catarrh, which, however, seldom endures longer than twenty-four hours.

The history of the interesting condition here sketched points with little doubt to germ influences in the lower atmosphere. At the summit of the mountain organisms do not exist, or, if they do exist, only in innocuous numbers. At the low level they relatively thrive, and, seizing upon the "virgin soil" of a renewed and susceptible mucous surface, they set up the irritative and mildly toxic phenomena described.

In a paper read before the British Medical Association in 1889 the present writer pointed out that, under certain circumstances, advantage might be derived from high level residence in the treatment of tuberculous conditions; and the subject of this note he considers to have a bearing on his views.

TWO CASES OF RAPIDLY SPREADING GANGRENE OF THE UPPER AND LOWER EXTREMITIES : AMPUTATION : RECOVERY.

By J. TERRELL WILLIAMS, M.R.C.S., Etc.,

Senior Honorary Surgeon, North Lonsdale Hospital, Barrow-in-Furness.

MR. R. JONES's interesting case, published in the *BRITISH MEDICAL JOURNAL* of November 3rd, 1894, has induced me to report two cases recently treated in the North Lonsdale Hospital.

R. W., aged 53, of somewhat intemperate habits, fell while under the influence of drink and dislocated his shoulder (not for the first time). The condition of the shoulder was not discovered until the following morning, when the local doctor reduced the dislocation by manipulation. Within a very few hours the hand was cold, shrivelled, and dark in colour, and deprived entirely of feeling. On admission to the hospital on August 21st, three days after the injury, the hand was black, cold, and shrivelled, at intervals up the forearm and arm, and on the pectoral muscle and in the axilla were large purplish black spots, covered with bullæ containing black fluid. Pulsation could be felt high up in the axilla, but not in the radial or brachial artery. The patient was unwilling to have the arm removed at this time; however, after a few days' delay the condition of general gangrene became so marked that he was even anxious to be rid of the offensive odour and pain in the shoulder, which had become very severe. I removed the arm at the level of the insertion of the deltoid. He made an excellent recovery. The artery was firmly plugged from the axilla down to the hand; the veins were uninjured.

W. D., aged 26, was admitted on July 12th. Seven days earlier his thigh had been crushed between buffers. At the time his doctor did not think seriously of the case, so little mark was there of severe injury, and there was no fracture of bone or lesion of skin. As is usual in this district poultices were freely applied for two or three days, when it was noticed that the leg had lost all sense of feeling, had become black, cold, and covered with huge bullæ, and exhaled a most offensive odour. On admission to the hospital the limb was evidently in an active state of putrefaction up to 3 inches above the knee. The general condition also was most desperate. The temperature was 104° F., the pulse very weak, and the face had a most anxious expression. However, I determined to give him the chance of removing the limb. This I did high up in the upper third of the thigh. He made a rapid recovery, and left the hospital on August 13th. Both popliteal artery and vein were ruptured just below Hunter's canal.

REMARKS.

I have never before known gangrene follow luxation at the shoulder, notwithstanding the fact that I have seen a great many such injuries, and not rarely have had to use considerable force in their reduction. As I have mentioned in this case, neither the knee nor heel was called in to help in the reduction. In the second case, it is rather remarkable that bone and skin escaped injury while both artery and vein were ruptured. Very little blood had escaped, although the rent in the artery was fully half an inch in length, while the vein was torn open for fully 2½ inches.

I may here relate the sequel to a case in which the superficial femoral was tied for popliteal aneurysm, and the external iliac for aneurysm of the femoral on the same side. The case was reported in the *BRITISH MEDICAL JOURNAL* about two years since. I have since tied the femoral in the same patient on the other leg for popliteal aneurysm, about twelve months since. He made an excellent recovery, has been at work ever since, and is now in good health.

I wish to place this case on record, as I should imagine there are not many cases in which a man has survived the ligation of three principal arteries.

MEMORANDA:

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

SUICIDAL GUNSHOT INJURY.

A CASE of determined suicide which occurred here recently presents two remarkable features, which may prove interesting to some of your readers.

A. R., aged 38, a powerfully-built man, standing fully six feet, shot himself twice with small cartridge shot from a sporting gun. In the first instance he placed the barrel quite close to his left side nearly at right angles with his body. The charge penetrated the abdomen, 4¼ inches below the left nipple and 2 inches to the inner side, smashing the seventh and eighth ribs. The charge mainly buried itself in fatty tissues of the neighbourhood. A probe passed through the wound, led down about six inches in the direction of the transverse colon and stomach. The skin all around the wound was charred. No immediate fatal effect following, the man proceeded to load the gun with another similar cartridge. This time he placed the muzzle of the gun in his mouth, and is believed to have pushed down the trigger with a long clay pipe. The roof of the mouth was blown away. The malar bone and zygomatic arch were completely shattered, and the left side of the face likewise blown away, making an enormous wound. The brain was completely disorganised, and all the cranial bones on that side smashed into some twelve or fourteen pieces, which were lying more or less quite loose in the cerebral cavity. Although the terrific force succeeded in producing such terrible destruction, it nevertheless failed to produce any external lesion of the scalp. The whole scalp covering the calvarium was intact, there being an utter absence of external injury beyond that already mentioned on the left side of face, although the cranial bones on that side and in front were so freely broken up and loose. Neither was there any *contrecoup* wound on the right side or back from the first shot on the left side, which although very severe did not prevent the man from loading and firing again. I believe the case in some respects to be unique.

Through the courtesy of my friend and neighbour, Dr. Forrest, I was permitted to make the examination and send this report.

THOMAS P. HARVEY, M.D., L.R.C.P.Lond., etc.
St. Leonard's-on-Sea.

TRANSVERSE PRESENTATION IN CONTRACTED PELVIS: PODALIC VERSION: DELIVERY BY FORCEPS.

On December 14th, 1894, at 8 A.M., I was called to Mrs. M., aged 42, in labour with her twelfth child. The pains had come on about 2 A.M., and the membranes had just ruptured. Examination showed the os nearly fully dilated, a shoulder presentation in the right acromio-anterior position, and prolapse of the left arm and a loop of the cord into the vagina. Podalic version was effected without delay, the trunk and limbs delivered, and a loop of the cord liberated. The uterus contracted, but the head refused to pass the brim. It became fixed; the cord was pressed upon; inspiratory efforts were made by the child, and the funic pulse ceased. Vigorous traction was combined with suprapubic pressure, and kept up for nearly half an hour, but without avail. The head remained fixed in the brim. A basilyst was sent for, but, whilst awaiting its arrival, the idea occurred to me to swing forward the trunk of the child out of the way, and put on forceps on the head. This was done, albeit with great difficulty. The head was compressed, and delivery effected in a few minutes with comparative ease. The placenta followed in ten minutes; the uterus contracted firmly, and there was practically no hæmorrhage. The uterus was syringed out with 1 in 5,000 corrosive sublimate. There was no rise of temperature, and the patient made an uninterrupted recovery.

Her history as regards previous labours was significant. She had been married over twenty years, and in that time had had twelve children. The first six labours were all easy, and apparently normal. The seventh and ninth were difficult, and called for turning, but the child was in each case born