of slight giddiness, became very fidgetty, and was advised to remain sitting. In about twenty minutes, the pupils being fairly but not fully dilated, the necessary examination took place, H. J. H. standing during the proceeding. A few minutes later, he experienced a decided feeling of weakness and loss of control over the legs, great dryness of mouth, with exceedingly bitter taste. Fancying, however, the fresh air would do him good, he refused to remain, and elected to walk home. He had not gone far before it was evident that persons in the street regarded him as decidedly "under the influence of liquor"; his speech became husky and indistinct; he walked, talked and behaved like one slightly intoxicated. Later, when at home, the symptoms progressed; complete inability to stand without assistance, or to recognize the position of objects, partly due, no doubt, to paralysis of accommodation, but also due to visual hallucination. For example, the patient would suddenly sit on the ground, imagining a chair was ready to receive him; drop a glass in mid-air instead of placing it on the table; and grasp in the air above his head for his watch which had been taken from him. With difficulty he was got to bed, constant attendance being necessary to keep him quiet; there was incessant movement, with carphology, a suspicious way of glancing beneath the bed-clothes and behind the back. A few moments, when left to himself, sufficed for the whole room to be upset; towels, brushes and shoes were placed in the bed, and boots on the dressing-table; this entertainment ended by a somewhat severe fall on the floor, whence he was unable to raise himself without assistance.

This incessant activity was accompanied by a flow of words, sentences strung together without any apparent connection, a return of memory to things which happened years ago; throughout, an air of fun and humour, the symptoms those of childishness rather than any attempt at violence.

The pulse was slow; the patient, entirely ignorant of what was the matter with him, imagined it was quite dark, whereas it was a bright summer afternoon. Four hours after the commencement, a small injection of morphine was given, and the patient became quieter, dosing apparently for a few seconds at a time. Three hours later he obtained an hour's quiet sleep, and, after some light nourishment, three hours' sleep, after which his mind appeared quite clear again. He was entirely unconscious of all that had passed; a feeling of weight in the head and general upset lasted for several days. The urine, before and after, was normal. The thoughts which such a case as this gives rise to are shortly these: It is known that children bear belladonna better than adults. Do advancing years gradually increase the susceptibility? Eight cases reported by Mr. Nettleship in 1879 would appear to indicate this. Secondly, was the poison absorbed entirely by the conjunctival mucous membrane? The bitter taste in the mouth might possibly be due to a referred sensation. Thirdly, does this susceptibility in old age point to an unpronounced pathological condition, which is liable to result, after a time, in that condition of atrophy and degeneration which is popularly known as "softening of the brain"? And, fourthly, does belladonna poisoning, which resembles so closely acute alcoholism and post-epileptic delirium in most of its symptoms, ever give rise to those outbursts of violence—so frequently destructive to life, and so invariably succeeded by entire ignorance of a deed, perhaps of the ghastliest description—which render the medico-legal aspect of many so-called criminal cases so profoundly interesting?

A CASE OF RHINOLITH.

By AUGUSTUS F. CLAY, M.R.C.S.,
Casualty Surgeon, Queen's Hospital, Birmingham.

NASAL calculi are so extremely rare that, so far as I can ascertain, only forty-six cases have been published since this condition was first described in the year 1502. The following case is worthy of record, especially when the size of the stone and its probable lengthy formation are taken into consideration.

Robert F., aged 47, married, has had an unusually healthy life, and has never suffered from rheumatism or gout. His mother informs me that when he was two years of age he was thrown from a wheelbarrow on to his face, and for many years subsequently he had an unpleasant discharge from his nose. As long as the patient himself can remember, his breath was offensive to others, and this was especially so when he caught cold. He has never had any difficulty in breathing. During the past two years he has complained of almost incessant frontal headache, and there has been a perceptible deviation of his nose towards the left side. When being examined, there was marked tenderness, but no local pain otherwise, and none

in his ears. No discomfort had been noticed from epiphora. There was considerable bulging of the right cheek and nostril, and the septum nasi was obviously deflected to the left. From a casual glance, the patient's appearance suggested that a tumour growing from the antrum had extended inwards. From the anterior nares a brown substance could be seen in the inferior meatus; and this, when examined with a probe, was found to be rough and hard. The left side was free to the passage of air; but the right was completely blocked, the mucous membrane being very much tumefied.

The patient was placed under chloroform, and an attempt was made to pass a small pair of curved polypus-forceps around the foreign body; but, until a few irregular projections had been broken off, and the stone pushed a little backwards, no firm hold could be maintained. Having at length got a secure grasp, by a steady traction, with slight rotatory movement, the bulk of the body was brought away, and the few remaining particles were then removed with Lister's drainage-forceps. Hæmorrhage was inconsiderable, and no necrosis could be detected. The nostril was syringed out three times daily with corrosive sublimate solution (1 in 1,000), and in a week's time the swelling of the mucous membrane had almost completely subsided. The discharge ceased; but the septum remained unaltered, although the removal of the external bulging of the nostril considerably improved the patient's general appearance.

The stone, as the accompanying woodcut shows, was shaped some-

what like an isosceles triangle, the surface being particularly irregular. The length of the stone was one inch and a half; the base a little less. The weight, when dried, was 110 grains. On cutting into its base, the stone had every appearance of having originated around a cherry-stone, although only half its shell remained, and that was much altered in its physical characters.

The history of the fall from the wheelbarrow is interesting, inasmuch as it was the cause of attention being drawn to the discharge from the nose, which, in my mind, was evidently due to the introduction of the cherry-stone some time prior to the accident.

NOTE ON THE CULTIVATION OF BACILLUS ANTHRACIS.

By HENRY TOMKINS, M.D., B.Sc. SAN. SCI. DIP.,
Medical Officer of Health, Leicester.

In the month of July last an outbreak of splenic fever, in a village a few miles from the borough of Leicester, afforded me an opportunity of making some cultivations of the bacillus anthracis. In addition to the loss of a number of cattle, several men—butchers, labourers, and others, having the handling of the carcasses—became infected, and one man lost his life therefrom.

By the kindness of Dr. A. Moore, officer of health for the county, I was enabled to obtain some of the fluid from the pustules of a patient suffering from the disease. At the time this was taken, the man was beginning to convalesce, and had passed the acute stage. A drop of this fluid examined and stained showed bacilli present in scanty numbers, mixed with a number of ordinary micrococci. Cultivations were made both in a tube and on plates. In the first series the bacillus anthracis was present in fair number, but the micrococcus was still more abundant. In the second series of cultivations made from the first, the bacilli were much diminished in number, whilst the micrococci were proportionately increased. And in the third series of cultivations the bacillus anthracis had quite disappeared, the whole growth apparently being taken up by the micrococcus. From this it would seem that the bacillus anthracis, when cultivated, may under certain conditions be killed or choked off, as it were, by another micro-organism, the one in this case probably being the ordinary micrococcus met with in suppuration.

The origin of this local outbreak has not with certainty been ascer-

tained, but suspicion fell upon a tanyard where foreign hides are manipulated, and the washings, etc., from which ultimately find their way into a brook to which the cattle had access.

Within the last few weeks other animals have died upon the same farm, amongst them a horse, which had been in the field where the carcasses of the former animals were buried in the summer.

THERAPEUTIC MEMORANDA.

A POSSIBLE DANGER ATTENDING THE USE OF OL. PINI SYLVESTRIS.

DR. HARVEY'S note on "A Possible Danger attending the use of Pure Terebene," in the *JOURNAL* of January 29th, reminds me of two cases of strangury, which occurred in my practice from the use of ol. pini sylvestris in November last.

W. B., aged 75, suffering from chronic bronchitis, with mucopurulent expectoration, was ordered five-drop doses of the ol. pini sylvestris in the form of an emulsion, every three hours. There was a marked improvement, the dyspnoea being relieved and the expectoration diminished. On the second or third day, however, the patient complained of pain in the renal region, extending into the pelvis and the right thigh. This was accompanied by severe strangury.

D. S., a man, aged 56, suffering also from chronic bronchitis, was treated with similar doses of the drug in the same form. He complained, in a couple of days' time, of painful micturition and bloody urine.

In both these cases the drug was at once stopped, and the symptoms disappeared in a few days' time without any special treatment. There is no doubt in my mind that these symptoms were caused by the ol. pini sylvestris, although administered in such small doses.

St. Helens.

ALFRED M. HYNES.

SURGICAL MEMORANDA.

DISLOCATION OF THE HUMERUS REDUCED BY RIGHT-ANGLE TRACTION.

H. B., aged 32, a strong muscular man, 5 feet 11 inches in height, whilst skating on January 17th, 1887, fell with his right arm extended, and dislocated his shoulder. He was seen by me about half an hour after the accident, when I found the head of the humerus below the glenoid cavity. I had him placed sitting in a chair, and steadied by an assistant; then raising the arm to a right angle, and grasping it firmly above the wrist with my right hand, pressing it close against my side, I steadied the scapula with the palm of my left hand on the acromion process, at the same time pressing the head of the humerus with my fingers. I maintained steady traction for eight or nine seconds, when the bone easily slipped into its proper place.

If this case had been treated by the usual method, it would have taken a much longer time, and greater exertion in overcoming the resistance of the deltoid and other muscles in so strong a man. This is the first time I have tried the right-angle traction, and I am certainly pleased with the result.

Rushden.

C. R. OWEN.

OBSTETRIC MEMORANDA.

COMPLETE INVERSION OF THE UTERUS.

On Sunday, November 14th, about 7 A.M., I was fetched to a woman, aged 26, who had, at 6 A.M., been delivered of a live male child, with the help of a midwife. I found the patient suffering severely from shock, and almost insensible. I immediately palpated the abdomen, and found what I expected, namely, no uterus. On exposure, I found my suspicions only too true, for there was the uterus completely inverted and protruding beyond the orifice of the vagina, as a rather shiny turgid tumour, larger than the head of a foetus at full term, and with the placenta attached to the extent of a crown piece. The hæmorrhage was very slight. Stimulants such as were available were applied, the pulse being almost imperceptible, and all other signs of complete collapse present. I sent for my partner, and then peeled off the placenta, and commenced to try to reduce the tumour, by grasping it with both hands, and squeezing it in order to diminish its bulk. When I found it giving, I proceeded to replace the fundus by

pushing it gently with my fingers in the shape of a cone, until I found that they were grasped by the os; the rest then was simple, and the womb was replaced in about fifteen minutes. On my partner arriving, we injected ether into the arm (15 minims), which appeared to revive the patient almost instantly; then we injected 30 minims of chloroform, and also some gin, all into the two arms. There was no hæmorrhage, and the patient, who was in a moribund condition, gradually revived. Her progress towards recovery was very gradual, but never arrested, and at the month she was out and about (being a working-man's wife, she, of course, would not listen to my advice to rest, etc.). She feels no inconvenience or pain whatever; has no discharge, and is as well as ever she was. This is her third child; the first was delivered with forceps. The second was unassisted, and the placenta was retained two hours.

The great rarity of cases of complete inversion prompts me to send a short outline of this case, as does also the really wonderful effect of the subcutaneous injection of the ether and chloroform.

Sidecup, Kent.

FRANK SHAPLEY.

REPORTS

OF

HOSPITAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

BRISTOL GENERAL HOSPITAL.

EVISCERATION OF THE EYEBALL, WITH INTRODUCTION OF SILVER ARTIFICIAL VITREOUS.

(Under the care of W. P. KEALL, M.R.C.S., Surgeon, Bristol General Hospital; Surgeon, Ophthalmic Department, Bristol General Hospital; Lecturer on Operative Surgery, Medical School, University College, Bristol, etc.)

THE two following are examples of a modification of evisceration of the eyeball, as performed by Dr. Mules, of Manchester, inasmuch as a hollow silver ball was used, instead of the glass globe recommended by him.

CASE I.—T. S., a boy, aged 6, was admitted on May 3rd, 1886, suffering from opacity and staphyloma of the cornea of the left eye; the operation was performed on the day of admission, in the usual way, that is to say, by cutting, with a pair of curved scissors, a circular incision through the sclerotic, just outside the sclero-corneal junction, scraping out the whole of the contents of the eyeball with a Volkmann's sharp spoon; the sclerotic was then incised in the horizontal direction about 5 millimètres on either side, and the largest sized hollow silver ball that could with ease be introduced was enclosed in the sclerotic, which was accurately stitched together with fine silk, using very small curved needles, held in Sand's American needle-holder. The conjunctiva was in like manner stitched over the whole, only in the contrary, that is, the perpendicular direction, so as more effectually to close the wound.

Previous to the operation, the conjunctiva, lids, eye-brows, and surrounding parts were purified with carbolic lotion, 1 in 20, and before introducing the ball, the interior of the sclerotic was also swabbed out with the 1 in 20 lotion, and dusted with powdered iodoform; the metal ball itself having, of course, been thoroughly purified, and the other usual antiseptic precautions taken, with the exception of the spray. The eye was afterwards dressed with a pad of boracic lint moistened with the carbolic lotion.

The evening temperature was 99° F. On the next day the lids, which were swollen and œdematous, were washed with carbolic lotion and dressed with boracic ointment, a little iodoform being dusted into the eye. The temperature in the morning was 97° F.; in the evening 98.6° F.

On May 6th, the lids were still swollen, but there was little pain, except when touched. The temperature, which was 98.6° F. in the morning, and 99° F. in the evening, was never above normal after this date.

On May 13th, the swelling of the lids was almost gone, having disappeared from the upper lid for some days, but there was still a slight protrusion of the mucous membrane of the lower lid. On being told to look across the room, he opened both eyes, and the ocular conjunctiva of the left side was seen to be slightly swollen, and pressure