did not apparently interfere with his general well-being. He was keenly alive to the exciting rumours and incidents of each day, slept well, and fared generously. This internal medication was slightly varied from time to time; but his principal medicines were iron, gentian, cinchona, and rhubarb. Occasionally, he had a few grains of grey powder and a smart saline cathartic.

On May 28th, he was out of bed for some days. On and after the 31st of that month, he was in the habit of spending several hours daily sauntering and sitting in the garden. He had, however, after that date, occasional suppurations near the seat of the operation; and several times minute scales of bone were detected in the matter which came from the partially healed operation-wound. So late as February 1872, he had an abscess in the arm, when I removed with the forceps a small piece of necrosed shaft of humerus. Since that date, the cicatrization has been solid and complete.

Exactly one year after the operation—that is to say, on April 12th, 1872—I had the photograph taken which I now exhibit. He was then, as he is now, August 1874, in excellent health. You will observe that he is holding the removed portion of the humerus—three-and-a-half inches in length—in the hand of the operated arm. The fragments have been joined together, as you now see them in the preparation now submitted to your inspection. He can make good use of his arm in many ways. He can lift with it great weights, such as large pails of water and baskets of coal; he can write and work a sewing-machine with it. He can place the palm of the hand on his forehead. To the casual observer, he can do everything with his arm which others can; but it is not so; he cannot stretch the arm outwards far from his side. The false articulation is marvellously strong and flexible. There is not the slightest atrophy of any of the muscles, except the deltoid, which is much smaller than that of the opposite side, though now it has not nearly so wasted an appearance as it had twelve months ago.

I need hardly say that Brunet did not remain under my care till April 12th, 1872, the date of the photograph. In the preceding August, when our Ambulance was closed, I tried, without success, to prolong his stay at Sir Richard Wallace's temporary convalescent-house at Levallois-Perret, then in use for the remainder of my wounded; and, after several prolongations of his residence with us, I was obliged to deliver him over to the authorities, a medical inquiry by them having resulted in an official letter to me, stating that he was quite well and must be removed forthwith. He was imprisoned for some time, and then tried by one of the courts-martial installed for many months at Versailles. He was, for reasons not disclosed, acquitted without the infliction of any punishment. On the day of his acquittal, his wife and he came to see me. As he entered my consulting-room, I expressed my surprise at seeing him, saying that I thought he had been, or was to be, shot. He replied: "I expected either to have been shot or banished for life; but, a few hours ago, the *conseil de guerre* dismissed me without even a scolding, and without calling for the evidence against me." I may add, that he has at last got occupation as a door-keeper, and has retrieved his character. He lost situation after situation on its transpiring that he had on him the war-brand of the Commune.

CASE OF MEDIASTINAL SARCOMA, SIMULATING "CALLOUS MEDIASTINO-PERICARDITIS".

By T. CLIFFORD ALLBUTT, M.A., M.D.,
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THE following case of mediastinal sarcoma deserves to be recorded both for its own interest as a somewhat unusual form of intrathoracic growth, and also for the resemblance which it bears to the affection first observed, I believe, by Griesinger,* and further described by Kussmaul, under the name of Callous Mediastino-Pericarditis.

The patient was a girl, named Davidson, who was admitted some time ago into the Leeds Infirmary under my care. Her illness on admission was so great that Dr. Barfoot, then house-physician, sent for me to see her as soon as possible. His own first impression was that there was extensive effusion into the pericardium and the pleural cavities, and that tapping of one or more of these cavities should be practised forthwith. This impression seemed to me on the first view of the case to be just. The girl had not the aspect of one worn out by prolonged cachexia, but rather of one suffering under the pressure of an acute disease; and she had the præcordial anxiety, the pallor, the distress, and the fear of movement which are often seen in pericardial

effusion. We learnt that her father and mother were living and well, but that a sister had died of phthisis at the age of 21. The patient was aged 16, was a weaver, and had always enjoyed good health, save an attack of small-pox when young. On Shrove-Tuesday, she caught cold by going out to "play at skipping" with her hair wet. A bad cough followed the cold; and, as she did not improve, the mother feared she might run into a consumption like her sister. She took her, therefore, to two medical men, who told the mother her lungs and chest were unaffected. But the girl's breathing became very short, and she grew altogether worse; and, for a month previous to admission, she had been unable to lie down on account of great dyspnoea and palpitation. She had never complained of pain at any time, but said that "if she could only get her breath, she would soon be well". She was admitted on May 9th, 1874, and was of delicate appearance with dark hair and eyes. The superficial veins of the neck were prominent, and she had the distressed aspect already described. When we came to examine her carefully, however, we found that, although there was considerable dullness in the middle of the chest, yet the distribution of it forbade the inference of pericardial effusion. Taking the base line of dullness from the lower edge of the liver and heart, it extended upwards all over the front of the chest, leaving only a triangle of resonance at the upper and outer corners. The two outer thirds of each clavicle might be taken as the upper side of an equilateral triangle of comparative resonance on each side. All beside was dull, and the dullness reached about an inch beyond the mammary line on each side. On the left side of the chest, however, there was another district of dullness continuous with the former and clearly corresponding to a small pleuritic effusion. The pulse was small, rapid, irregular, and sometimes intermittent. The respiration was very shallow and frequent; so much so, that it was impossible to say whether inspiration had any effect upon the fulness of the jugular or upon the radial pulse. We thought it desirable to attempt to relieve her for a while by tapping the left pleura; and fourteen ounces of clear fluid were, therefore, taken away from that cavity by the aspirator. She died, however, fifteen minutes after the operation.

As regards the diagnosis of the case, I thought that it closely resembled the affection to which I have already referred, namely, "callous mediastino-pericarditis"; an affection which I only knew from a description of it in the *London Medical Record* (December 17th, 1873), taken from a paper by Kussmaul, in the *Berliner Klinische Wochenschrift* (Nos. 37, 38, 39, 1873). The diagnosis lay, of course, between this and a more common kind of mediastinal tumour. It was found to be a diffused sarcomatous growth or thickening, closely resembling the disease described by Kussmaul, and attaching the sternum to the aorta, though not lessening the lumen of that vessel, as in Kussmaul's cases. The early death prevented our having the opportunity of fairly seeking for the "paradoxical pulse", or for respiratory influence upon the jugulars. It is probable that a diagnosis between the two conditions might be impossible; fortunately, it is of little practical importance. For an account of callous mediastino-pericarditis and its curious symptoms, I must refer the reader to the *London Medical Record* (*loc. cit.*); I have only space to subjoin the description of the parts removed from the chest, which I placed in the hands of Mr. Greenwood, the resident curator at the Leeds School of Medicine.

The specimen consisted of the thoracic viscera removed *en masse*. The pericardium had been opened. There was enormous dilatation and thickening of the pericardium, due to a firm yellowish homogeneous-looking growth, occupying the anterior mediastinum and reaching above to the thyroid on the left, and to the diaphragm below on the right. The chief mass of the tumour was situated in front of and around the base of the heart, completely embedding the great vessels at the root of the neck and the arch of the aorta, and closely adherent to them, but not seemingly contracting their calibre, though they were rather small, the descending aorta especially so. The tumour blended insensibly with the pericardium, which gradually thinned out to each side and behind to nearly the normal thickness. In front, it had evidently been adherent to the sternum and costal cartilages for a considerable breadth, and had been continued along the pleura costalis. Below, the adherent diaphragm showed several nodules of similar structure. The enlarged pericardium formed a nearly globular sac, flattened below where it rested upon the diaphragm, and about eight inches across. Its lining was more opaque than natural. The heart was small, flabby, and pale. Along its anterior borders and near the base were several nodules of the new growth, on incision evidently infiltrating its muscular tissue. The lungs, which had evidently been laterally displaced, were small and almost airless, with the exception of their apices. Around their roots, and extending along the vessels and bronchi, and the edges of the lobes for a short and variable distance, was the same sort of tissue as in the mediastinum. The microscopic appearance of the growth was that of small round cells, with no fibrous stroma, and very little intercellular

* I find no notice of it in Griesinger's collected works, edited in 1872, 2 vols.

substance. A section from a nodule upon the heart showed the same material infiltrating the muscular fibres. And in one from the root of the lung the pulmonary tissue was infiltrated with similar small cells. There can be little doubt, I think, that the tumour was a sarcoma, commencing in the mediastinal connective tissue, spreading by continuity along the pericardium, pleura, and heart; in each case being more developed where more connective tissue naturally existed, as along the vessels, costal pleura, etc., but also infiltrating the subjacent tissues.

TWO CASES OF *POST PARTUM* HÆMORRHAGE TREATED BY THE INJECTION OF PERCHLORIDE OF IRON.

By W. P. SWAIN, F.R.C.S.,

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WITHOUT wishing to fan into a flame the dying embers of controversy on the subject of the injection of perchloride of iron in *post partum* hæmorrhage, I desire to put on record the two following cases which have occurred in my practice during the last six months.

CASE I was that of an exceedingly fine, handsome lady, a primipara. Her pregnancy had been uninterruptedly good. Labour commenced on the evening of January 21st. The presentation was normal, the pains good, and a fine male child was born about half-past seven on the morning of the 22nd. I gave a small quantity of chloroform at the last. Immediately after the delivery of the child, I found a second head presenting, and, as the pains were not very expulsive, I put on the forceps and delivered a second male child in a few moments. I then removed the placenta, which was single and of enormous size. Considerable hæmorrhage occurred at the moment the placenta was expelled, but the womb contracted firmly, and a binder was put on. Within a few minutes, however, I found the uterus largely expanded, and, on pressure, a huge clot was expelled. I immediately introduced my left hand into the uterus, making pressure externally with the right, but was unable to produce any uterine contraction. During the whole time there was a constant and excessive flow of blood from the vagina, and the patient became collapsed. I administered brandy in large quantities and ergot, and the moment ice could be obtained I placed a large lump in the cavity of the womb, and a bag of ice on the abdomen. All was, however, of no avail, and my hopes of saving the patient were at zero. In the mean time, I had obtained further professional assistance, and, with the concurrence of my father and Mr. Whipple, I injected perchloride of iron into the uterus, in the manner advised by Dr. Barnes. From the moment of the injection all flow of blood ceased, although the uterus remained for some time flaccid. The lady made an excellent recovery, and, with the exception of a little lymphatic tenderness in the right thigh, complained of nothing during her convalescence. I should mention that, on the second day and on every succeeding day for some time, the vagina was thoroughly well syringed out with Condyl's fluid and water.

CASE II. I was asked by Surgeon-Major Ferguson to see at the Women's Hospital, on July 9th, a soldier's wife in her third pregnancy. She had a contracted pelvis in its antero-posterior diameter. In her first confinement she remained a hundred and eight hours in labour; in her second, eighty-seven hours. No instrumental assistance was afforded on either occasion, and the children were still-born. This time she had been in labour sixty hours, and I found the head well down on the pelvis, but tightly fixed there. I suggested the application of the forceps, and in a very short time, after the use of considerable traction, the child was born alive, but lived only for half an hour. The placenta was removed at once without difficulty, and the uterus contracted for a short time, but in a few moments tremendous hæmorrhage set in, the blood being projected from the vagina on to the floor some distance from the bed. I immediately passed my left hand into the uterus, cleared out its contents, and endeavoured to secure contraction, whilst cold water was poured on to the abdomen from a height, and brandy freely administered. This, however, did not correct the bleeding, although it somewhat lessened in quantity. Feeling that another gush of hæmorrhage might be fatal, I injected the perchloride, all the materials being fortunately at hand. The uterus at once contracted, all hæmorrhage ceased, and I hear from Dr. Ferguson that the woman has made an admirable recovery.

I think I may fairly claim two lives for the perchloride treatment. In the first case, all the usual resources, excepting galvanism, were tried in vain; the lady lay dying before our eyes, and there can be no doubt that any further hæmorrhage must have turned the balance against her. In the second case, so rapid and so large was the loss of blood, that nothing short of immediate arrest could have saved the patient; and this the perchloride certainly effected.

LEAVES FROM MY DIARY DURING THE ASHANTEE WAR.

By ALBERT A. GORE, M.D., F.R.C.S.I., Surgeon-Major,
Late Surgeon 34th (Cumberland) Regiment.

VI.—THE CLOSING DAYS OF OUR VOYAGE.

THE night after leaving Sierra Leone, we passed the mouth of the Sherborough, which, with the Mesurado, are the only two considerable rivers entering the space intervening before the commencement of the Grain Coast of Guinea is reached—a distance of some two hundred miles. At the mouth of the former are the Plain Islands, the residence of the Chief of the Kossoos; and on its banks are found a species of pearl-oyster. The Mesurado is a larger and more rapid stream, with finely wooded and fertile banks; according to the natives, taking three months to ascend to its source. We were now steaming by countries whose states are entirely negro in religion and manners, and their sovereigns absolute as a rule. Next morning, September 7th, was fine but clouded; a light wind was blowing from the south-west; and already we were beginning to feel the long swell which was rolling in in great waves from the Atlantic. As the day advanced, it became more sultry, the hygrometer reading 78 and 83 deg. in the shade on deck at 3 P.M., where we had now commenced to breakfast and dine, the cabin being far too close. We passed Cape Mount, forty miles west of Monrovia, at 8 P.M., anchoring, at 1 A.M. in the morning of the 8th, at Cape Mesurado, which, as the sun rose, appeared as a stunted promontory, apparently about two hundred feet high. Two or three houses surrounded by coffee-plantations, and a light tower above, were visible from the deck of the steamer. About a mile to the left was the mouth of the river; and, on an island there, Monrovia, the capital of Liberia, a settlement formed by the Americans in 1820, with the object of obtaining an asylum for liberated negroes. The territory is said to be healthy and fertile. A few Kru canoes could be seen creeping along the shore in the dull and clouded early morning, which just before had been wet and raining, the bulbs reading 74 and 76 deg. in the shade under the dripping awning at 7 A.M. A hazy but very beautiful moon had been sufficiently indicative the night before of the coming day. We lost here another of our passengers, the Netherlands consul, who was returning to his factory on the river. While on board, he had told us many amusing stories of Liberia and the Gold Coast, where he had been several years. From all we heard, the Society of the African republic must have been very peculiar. Cape Mesurado is two hundred and sixty miles from Freetown. At times, the surf breaks here with such violence, that landing is extremely difficult and dangerous. Just before leaving at 10 A.M., our Krumen had had an exciting chase after one of their number, who had absconded in a shore-boat, getting into the bush before them; they failed to catch him, much to their chagrin and our captain's annoyance.

The Grain-Coast (so called from the grains of paradise or Malaguetta peppers, *Anomum grana paradisi*, whose scarlet pods grow here in abundance, and were largely exported to Europe in the sixteenth and seventeenth centuries) which we were passing, appeared as a fringe of lowland, with a series of ridges or undulating paps four or five hundred feet high, and some miles in the interior. We could see the spray of the surf on the beach quite distinctly from the deck of the steamer.

From here to the river Volta, there is very little difference in the nature of the soil; within five or six miles of the shore it is silicious, the hills met with in every direction being composed principally of gneiss and granite, mica-slate entering into the composition of some at no great distance. Under the long continued influence of air and moisture, these are rapidly passing into decomposition, the carbonic acid in the water removing the potash from the feldspar and mica, the water afterwards separating the silicate of alumina and quartz, the former being soon washed away and deposited, forming the clayey or argillaceous soil mixed in the hollows with the decayed vegetable or animal matters which abound, giving rise to those rich alluvial valleys in which the natives delight to make extensive plantations. Such washings are rich in gold, which exists in very minute grains in the white, red, brown, or amethyst-coloured quartz, the sand found in the inner valleys being nothing more than very small grains of silica and quartz. Limestone is absent, but the number of fossil and other shells amply compensate for the want. Under the improvident system of agriculture adopted by the natives, the mineral food contained in the soil is soon exhausted, and it becomes barren in consequence of no manuring being attempted or any substance added which would serve directly as food for the plants, which are the same year after year, and removed to a distance for export or consumption. The sesqui-