21st of August, she had symptoms of acute inflammation of the pelvic peritoneum, depending on perforation and escape of the contents of the bladder, and she gradually sank and died the next day.

The *post mortem* examination was conducted on the 23rd of August. All the organs of the body were healthy with the exception of the bladder. At the base of the bladder was a nearly circular ulcerating tumour about one and a half inch in diameter. The centre was in a state of slough, and raised about an inch and a quarter above the surface. It was covered with viscid mucus and phosphatic concretions, which were incorporated with and imbedded in its substance in the most striking manner. At the circumference, the edge of the tumour was raised, much thickened, and everted. The chief thickness was made up of closely packed proliferating nucleated fibres, which were arranged in bundles, and surrounded by white fibrous tissue and a few yellow elastic fibres. On the left side, and above this tumour, was a second one, about three-quarters of an inch in diameter, with its surface in a state of slough, and nearly in the centre was a small oval perforation, which had caused the bladder-contents to escape. The juice of the tumour was found to consist of large voluminous envelopes containing numerous nuclei, and was exactly similar to what had been observed in the shreds of organic matter passed in the urine during life. The surface and cavity of the ulcerating tumour of the posterior wall of the bladder were literally covered and filled with large phosphatic concretions, which, by giving the click and sensation of calculi to the sound, might very easily have led to the diagnosis of stone only, whereas a careful examination under chloroform, by sounds, and also by the finger in the vagina, led to the positive diagnosis of malignant tumour of the bladder, which was verified on *post mortem* examination. The concretions, which were passed during life in great numbers, and which remained in the cavity of the tumour after death, to the quantity of about a dessertspoonful, were of various shapes and sizes, and crystalline.

CASE OF WOUND OF THE ABDOMEN BY A PISTOL-SHOT: PERFORATION OF THE PERITONEUM AND RETENTION OF THE BALL.

By DANIEL BRADLEY, L.R.C.P., L.R.C.S. Edin.

ON the morning of the 25th October last, I was summoned to a grocer, aged 25 years, of by no means robust constitution, and for some time previously the subject of oxaluria, who had accidentally shot himself. The accident occurred in the following manner. He was in the habit of keeping a small six-chambered Colt's revolver near his safe, and on the above-mentioned morning was proceeding to load it; for this purpose, he used copper-cased cartridges, each containing at one end, which was closed, fulminating composition, with a small piece of wire to explode it, and at the other end a conical ball inserted firmly, so as to close it, and retain the powder in its place, each cartridge forming a complete charge. These cartridges fitted the chamber too tightly, and, whilst endeavouring to adjust one of them, it exploded, the ball entering his abdomen in the epigastric region.

On my arrival, I found him walking about the room. It appeared that, his waistcoat having been fastened only by the lowest button, the ball had passed through his shirt and woollen under-shirt, tearing away, but not completely separating, a small circular piece of each, leaving them hanging by a few threads; and had perforated his abdomen one inch below the ensiform cartilage, and half an inch to the left of the middle line. The aperture was circular, with inverted edges, which were livid for about a line in breadth; there was a very slight amount of bleeding, and I was unable to find any aperture of exit.

I called in the assistance of Mr. S. D. Fereday, who agreed with me that the ball had, without doubt, penetrated into the cavity of the peritoneum. A Simpson's uterine sound, which we straightened and used in default of a gun-shot probe, was passed six inches, and could be moved in any direction in the abdomen. There was no evidence of any viscus having been wounded, no vomiting, nor very great shock; his pulse was 96, and small. He was placed in bed upon his back, and perfect quiet enjoined, the wound simply covered by a little lint soaked in blood and retained by strips of plaster; he was ordered to have milk simply, and a grain of opium every four hours.

During the first four or five days the pulse quickened; there were abdominal pain and a little "oppression" of the chest. Opium was the chief remedial agent. On the third day, calomel was added, and four leeches were applied to the abdomen. Later in the day, a dose of castor-oil was given, followed by an enema. The bowels then acted freely.

After the fifth day he continued rapidly to improve, without intermission. On the fourteenth day from the injury he was allowed to get

up and sit in an easy chair. The ball had not caused any inconvenience, nor had any pain or other symptom occurred to indicate its probable position. The wound granulated and was cicatrised on the thirtieth day; and he was able to attend to business, and walk from two to four miles daily.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

FRACTURE OF THE BASE OF THE SKULL, FROM BEING BLOWN AGAINST A WALL.

By C. A. HEMINGWAY, Esq., Dewsbury.

MARY S., a power-loom weaver, aged 20, when walking past the corner of the mill, was caught by a very strong gust of wind, which carried her back some little distance, and dashed her against the wall of a warehouse. Some persons went to her, and found her quite insensible. This was a little after six in the evening. In a short time she recovered consciousness, and was taken home in a cab. I saw the girl about ten o'clock P.M., when she was quite insensible. I found a lacerated wound of the scalp, about two inches long, above the right ear, also a small lacerated wound upon the chin. There was bleeding from the mouth, and slight hæmorrhage from the left ear. The patient gradually sank, and died about twelve o'clock the same night. A *post mortem* examination was not allowed.

I send the report of the case on account of the serious injury being produced by so unusual a cause.

IMPACTION OF A PEBBLE IN THE TRACHEA.

By T. R. ADAMS, M.D., Croydon.

[Abstract of paper read at Meeting held at Croydon.]

WE have already noticed this case at the time of the inquest. A little girl, aged 4 years, who had been suffering for two months from hooping-cough, swallowed a small milk-white pebble which she was sucking, "to try and get milk out of it." A violent fit of coughing followed, and suffocation seemed imminent. Her father slapped her on the back, and the danger passed. The stone was looked for in the motions, but was not seen. No further symptoms of any sort arose, and the child played about as usual for three months, when one evening (Oct. 30th), after being put to bed, a fit of coughing came on, and she was soon suffocated. On examination, the stone was found lying just beneath the cricoid cartilage. It did not appear to have set up any irritation.

FOREIGN BODIES IN THE OESOPHAGUS.

By T. MOWBRAY HENDERSON, M.D.

AS the above subject appears to excite considerable attention in the profession at present, the following case may prove of interest, in consequence of the lengthened period during which a coin remained impacted in the gullet.

A boy, four years of age, was playing with a bronze penny, when the coin suddenly disappeared, and the child seemed to be on the point of suffocation. A medical man was called in, and examined the throat; but, being unable to detect anything, and the paroxysm being over, he concluded that the child had either swallowed it, or that it had never been there at all. He ordered a dose of castor-oil, and left.

The child, although breathing with comparative freedom, grew gradually worse. He was unable to swallow anything but fluids; the saliva was continually running from his mouth; and he kept whining and crying, as if in pain. In consequence of this continued inability to swallow, I was called in eight days after the occurrence. He was then much emaciated. On examining his throat, I found the fauces very much inflamed, but could see nothing of the coin. On introducing my finger, however, as far back as possible, I could just feel the rim of the penny. Having no forceps by me at the time, I went to the nearest blacksmith's, and got him to bend two rods of iron, and fasten them together with a pivot. With this rude instrument I succeeded, after two or three slips, in extracting the coin. It required considerable force to dislodge the penny, as it was held firmly between the two walls. The boy recovered rapidly.