TRAUMATIC PNEUMONIA.

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ACUTE inflammation of the lungs bearing a definite relation to the application of physical violence is, I think, of sufficient rarity to warrant publication. The following are the notes of such a case recently under my care.

History.—Arthur M., an A.B. in H.M. navy, age 20, while on duty in a steamboat at 7 p.m., May 28th, tripped and fell, striking his left arm and left side of chest violently against the gunwale. When he returned on board the *dépôt* ship he made no complaint, and "turned in" without assistance.

Admission to Sick Bay.—At 7 a.m. the following day, feeling very faint and stiff, he lay down in the galley until 7.30 a.m., when he was brought to the sick bay. He then complained of headache, inability to move his left arm, vague pains over the left side of the chest, and a desire to pass water. His skin was hot and dry, his cheeks flushed, and his bladder distended. Temperature was 104° F., pulse 120, respirations 28. He was put to bed, 30 oz. of clear non-albuminous urine were drawn off by catheter, an enema was administered, and a diaphoretic prescribed thrice daily. No physical signs were observed in the heart or lungs.

At noon, dry, crepitating rales could be heard over the left base; there was also impaired resonance and considerable tenderness to percussion over this region. By 9 p.m. the skin was acting moderately.

Progress.—May 30th. Percussion of the left base showed marked dullness with increased V.F. and T.V.F. Short, painful cough with rusty sputum was also present. At 8 p.m. he had an attack of shivering fits and vomited.

May 31st. He passed a restless night. At 4 a.m. he again vomited.

June 1st. Slept well. Cough is not so painful and expectoration is less tenacious, but still contains altered blood. Tubular breathing is marked over the left base, the right lung remains normal. He can now move his left arm freely. There has been no more vomiting.

June 2nd. Temperature fell by crisis.

Result.—June 15th. He was allowed up, and from this date onwards made an uninterrupted recovery. Treatment throughout was diaphoretic and stimulant, and diet consisted of broths, milk, and eggs.

REMARKS.

The interest of this case centres in the fact that a severe blow over the left lung of a robust and temperate young man was followed, some few hours later, by the onset of a definite left-sided pneumonia. It is possible, of course, that at the time of the accident the victim was already in the incubation stage of the disease, but against this possibility it may be urged that there was no history of chill from exposure to wet or cold, or of any previous attack of the malady; the weather had for long been perfect, and pneumonia was not prevalent in

the port (Portland), in a word, no predisposing influence other than traumatism was known to be present. The fact that the left lung was the seat of disease is also in favour of the view of a traumatic origin, for in ordinary acute pneumonia the right lung is the more often attacked in the proportion of five to three (Fagge).

In cases of this nature I incline to the assumption that an involution form of the specific pneumococcus finding itself, if I may be allowed the expression, in a favourable environment, to wit, damaged lung tissue, undergoes a rapid evolution into the higher and more virulent variety associated with acute pneumonia. This latter variety subsequently either refers to the lower and more primitive saprophytic type, as, for instance, when the host dies owing to the disease, or succumbs to phagocytosis during the recovery of the patient.

I am indebted to Surgeons Elystan O'Leary and Norman Jacob for some of these notes and for much of the care and attention bestowed upon this case. The pneumococcus has been discovered in the saliva of some 5 or 10 per cent. of normal individuals. See Mr. J. Eyre on the bacteriology of pneumonia in *Quain's Dictionary of Medicine*, 1902.

HYSTERECTOMY FOR FIBROID DISEASE IN THREE SISTERS: RECOVERY.

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IN the course of the Harveian Lectures on Fibroids of the Uterus and its Ligaments I dwell on the family history of fibroids. I referred to the case of three sisters under my care, all single, all between the ages of 30 and 40 years, and all troubled with fibroid disease of the uterus. In two the tumour suddenly increased in size, and I operated with good results. I further stated (speaking in November, 1902) that in the third the tumour was the largest of the three six years ago; it remained stationary for five years, and recently seemed to have grown smaller and harder. Hence, I observed, family history is not a sound guide to prognosis and treatment. The further history of the third case will now be related and compared with the first and second.

I must note that since I delivered the Harveian Lectures the subject of family predisposition to uterine fibroid disease has been discussed by Macpherson Lawrie¹ who operated upon four sisters, whilst a fifth underwent the same operation in a London hospital. Three of these five sisters who submitted to subtotal hysterectomy for uterine fibroid² also suffered from cataract; two other sisters had cataract without fibroid disease, and two others were free from either of these maladies. In the Harveian Lectures I spoke of a family under my own observation; I removed a fibroid uterus from a patient, and a fibroid polypus from her sister. Two other sisters had uterine fibroids, and one had died of uterine cancer. Their mother had undergone hysterectomy for fibroid, and her sister had died of uterine cancer.

The three patients under my own care were Dutch women, all single and between the age of 40 and 45 at the date of operation. They were free from any history of acute or chronic disease.

CASE I.

B. H., age when operation was performed 42. An attack of dysuria occurred in October, 1897; soon afterwards the patient noticed a lump in the abdomen. It began to grow much larger early in 1898. On February 28th in that year Dr. Olibborn, of Bridport, detected a large fibroid. The catamenia were regular every twenty-four days, the show rather free for five days, but not freer since the appearance of the tumour. I could define a deeply lobulated solid growth filling the lower part of the abdomen. It extended upwards to about 2 in. above the umbilicus, and downwards deeply into Douglas's pouch. The cervix was high up under the pubes. I operated on March 15th, 1898. Part of the tumour was enucleated out of the left broad ligament, the bladder was drawn up on the anterior surface of the tumour, which posteriorly was united to the pelvic peritoneum by very vascular adhesions.³ Both ovaries were removed, and no period was ever seen after the operation. The patient, never troubled with any severe menopause symptoms, was in good health in July, 1905, seven years after the operation.

CASE II.

H. H., age when operation was performed 40. Early in 1898, her attention being turned to the subject by her sister's