slight respiratory stridor and a fresh patch appeared on the back of the throat; the temperature

had gone up to 104° and the pulse to 150. Another dose of antitoxin was administered, after which the temperature reached 105.4° and the pulse could not be counted. This state of affairs continued, to my astonishment, for two days, when the temperature fell to 103° and the pulse to 140. The child then began to take more nourishment and altogether assumed a condition which appeared favourable, the temperature oscillating between 102° and 103° for about a week, when severe diarrhoea set in and I thought we should lose the patient. His strength was so exhausted that I failed to see how he could possibly battle against this new trouble. After continuing for two days, however, it ceased and the child once more began to make progress, but very slowly, as was naturally to be expected. There was extensive sloughing about the soft palate followed by paralysis, which made it most difficult for the patient to swallow the fluid nourishment. There was also deafness and discharge from both ears, this latter being treated with iodoform pigment. He has made a slow but uninterrupted recovery, the only sequela being the aural trouble. The discharge appears at intervals, but is not so copious, and the hearing is greatly improved. The paralysis of the soft palate has entirely disappeared.

Of course, individually considered, the case did not present much that was unusual, but it was the fact of the four diseases following each other so closely in an already delicate subject, and ending as it did in recovery, which makes it remarkable. I feel certain that in this instance the diphtheria was due to an unfinished upcast shaft from a house drain; the child's throat being much inflamed was, no doubt, in a favourable condition to absorb the poison, and the foul gas from the pipe had not far to travel to reach the bedroom window.

Brigend.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

MALIGNANT DISEASE OF THE BREAST OF TWENTY YEARS' DURATION THREE TIMES SUCCESS- FULLY OPERATED ON.

By D. CAMPBELL BLACK, M.D. GLASG., F.R.S. EDIN.,
PROFESSOR OF PHYSIOLOGY IN ANDERSON'S COLLEGE MEDICAL SCHOOL.

THE question of operation in malignant disease of the breast, especially in the aged, is one of the most debateable in surgery. The following brief notes of a malignant case thrice successfully operated on may, therefore, be interesting to surgeons.

The patient, a widow, is now seventy-one years of age. In August, 1884, she consulted me regarding an indurated tumour in the breast which presented all the appearances of scirrhus, with retraction of the nipple, lancinating pain, &c., and rapid growth. She stated that, at the very least seven years previously, she noticed a swelling in the breast. In September I removed the whole breast and all the diseased tissues. The patient was, and continues to be, spare, but is otherwise in good health. The axillary glands were not affected. No microscopical examination of the tumour was made in 1884. The patient made an excellent recovery and continued in good health till 1890, when a recurrence of the disease appeared in the cicatrix. This it was deemed advisable to remove, and I accordingly did so in April, 1890. The patient again made a capital recovery and, as on the former occasion, enjoyed excellent health and comfort subsequently to the operation. No complaint was made to me regarding the breast until the beginning of this year, when the patient called upon me and showed me a very considerable tumour in the same site as formerly. The tumour had a tense appearance and feel, showed marked vascularity, and was accompanied as before with lancinating pains. In view of the now advanced age of the patient (seventy-one years) doubt was expressed by my friend Dr. James Lawrie, whose able assistance I received on the former occasions, whether

it would be wise to interfere again. The patient, however, inclining to an operation, the former history of the case influencing me in the same direction, and the tumour threatening to burst and ulcerate, I advised it. For this purpose the patient was placed under chloroform on March 29th, when Dr. Lawrie accidentally discovered a swelling in the anterior angle of the neck on the left side, near the origin of the sterno-mastoid muscle. It was his opinion that here we had evidence of disseminated cancer and he urged the impropriety of proceeding with the operation. To this suggestion I at once acquiesced. Subsequently I carefully examined the swelling in the neck, and coming to the conclusion that it was not solid, and that it had no connexion with the mammary tumour, I opened it freely and was able to empty it of a caseous friable material. This swelling has almost disappeared. Encouraged by this, and yielding to the solicitations of the patient, I proceeded to remove the mammary tumour on March 5th, with the assistance of my friends Dr. James Lawrie and Dr. Erskine. The tumour was freely removed in the usual manner. On the first free incisions being made a large quantity of blood and caseous matter were squeezed out before reaching the more organised tissue. No antiseptics were used; the wound healed by the first intention except around the drainage tube. The patient, now in her seventy-second year, is once again in excellent health and capable of undertaking a walk of from four to six miles, after being thrice operated on within the last twelve years for an affection of the breast, from which she has to her certain knowledge suffered for nearly twenty years.

The question arises, What is the nature of the tumour? That it is of a malignant nature its proneness to recurrence amply demonstrates. Careful microscopic examination by Mr. Marmaduke Sheild and Dr. H. D. Rolleston of St. George's Hospital, and Dr. Thomas Reid and Dr. Bell Todd of Glasgow and myself, gave negative testimony as to pathognomonic cancer cells; the diagnosis, therefore, of scirrhus is based on clinical evidence, and suggests the question whether there are really special and characteristic cancer cells. I am much inclined to doubt it, and in this view I am supported by competent microscopists.

Note.—I have examined the cicatrix to-day (Nov. 9th) and I regret to add that a hardness of a very suspicious character exists in and around it. There can be no doubt that the disease is scirrhus and that it has existed for about twenty years.

Glasgow.

ON THE DOSAGE OF SOME OF THE VASO-MOTOR DILATORS.

BY ANGEL MONEY, M.D., F.R.C.P. LOND.

I SHOULD like to offer some conclusions as to the use of nitro-glycerine in children. The drug appears to have no toxic effects in infants and small children, even in very large doses. It is my constant habit to prescribe one minim of a 1 per cent. solution to infants under the age of two years every two or three hours. I use it in place of the sweet spirits of nitre, and prescribe paraldehyde separately. Let me give an illustration from my case-book. A female infant aged nine weeks was seen in Sydney on March 25th, 1894, in the status epilepticus. The exact prescription was one grain each of the bromides of ammonium, sodium, and potassium, three minims of tincture of belladonna, one minim of solution of nitro-glycerine (1 per cent. alcoholic solution), ten minims of glycerine, with peppermint water to one drachm in water every four hours. This was kept up for forty-eight hours. On April 9th, 1894, the fits had returned in great severity and the same dose was repeated every three hours for another two days. This case is mentioned because the child has been seen by me at frequent intervals up to the present day, and, so far as I know, the nitro-glycerine has done no harm. The fits have long ceased to occur. She is still brought to me from time to time on account of severe urticaria, which I have not set down to the nitro-glycerine, but which is, as is not infrequently the case, very refractory to treatment. The alcoholic solution of nitro-glycerine figures largely in my prescriptions and has done so for many years past.

Sydney, N.S.W.

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.

TWO CASES OF DEATH FROM A NEEDLE IN THE CHEST.

(Under the care of Dr. SAINSBURY and Mr. BERRY.)

FOR the notes of the following two cases of death caused by needles in the chest recently observed at the above hospital, we are indebted to Mr. F. C. Bottomley, senior resident medical officer.

CASE 1.—A man aged fifty-six years was admitted to the hospital under the care of Dr. Sainsbury on Aug. 22nd of this year complaining of great pain in the back and of having brought up some blood; these symptoms had been present for four days. During the two days he lived in the hospital his pain was very severe, the temperature varied between 102° and 104° F., and he had frequent attacks of hæmatemesis. At the post-mortem examination Mr. Wingfield, the house-physician, found one end of a broken needle projecting into the upper part of the dorsal aorta; between the aorta and œsophagus was a cavity the size of a marble filled with blood clot and communicating by a small track with the œsophagus. It seems probable that the needle had first lodged in the œsophagus and had then worked its way to the aorta.

CASE 2.—A woman aged thirty-five years was taken to the hospital in a condition of extreme collapse on the evening of Nov. 9th, having suddenly fallen down in King's-cross station. When the clothes were removed a pointed projection was seen under the skin near the left border of the sternum at about the level of the fourth rib, and it was observed to move up and down with each heart beat. An incision was made over it by the house surgeon, and a needle about one and a half inches in length was removed. The patient was admitted to the hospital under the care of Mr. Berry and gradually recovered consciousness. She then stated that she had had severe pain in the left breast for two days and had noticed a "tumour." She soon became very restless, and the face, in addition to being very pale, was rather blue. Repeated examinations of the chest revealed no increase of cardiac dulness or other abnormal physical sign. Death took place a few hours after admission. At the post-mortem examination about three-quarters of a pint of blood was found in the pericardium, and close to the origin of the pulmonary artery there was a hole about a quarter of an inch in diameter through the wall of the right ventricle, which was also much scratched. It seems probable that the needle entered the body near to the spot at which it was found, and that it afterwards became tilted so that one end was fixed in the heart and the other projected under the skin.

Remarks.—In neither of the above cases had the patient any remembrance of swallowing a needle or being pricked by one, and the condition in the man was unsuspected until revealed at the post-mortem examination. Death in both instances was due to hæmorrhage.

WEST HOSPITAL, RAJKOT.

A CASE OF HAND- AND SHOULDER-PRESENTATION WITH SPONTANEOUS EVOLUTION.

(Under the care of Surgeon-Major C. MONKS.)

THIS case illustrates an unusual form of presentation and lends additional force to the opinion expressed by the author of one of our text-books on midwifery. "The mechanism of spontaneous evolution, since it was first clearly worked out by Douglas, has been so often and carefully described that we know now precisely how it occurs. Although every now and then a case is recorded in which a living child has been born by this means, such an event is of extreme rarity,