ment in the early stages, acting as diaphoretics and diuretics, and thus clearing the system. Vapour-baths have a useful and soothing effect, and divert and occupy the attention. Cannabis indica is useful to promote sleep and soothe the patient. As soon as the restless craving has abated, we must order exercise and light occupation, together with a mild diet, including a free use of fruit, but avoiding butchers' meat. The red cinchona bark is certainly useful in restoring nerve-power, while caffeine and coca can be taken when special nerve-exhaustion arises. The various nerve-tonics, as quinine, arsenic, and strychnine, can be given with benefit. Iron is not so useful, unless in the presence of anæmia. Total and constant abstinence from stimulants is essential. After recovery, to prevent a relapse, as well as in the course of treatment, religion certainly has a fortifying influence in aiding the resistance to the craving, which will return from time to time. It is also important to avoid old associations and habits. My observations in America have convinced me that, under judicious management, a large proportion of dipsomaniacs may be recovered. At present, no sufficient opportunity exists in this country for their treatment. Efforts are being made to establish a pattern inebriate home in this country; and a meeting is to be held at the Mansion House on May 17th, at 3 P.M., to start such an institution, to be called the Dalrymple Retreat for Inebriates.

/ GUNSHOT WOUND OF THE BRAIN: DEATH AFTER SEVEN WEEKS.

By ALEXANDER NEWINGTON, M.B.Cantab.,
Wheatley, Oxon.

ON the afternoon of December 4th, 1880, I was summoned to see a farmer who had attempted suicide by shooting himself under the chin with a small revolver. The patient had already been seen by my friend Mr. Briscoe, surgeon to the Radcliffe Infirmary, Oxford, who had dressed the wound, and requested the friends to hand the case over to me.

The man had been in a desponding state for some time; but, on the evening before the attempt, he had friends visiting him, and they did not observe anything strange either in his conversation or manner, and he seemed to be in his usual spirits. On the morning of the 4th, he rose earlier than usual, and went out to his farm, although it was dark. He had evidently roamed about for some time, and, about 8 A.M., when a mile and a half from his home, he fired a small revolver in a perpendicular direction under his chin; he appeared then to have fallen across a sheep-trough, and bled profusely, as quite a pint of blood was found in the trough besides what was on the ground. About two hours after this, he returned home, walking erect, with his greatcoat wrapped round his neck. On the road home, he had to get over three hedges, one of which was a difficult one, with a nasty ditch on the far side. When he reached home, it was noticed he could not express himself except in monosyllables. He passed through the house, and locked himself in a privy in the garden. After some time, he was induced to open the door, when he was led into the house and taken up to bed.

At 3.30 P.M., I arrived, and found J. B., a well-made man of forty-six years, in bed. He was very restless, requiring three men to hold him in bed. There was congealed blood about the neck, mouth, and nose. The left eye was slightly protruding, and the eyelids much swollen and ecchymosed, especially the upper lid. The face was rather drawn to the left side. He was unable to speak. I found a small wound under the chin, about two inches behind the symphysis of the lower jaw. The right side of the body was paralysed. There was no ptosis of the right eye. Pulse 60; temperature normal. I was told that, soon after being put to bed, he became comatose, and remained so for some time. At 9 P.M., he was comatose; pulse 60.

December 5th, 11 A.M. He was comatose. The left pupil was rather contracted; both pupils acted to the stimulus of light. Pulse 60; temperature normal. At 9 P.M., he was still in the same condition. I passed a catheter, and drew off a pint and a half of clear urine. Pulse 60.

December 6th, 11.15 A.M. He had just got into bed, having suddenly got up and walked four times round the room, and looked out of the window for some time. I was told he had gradually come to himself. He could say "yes" and "no", and evidently understood when spoken to. The paralysis of the limbs was quite gone, but that of the face remained. Pulse 64. At 4 P.M., he was constantly rubbing his face with a handkerchief, as if washing. He opened both eyes. I passed the catheter. Pulse 100.

December 7th, 11.30 A.M. He was able to speak better, and answered

rationally. The bowels had been moved after an aperient. Pulse 80. At 3 P.M., I got him out of bed, and induced him to pass urine.

December 8th. He could put more words together. He hesitated much, and spoke very slowly. He was restless at times. Pulse 116; temperature normal; respirations 19.

December 9th. There was further improvement in speech. He said his head "felt funny", and that the roof of his mouth felt sore. He opened his mouth wide when asked to do so. I could see where the bullet had passed through the posterior third of the left hard palate, but could discover no mark of injury to the tongue. He was cheerful, and had a good appetite; he swallowed easily. His memory was very defective.

December 10th. The improvement in speech was maintained: He looked distressed, and complained much of headache. He protruded his tongue easily; it turned to the right at the middle line. He said there was a little pain at the back part of the tongue. Pulse 96 temperature 100.

January 9th, 1881. He had made steady improvement up to this date.

January 10th, 11 A.M. I found him very dull, and weak on his legs. His right hand was weaker than his left. I was told he had a restless night, and wandered a good deal. At 7 P.M., I was sent for in a hurry. He had been vomiting since 5 P.M. He had complete paralysis of the right side, but no ptosis. Pulse 60; temperature 102.6; respirations 19.

January 21st. He was very talkative; he repeated everything said to him. He could tell the time by the clock over the mantel-shelf in front of his bed. He could get his right hand up to his face. Pulse 120, very feeble.

January 22nd. He vomited after food.

January 24th. He was still able to move the right hand to the face. He was very dull. The catheter had been used daily since the 14th instant. Pulse 130, very feeble. At 11.30 P.M., he died very quietly.

Post Mortem Examination.—Sixteen hours after death, I made an examination of the contents of the skull, Mr. Briscoe assisting me. Rigor mortis was well marked. On removing the calvarium, the general appearance of the dura mater was healthy, with the exception of a spot about the size of a shilling over the top of the left frontal lobe, which was congested. There was no mark of injury on the inner surface of the calvarium. On removing the dura mater, it was found adherent at the spot where it appeared congested; in fact, a portion of the brain-substance adhered to it when peeled off. Three small plates of bone were found in the depression of the frontal lobe caused by removing the dura mater; one was about a fourth of an inch square. The base of the brain was normal, except a small depressed scar in the posterior frontal convolution. A director with slight force could be passed into this depression, and out at the lacerated spot in the superior frontal convolution. On dividing that portion of the brain to the inner side of the director, a canal was seen extending along the course of the probe, and this evidently had become partially obliterated through the process of reparation. We had expected to find an abscess on opening this canal, and were surprised to find it nearly healed, and no trace of the bullet. We next proceeded to cut through the outer surface of the left frontal lobe, when about an ounce of pus escaped, and the lobe appeared to collapse. In the cavity, we found the bullet, which was a small conical one, weighing one drachm. Just in front of the articulation of the lesser wing of the sphenoid with the orbital plate, and about three-fourths of an inch to the left of the crista galli, was a jagged hole half an inch square, with two or three pieces of lead on the edges of the opening. A probe, passed into this, went to the back of the eyeball and to the outer side of the optic nerve. It could not be passed throughout the course the bullet had taken, as repair had taken place.

REMARKS.—It will be seen, from the clinical history of this case and the *post mortem* examination, that the bullet, having entered two inches behind the symphysis of the lower jaw in the middle line, passed through the back of the tongue, the left hard palate, the outer and back portion of the left nasal cavity, to the inner side of the left optic nerve, and passing through the orbital plate and left frontal lobe, must have struck the calvarium and rebounded into the left frontal lobe. The case is interesting in many ways: the distance the man was able to walk after so severe an injury; his inability to articulate; the gradually increasing condition of coma up to 2 P.M., he then gradually becoming restless, and exhibiting a great deal of strength, although one side was paralysed; the return to coma lasting a day and a half. The fact of regaining his strength again so rapidly is also interesting, and the gradual improvement up to January 10th, five weeks after the injury. No symptoms of acute inflammation of the

membranes of the brain ever showed themselves; and this was accounted for in the necropsy by finding no signs of inflammation in them, except at one small spot where the bullet impinged upon them. No apparent rigor took place about the 10th; but no doubt, when the vomiting supervened, an abscess was then forming in the frontal lobe. It appears to me, from the clinical history and *post mortem* appearance, that the man might have recovered physically, had the bullet passed out at the head instead of rebounding into the brain, and producing more extensive injuries.

CLINICAL MEMORANDA.

SERPIGINOUS ULCERATION OF FOOT; VICARIOUS MENSTRUATION.

A. M., aged 37, a woman with clear signs of acquired syphilis, had her left foot ulcerated for seven years. The ulceration appeared in a small round area on the outer side of the left metatarsus, gradually spread over the ankle and dorsum of the foot to the sole, involving a large surface, but healing from behind. The sore was painful, the discharge offensive, the foetor being notably increased at the menstrual periods. Two and a half years ago, the ulceration, having extended over all the plantar aspect of the foot, implicated the whole surface of the four outer toes.

In February 1879, when the patient came under observation, the skin covering the ankle and the dorsum of the foot was cicatricial, glistening, freely movable, not contracted; the sole of the foot anteriorly and all the smaller toes presented an ulcerated surface, covered with unhealthy exuberant granulations, discharging foetid pus, and very painful. Previous treatment had included the administration of mercurials, but with no good effect. Other means, local and constitutional, having failed, in May 1879, iodoform was applied locally with marked advantage—sedative, antiseptic, and curative.

Commencing in February 1879, and occurring monthly for fifteen months, there was hæmorrhage from the ulcerated end of the second toe, rather profuse, and sometimes lasting a week. The onset of the hæmorrhage was usually preceded by violent pains across the metatarsus; the flow was increased by the dependent posture; the blood rapidly coagulated. Meantime, there was no discharge *per vias naturales*; but on the cessation of the vicarious, recurrence of the normal menstruation took place. The patient habitually menstruates rather profusely, and for a lengthened time.

Iodoform ointment was used throughout. The two terminal phalanges of the four smaller toes dropped out—a circumstance that greatly impressed the patient as to the potency of the drug, conceiving, as she did, that they were “drawn” by the application. When bleeding had ceased, the foot was nearly well, and soon afterwards quite healed. No operative interference was required.

April 2nd, 1881.—The new skin has not given way. The limb, much atrophied from disuse during the four years that the patient could not put the affected foot to the ground, has recovered itself, and the foot is quite serviceable.

JAMES ALLAN, M.A., M.D., New Wandsworth.

THERAPEUTIC MEMORANDA.

A CASE OF BELLADONNA-POISONING, TREATED WITH PILOCARPIN.

THE subject of the “antagonism of therapeutic agents” has of late been brought so prominently before the profession, that the notes of the following case will probably be read with interest.

Mrs. M., aged 42, drank by mistake a wineglassful of a liniment at 9 P.M., December 23rd, 1880. Fortunately for her, she had had a hearty dinner about four hours before. She discovered her mistake, and took two teaspoonfuls of mustard in water, with no effect; walked a short distance into town, purchased an emetic, which she drank, returned home, and felt dizzy, her sight going, and shadows before her eyes. She lost the power of speech, became greatly excited, had convulsions, and vomited slightly, and then lapsed into profound stupor. At 10.45 P.M., I saw her for the first time. Her pupils were widely dilated, not acted on by light; her face was swollen, and of a bluish colour, more especially her lower lip, the mucous membrane of which appeared as if it had been blistered; the pulse was imperceptible in one wrist, almost so in the other; respirations 25. I introduced a stomach-tube, pumped in a mustard emetic, and washed out the stomach thoroughly. In half an hour she had vomited freely, and sensibility

was slightly returning, but she soon lapsed again into complete stupor. From this time until 2 A.M., she was treated with cold affusion to the head, and flagellation with a wet towel over her heart. At 2 A.M., I heard from my friend Dr. Harvey (who had ordered the liniment for her) that she had taken two ounces and two drachms of belladonna liniment (P.B.). There being no marked improvement in her condition, I determined to try pilocarpin. This I procured at 3 A.M., and injected subcutaneously one-fifth of a grain every fifteen minutes. After the third dose, there was a decided improvement; consciousness was evidently returning, her countenance became more natural, her pulse could be distinctly felt, and she was able to raise her hands to her mouth and throat. At 3.45 A.M., I administered a fourth dose of one-fifth of a grain. This had an effect on both pupils, which began to contract under the influence of light. She was evidently fast recovering, had a drink of tea and milk, and was able to speak. At 4.30 A.M., she was so far recovered that I thought it safe to leave her, desiring her friends to send for me should she relapse into her former state. When I saw her again, at 10 A.M., she had had a refreshing sleep, from which she awoke, saying that she did not remember anything which had occurred. She had had in all four-fifths of a grain of pilocarpin; it appeared to act as a direct antidote to the belladonna; it did not cause the least perspiration. She continued to feel slight dizziness for two days, with dilated pupils; but was, in every other respect, quite well. I gave her half a drachm of tincture of opium each night. The third day, she had perfectly recovered.

NICHOLAS GRATTAN, L.R.C.P.Ed.,

Surgeon to the Cork Hospital for Women and Children.

OBSTETRIC MEMORANDA.

MONSTROSITY.

ON Saturday, March 12th, I was called to see Mrs. B. On arrival, I found that, while sitting before the fire, without any pain, the membranes ruptured, and a quantity of water escaped, the floor being soaked all the way up to the bedroom. She expected to be confined in the following month, so that she was probably now about eight months gone. On making an examination, I found the os dilated to the size of a five-shilling piece, soft, and easily dilatable; it was impossible to make the presentation out, though I passed my left fingers into the uterus, the head and body of the child were so high up. As she had no pains, I left after waiting an hour, merely ordering her to be kept in bed. On Sunday morning, I found her much the same; no pains; and she had slept a little in the night. In the evening, also, she was much the same; but as her bowels had not been moved for a few days, I ordered her a dose of castor-oil, to be taken the first thing in the morning. On Monday morning, she said she had had a few pains in the night, but nothing to speak of. On making an examination, I found that the head had descended into the pelvis. I made the presentation out to be face, as I could feel the mouth; and as she had no pains, and it was still rather high up in the pelvis, I again left her. On calling in the evening, I found that it had descended into the pelvis, and I could feel the presentation quite easily. I felt the face, but no head; but I passed my fingers round the neck of the child, and so quite satisfied myself of the presentation, and that it was a monstrosity. Having first given a full dose of ergot, two teaspoonfuls of ergeta dissolved in half a teacup of boiling water. This dose had no effect whatever; so I got my finger round the neck of the child, and commenced traction. This way seemed to me to be easier than version; though, if the case occurred again, I think I should prefer version. After some little time, I succeeded in getting it lower; but, unfortunately, at this time, the head came away at the neck. I managed, however, to pass my fingers under the shoulders; and pulling with considerable force, I extracted the body; during this time, the patient had no bearing-down pains at all. The body and extremities of the child were all formed properly, excepting the feet, which were club-footed. The placenta was partly adherent; and as there were no pains, it necessitated my introducing the left hand into the uterus, in order to remove it. There was no flooding, and the uterus contracted firmly. The patient recovered rapidly, without a bad symptom. The head consisted of a face, with eyes, nose, etc., and the jaws were formed, the lower one being more prominent than the upper, with teeth. There was no skull, only a few bones at the back of the face. Unfortunately, I did not take it home and carefully examine it. The woman states that she always had a great fear and dread of dogs, and if she saw one in the streets, she would go out of her way in order to avoid meeting one; but she has no recollection of having been frightened by a dog, or anything else, during the time of her pregnancy.

J. HOWELL THOMAS, L.R.C.P.