the boy was of tender age in which reparative processes are very active, it was determined to follow an expectant plan of treatment and subdue the inflammation by dilute carbolic irrigation. For 10 days the irrigation was continued, at the end of which the inflammation was effectually moderated, and very little pain was felt in the joint. The wound was dressed with carbolic oil and the arm was placed in an angular position supported on pillows. Slight suppuration set in and all seemed to progress favorably, when, on, the 17th April or 15 days after the accident, fever with shivering set in. The joint swelled and was painful, attended with starting of the limb. The granulations of the wound became exuberant and pus burrowed to the outer condyle. Large doses of quinine failed to stop the fever, and in 4 days the patient was very much prostrated. At this stage excision of the elbow joint was proposed, but was obstinately refused by the parents. With their consent the operation was performed however on the 25th April by a T shaped incision on the posterior aspect of the joint. Much as I wished to avoid the incision across the triceps, the swollen condition of the parts and the infiltration of the soft tissues made me doubt whether free exposure of the joint could be obtained by a single longitudinal cut. The end of the humerus was exposed and about an inch of it was sawn away. The head of the radius was nipped off with a bone nipper, the olecranon process of the ulna removed and the upper cartilaginous surface of the coronoid process sliced off. It was found that the cartilage over the outer condyle was eroded and the trochlear surface was roughened. The cup-shaped cavity of the head of the radius was filled with soft granulation tissue, but the ulna was yet unaffected. The limb was supported on pillows between the prone and supine position and dressed in the usual way. The fever disappeared in 3 days ; the discharge and pain became less ; the fungating granulations subsided, and the improvement was steady. The wound united in parts by the first intention, and after a fortnight passive motion of the joint was commenced. He was discharged on the 28th May when the wound was all but healed. The joint could be flexed and extended, but pronation and supination movement was interfered with. As yet the patient has not gained voluntary power over the limb, but as the inflammation and thickening subside, there is no doubt that the power will be restored.

No. 2.

SCHIRRUS CANCER OF THE BREAST AND INVOLVEMENT OF AN AXILLARY GLAND ; EXTIRPATION AND ENUCLEATION ; RECOVERY.

Prossono Bostomi, aged 40 years, noticed a swelling in the left breast more than 9 months ago, which gradually increased and ulcerated after 3 months. The gland became implicated 6 months after the first appearance of the tumour. The discharge from the fungating sore, and the lancinating pain made her life completely miserable. The breast was removed by an elliptical incision, the tail of which was carried into the axilla, and the gland, about the size of a duck's egg, was enucleated on the 18th March. The wound contracted and cicatrized without any mishap. She left the hospital on the 25th May, when the wound, about the size of a rupee, still remained to be skinned over ; skin grafting was resorted to, to expedite cicatrization, but it failed.

When the patient left the hospital she was stout and plump, and her life was thoroughly enjoyable.

I submit this case as an instance in which operation deferred to the last moment was yet attended with satisfactory result. Whether or not a few months of enjoyable life is worth the purchase at the risk of an operation which is seldom attended with any dangerous consequences, deserves serious consideration at the hands fo the profession. I once operated on a very unpromising case in which most of the gland had sloughed away and the lumpy granulations were so adherent to the chest wall that I had to scrape them off from the surface of the ribs, and though the woman ultimately died of recurrence of the disease internally and externally after 4 or 5 months, yet a few months of immunity from the racking agony and misery she was in, fully justified such an interference.

MENINGITIS, ASSOCIATED WITH LOCAL PARALYSIS AND GASTRIC ULCER.

BY J. K. WALLACE, P. H. A.,

Bengal Service.

Private Henry Clarke, of H. M.'s 2-12th Regiment, aged 20 years, was admitted into the Queen's Hospital, Bareilly, in Dr. Scanlan's Ward, on the 27th April 1879, with ordinary pyrexial symptoms, marked frontal headache and constipation. His health recently has been tolerably good, but last year he suffered from an attack of typhoid ; there is no history of syphilis, rheumatism nor tuberculosis ; nor has he had any undue exposure to the sun. His condition remained unchanged for some days ; saline aperients, cathartic enemata and diaphoretics were resorted to for his relief but with no effect ; on the 3rd May or the 7th day of the disease his symptoms became more aggravated, the headache, constant and distressing, the skin hot, the pulse, which at the onset was hard and bounding, now fell with a loss in volume and frequency, being only 66 beats per minute ; his expression denoted anxiety : restlessness and irritability were more marked ; the tongue was furred and inclined to dry, the bowels were obstinately constipated. Pulv. Jalapæ Co., in combination with Calomel, was administered, six leeches were applied to the temples, and a low diet, with refrigerant drinks, was prescribed.

4th May.—Eighth-day of disease. Cephalalgia markedly present ; frequent yawning ; pyrexia continues ; thermometric indication in axilla 102·2° F. ; some tendency to gastric irritation ; a quantity of dark grumous matter ejected ; tongue coated with a brown fur ; bowels still torpid, unaffected by the drastic given yesterday, but some scybalous matter was expelled after an enema of warm water and castor-oil. A sinapism was applied to the epigastrium and Sodæ Bicarbonas with Bismuth Subnitras given to allay the vomiting : diet the same.

5th May.—Ninth-day of the disease, seems lethargic and drowsy, though at intervals he tosses about in bed, rolls his head from side to side and moans occasionally ; is roused with difficulty ; the conjunctivæ are injected ; the pupils dilated and respond imperfectly to the stimulus of light ; tongue moist but furred ; bowels moved twice, evacuations of a dark bilious nature ; vomiting continues ; complains less of the headache, but cannot sleep. Towards evening he became delirious, talked incoherently, and every now and then uttered a peculiar screaming cry. A sinapism was applied to the nape of the neck, and ice to the head constantly ; Chloral guarded by ammonia was given to combat the insomnia and allay the nervous hyperaction. Milk, beef tea as diet and iced soda-water as a drink.

6th May.—Tenth day of disease ; patient in a semi-comatose condition ; screams out at intervals ; there is marked pallor, the extremities are cold, the pulse small and feeble ; tongue furred and dry ; vomiting has recurred ; bowels not moved during the past twenty-four hours : a blister to nape of neck, sinapism to calves of legs and "foot-warmer" to be applied. Brandy four ounces, to be mixed with milk and soda water and given in small quantities frequently. *Vespere.*—Muscular twitchings, and floccitatio ; low muttering delirium ; fre-

quent loud screams; low, thready pulse; pupils fixed and dilated. Repeat chloral draught.

7th May.—Eleventh day of disease; coma continues, with other evidences of unconscious nervous hyperaction; persistent vomiting, bilious semi-liquid evacuations, from the effect of calomel and a cathartic enema; eyes much suffused; pupils fixedly dilated, feebly susceptible to light; cannot protrude tongue; deglutition imperfect; ptosis palpebræ of right side. Continue diet and stimulants and Chloral with ammonia at night.

8th May.—Twelfth day of disease; more profound coma; all muscular twitchings have ceased; occasional moaning; tongue dry, cannot be protruded. swallows with difficulty; œdema and ptosis of right eyelid; bowels moved once after an enema, some scybalæ with dark liquid matter passed; occasional vomiting; soda with Bismuth to be given to arrest vomiting, iced soda-water, brandy, milk and beef tea.

9th May.—Thirteenth day of disease, passed a restless night; constant screaming; violent delirium; cannot swallow the fluid nourishment given him; breathing stertorous; pulse thready, 135 beats per minute; head to be shaved and another blister to be put on nape of neck; nutrient enemata to be given if food cannot be swallowed.

10th May.—Fourteenth day of disease, considerably worse, face shrunken and livid; pulse hardly perceptible, passes fæces and urine involuntarily; apparently moribund. Died in profound coma at 3 P. M.

Notes of "Post-mortem" examination held three hours after death.—Body fairly nourished, no muscular rigidity; both pupils equally widely dilated, great pallor of general surface, very little cutaneous staining hypostatically. *Cranial cavity.—Meninges* exceedingly engorged, vessels dilated, tortuous and of a deep purplish hue: *dura mater* thickened by deposit of organised lymph on its visceral surface adherent at several points, especially over surface of cerebral hemispheres; along margins of longitudinal fissure the falx cerebri had to be detached by tearing; the *arachnoid* was thickened and opaque, the cerebral convolutions and sulci were marked here and there by hyperæmic patches, amounting in some to ecchymosis; on the right side especially, was a circumscribed point about ¾ths of an inch in extent, where rupture of a minute meningeal arteriole with extravasation, had taken place; at the base of the brain the track of the blood vessels along the Sylvian fissures, the pons Varolii and medulla oblongata, was defined by opaque lymph, evidently the result of osmotic effusion following engorgement. At the base of the anterior cerebral lobe was a large quantity (about three ounces) of serous fluid which pressed upon the brain substance; the cerebrum otherwise seemed healthy; on section its substance was firm, the lateral ventricles each contained about three drachms of clear serum, the choroid plexus in either side was of a deep purplish color. The *cerebellum, pons* and *medulla oblongata* were congested; the substance of the cerebellum on section was found softened, and the striæ, on its external surface, which mark the laminar divisions of its grey or cortical substance, were separated, and the curvilinear sulci gaped. Both *corpora striata* were healthy and the *optic thalami* normal; brain weighed 52 ounces. *Thoracic Cavity.—Pleura* normal; *pericardial sac* healthy, contained about three ounces of straw-colored serum. *Heart* normal, right cavities filled with semi coagulated blood, valves normal; weight 14 ounces. *Lungs* both engorged, but crepitant throughout their substance; weight, right 24, left 19 ounces. *Abdominal Cavity.*—On opening this cavity a large quantity of dark greenish fluid was found in the left hypochondrium and the stomach was collapsed. On laying open this viscus its mucous membrane was found thickened, its rugæ very prominent and rose-colored patches throughout its surface: at its lesser end, on the posterior wall, about an inch from the pyloric sphincter, was an ulcer, the size of a two-anna piece, circular in form, with rugged, thickened, inverted edges; the peritoneal coat was found adherent at this point to the surrounding cellular tissue, except at one spot, where complete perforation of the stomach and rupture of adherent areolar tissue had taken place, permitting of an escape of the gastric contents into the peritoneal cavity. The remainder of the alimentary track was healthy; no entozoa. The *liver* and *spleen* were normal and weighed respectively 56 and 8 ounces; the *kidneys* and *supra renal capsules* were normal, right weighed 9 and left 8 oz.; the *pancreas* was healthy but superficially bile stained.

Remarks.—The foregoing case, though presenting all the most characteristic features of *Simple Acute Meningitis*, deviates somewhat from the usual course in the occurrence of (*a*) *local paralysis* and (*b*) *gastric ulcer*. The total or partial deprivation of either sensory or motor nerve power, whether local or general, is the exception, and not the rule, in cases of simple acute meningitis (Aitken). In this case however there was *paralysis of the 3rd nerve*, identified by the ptosis palpebræ, and the insensibility of the iris: *paralysis of the 9th nerve* made known by the inability to protrude the tongue; and *paralyes of the 1st, or glosso-pharyngeal division of the 8th nerve* revealed by impeded deglutition in the second stage of this act. That lesion of the nerve centre resulting in local paralysis was dependent upon compression exerted by serous effusion, may readily be assumed from the morbid condition seen during the autopsy. The occurrence of *Gastric ulcer* may be considered as purely accidental, arising from some special exciting cause, but totally unassociated with meningeal inflammation as to its origin: Andral, as quoted by Dr. Aitken, says, "Softening of the stomach is apt to occur in those diseases in which there is much cerebral disturbance;" and we find in cases of severe burn, in which there is always more or less cerebro-functional excitement, ulcers forming in the duodenum; consequently the development of *gastric ulcer in meningitis may be looked upon as a concomitant—though in all probability a rare one—of this disease*, explainable perhaps by the functional disturbance of the fibres of the sympathetic which supply the dura mater, conveyed by their connection with the left pneumo-gastric to the stomach, resulting in impaired nutrition or other degenerative changes culminating in gastric ulcer. In support of the suggestion that gastric ulcer may not be an accidental complication, but rather a rare concomitant, I would cite a parallel case, particulars of which I received from my friend Dr. Lemon, Resident Surgeon, Civil Hospital, Port Louis, Mauritius, in whose practice it occurred, in which all the symptoms of meningitis were present; death ensued on the fourteenth day; the autopsy assisted in deciding the diagnosis formed during life, and a perforating ulcer was found to exist in the stomach as in the case now recorded.

Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only on ONE SIDE *of each sheet of paper.*

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the publishers, MESSRS. WYMAN AND CO. *and all professional communications to the Editor, direct.*

Communications have been received from—

DR. N. C. MACNAMARA; Surgeon C. J. H. WARDEN, Civil Surgeon, Bhagalpur; Surgeon-Major E. FAIRLAND, A. M. D.; Surgeon R. C. SANDERS, Civil-Surgeon, Bareilly; Surgeon-Major HUBERT GREENE, A. M. D.; Surgeon G. C. HALL, Bengal Medical Service; Surgeon G. C. ROY, M. D., F. R. C. S., Civil-Surgeon, Beerbhoom; Assistant Surgeon SOBHA RAM, Jhang; Hospital Assistant RAGHUPATEE MOHUN