Billroth relates the following case. A young very anæmic man had, without any apparent cause, first, gangrene of the tip of the nose, then of both feet. After suffering for four months, he died; and, as in the patient, so in the dead subject, he could find nothing morbid beyond the excessive inexplicable anæmia.

My idea as to the pathology of the case which I have related is as follows. We evidently had to deal with a man originally of delicate frame; who had suffered from syphilitic infection; whose originally feeble constitution had been still further deteriorated by residence in a hot climate, and who had, according to his own account, suffered from repeated attacks of one of the climatic fevers. Under these circumstances, probably after an orgie, he has sexual connection, and suffers from a sore in consequence. This sore is situated on a part composed of feeble tissue, a cicatrix resulting from a sloughing sore; a low form of inflammation is set up, leading to progressive death of the surrounding superficial textures. This slow destructive action spreads round the penis, behind the corona glandis; then, either from inflammatory adhesion or plugging of the adjacent arterial branches, the glans dies. Up to this point, the rest of the penis has been unaffected; but now comes the effort of nature to throw off the dead portion, the inflammatory process in a deteriorated part (as described by Paget) takes place, which is too much for these feeble structures, and kills them; and so the mortification extends until the whole of the projecting part of the organ is destroyed.

[I have omitted to state that neither albumen nor sugar was found in the urine; and, further, that no visceral mischief of any kind could be detected.]

EXTRACTION OF A WATERLOO BULLET WHICH HAD REMAINED IMBEDDED IN THE PALM OF THE HAND FOR UPWARDS OF FIFTY-NINE YEARS.

By HENRY HARLAND, M.D., Wadhurst, Sussex.

JAMES JENNER, aged 83, fought at Waterloo, on June 18th, 1815, in the 44th Foot. In the thickest of the action, near Quatre Bras, whilst he was discharging his musket, a French bullet struck his forefinger. It passed through the proximal phalanx to the barrel of his musket, which it indented, and thence through the fleshy part of the ball of the thumb, down to the trapezium, against the palmar surface of which it became imbedded, and which probably arrested its further progress. Jenner immediately sought surgical aid; the wound was probed several times, but, as the bullet could not be detected, no attempt at extraction was made; he was never afterwards fit for duty. The wound remained open two years, and then healed, leaving so much induration in the palm as to render it very difficult for him to grasp his agricultural tools, and quite impossible to close the hand.

I first became acquainted with the patient twenty-five years ago. He has constantly worked as a gardener or agricultural labourer since his discharge from the army in 1816, excepting at those times when the hand has been unusually painful. About forty years ago, he was laid up three months, in consequence of irritation and lymphatic inflammation, induced by the bullet, and was frequently at other times incapacitated for several days at a time. About three months ago, when working on very hard ground, the hand became painful and swollen. An abscess formed and opened on the dorsal surface of the hand, midway between the metacarpo-phalangeal joints of the thumb and forefinger. I passed down a probe, and felt the bullet distinctly in the situation before-mentioned. After enlarging the opening sufficiently, I had very little difficulty in dislodging and extracting the bullet with the scoop. It was blackened, and slightly flattened on one side, probably from its first striking the barrel of the musket. The patient told me that the English at that time used the ounce and spherical bullets, but that the French bullets were smaller. This weighed six drachms and five grains. The wound is rapidly healing; but considerable time must elapse before it is completely closed, in consequence of the depth of the sinus, which is kept open by being filled with lint, soaked in dilute-carbolic acid.

The interest of the case consists in the fact of a leaden bullet remaining deeply imbedded upwards of fifty-nine years without producing more inconvenience. I think it highly probable that, during the patient's work on very hard ground, the bullet may have become dislodged from its long resting place, either by concussion of the tool against the ground, or by some pressure directly applied to the palm, and that the abscess resulted from its sudden and probably violent displacement.

ON THE INDUCTION OF PREMATURE LABOUR.

By WILLIAM DRAPER, M.R.C.S., etc., York.

Formerly Resident Obstetric Officer to the Middlesex Hospital.

THE question of Induction of Premature Labour, which has been recently brought forward in the BRITISH MEDICAL JOURNAL, must, I apprehend, be one of importance and interest to all obstetricians; and as I cannot quite agree, in every respect, with some of the views promulgated in a very carefully prepared paper on the subject, in the JOURNAL of August 8th, I would add some remarks relative to the operation.

In the paper referred to a most interesting digest, with statistics, is given of twenty cases in which premature labour was induced. Although the practice chiefly followed in these cases, that of dilating the os uteri with sponge-tents, may be, as is alleged by its advocate, safe, it is certainly a slow process; and, according to my own experience, results at least as favourable, both to mother and child, are attainable by a more rapid and less irksome operation, such, for instance, as that advised by Dr. Barnes.

An analysis of the twenty cases given shows, I believe, that the average duration of time occupied for the completion of labour was rather over four days per case; the longest duration of time, by the tent process, being sixteen days, the shortest thirty-six hours. By the more expeditious plan of Dr. Barnes, we may, I think, with tolerable certainty, count upon the operation being terminated within twenty-four hours. A typical case in point, which recently occurred to me, is fresh in my memory.

Certain conditions of a patient necessitated labour being induced between the seventh and eighth months of gestation. In accordance with Dr. Barnes's practice, I introduced into the uterus overnight an elastic bougie, which I withdrew at my visit on the following morning, uterine action having then commenced. At an afternoon visit, I found that slight pains had continued during the day, and that the os (both external and internal) admitted the finger easily; I therefore introduced, without difficulty, a small-sized hydrostatic bag, and gradually dilated to its full extent; the second and third sized bags were then successfully employed, and good dilation resulted. The membranes were next ruptured, the largest sized bag replaced, and the patient left until good expulsive pains came on, which occurred about three hours later; and although the labour was somewhat retarded by a footling presentation, it was terminated within twenty-two hours of the commencement of the operation. There was prolapsus of the funis in this case; and the child, being unusually small and weakly for seven-and-a-half months, survived its birth only for a short time. The mother made an uninterrupted recovery.

This case, I believe, is only a common illustration of general experience, both with respect to time and process, when a like method of procedure is adopted. With all due deference, therefore, to large experience, and to what has been otherwise said on the subject, I cannot dissuade myself from the opinion that, after premature labour has once been provoked, the sooner, within reasonable bounds, the uterus is emptied and the foetus liberated, the better will be the chance of saving the latter, and the more favourable will be the conditions of recovery for the mother, in curtailing the shock to the system and the strain upon her strength and patience.

CLINICAL MEMORANDA.

MAMMARY ABSCESS IN INFANTS.

MR. JAMES ROBINSON writes: A short time ago, I was requested to see an infant one month old, when I found it to be suffering from mammary abscess on the right side. There was no constitutional disturbance. The swelling was about the size of a walnut, inflamed, and quite distinctly fluctuating. I opened it with the ordinary bistoury, and ordered linseed-meal poultices. It rapidly healed. The swelling had been observed about ten or twelve days. The breast had not been at all manipulated by the nurse or any other person.

MR. P. DOWNEY (Sibley) says that in Drs. Evanson's and Maunsell's work on *Diseases of Children*, published in Dublin in 1847, at page 211, swelling of the breast and occasional abscess are mentioned as occurring in infants. At page 202, abscesses are noted as forming large collections of matter. Mr. Downey had a case in 1855 in an infant, in whom seven abscesses successively formed, and were opened when they pointed. The patient recovered, and she is now a strong girl. Another case was in a boy who had four formations of a similar kind, and is now a healthy boy.