life," in decided contrast to the rate of growth as recorded by Messrs. Lincoln and Bennett.

At present, without more evidence, my case can hardly be pronounced one of osteitis deformans, and yet the enlarging head occurs in that disease, and is not found associated with arthritis deformans; also new growth is often found with osteitis deformans, as in several of Sir James Paget's case. In Mr. Lunn's case there was a sarcoma in the pelvis. The entire skeleton is in the St. Thomas's Museum, and is beautifully figured in *St. Thomas's Reports*, 1883, and described by Professor Stewart.

As rarefying osteitis is the chief feature of the disease in osteitis deformans, this would afford also the best explanation of the symmetrically enlarging cranial vault in my patient.

ABDOMINAL SARCOMA INFILTRATING THE ABDOMINAL WALL.

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M. A., a married woman, aged 27, was admitted into the Royal Portsmouth Hospital during September, 1891. The

abdominal swelling had been noticed twelve months. Her general health had previously been good, and the catamenia

regular. On examination the surface of the abdomen appeared regular and full, and a well-marked and elastic tumour could be readily defined, which extended upwards 3 inches above the umbilicus. There was no trace of fluctuation. The pelvic cavity was free, the uterus was drawn upwards, and the os felt soft and healthy. The circumference at the umbilicus measured 32 inches, and the distance from the symphysis to the ensiform cartilage 17 inches. An exploratory operation was performed on October 1st. The abdomen was found filled with an omental tumour, which was intimately associated with the internal organs. Its surface was highly vascular. A small portion of the growth was removed, but microscopic examination revealed only normal omental structure.

Shortly after the patient left the hospital in fair health, and returned to her situation. She stated that the operation had given her much relief.

In July, 1893, she was admitted again under my care. The abdomen had greatly increased in size. The circumference at the umbilicus measured 38 inches, and midway between this line and the symphysis it reached 45 inches. She appeared much emaciated, and her features had the pinched expression which has often been described as the "facies uterina." For some months she had been unable to follow any occupation. The abdominal surface was deeply pigmented, especially around the scar, and the cicatrix was completely infiltrated with new growth, and measured 3 inches from side to side. In many places it presented a nodular appearance, and the infiltration had even penetrated through the suture scars, and from these pedunculated masses of new growth were protruding.

The accompanying photograph was taken at the hospital a few days since, and I am much indebted to my colleague Mr. Newby for his kind assistance.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

CASE OF VIPER BITE.¹

C.B., aged 16, while playing with a viper, was bitten in the ball of the thumb at 5.10 p.m. The wound was sucked immediately, ammonia applied, and a ligature tied tightly around the wrist.

He was seen by me at 6 p.m. The fang marks, about 1 inch apart, were distinct; the hand was much swollen below the seat of ligature, but the patient felt perfectly well. Three minims of liquor ammoniæ fortis, diluted, were injected at the seat of injury, and 2 drachms of sal volatile given internally. At 7 p.m. there was so much œdema that it was thought wise to loosen the ligature. The œdema spread rapidly up the arm to the shoulder. As the patient was now feeling faint, 2 ounces of brandy were administered in tea, and he felt better; the pulse was very irregular. At 8 p.m. he felt very sleepy, and said later that at this time he felt that he did not care what happened to him. The pupils were enormously dilated, the pulse most irregular—peculiarly so at times, 20 beats or more with extreme rapidity, then long intermission followed by a few slow beats. A teaspoonful of Wyeth's meat juice, and half a tumbler of champagne, were given. A few minutes later there were rigors, followed by vomiting about 9 p.m. Hot-water bottles were applied to the lower extremities, and the patient was put to bed, where he remained in a very drowsy condition, but the heart became more regular. By 8 p.m. a patch of blackened tissue, about 2 inches in diameter, was found at the seat of injury. About 11 p.m. there was a sharp attack of diarrhœa, and at 11.30 he was fairly comfortable.

At 2 a.m. his mother roused me, as he was rather restless and excited. The pulse was rapid, and he seemed feverish, but without any rise in temperature. The drowsiness had passed away. I now gave him 25 minims of chlorodyne, after which he had a good night's sleep, and in the morning felt

¹ Read at a meeting of the Isle of Wight District of the Southern Branch of the British Medical Association.