was sufficient somnolence to arouse suspicion." On the following morning at 3 o'clock he was in great pain, somnolent, and semi-delirious with a slow pulse, a temperature of 103° F., and complete paralysis of the left arm. A hypodermic injection of morphine gave some relief until 10 A.M., when another was given. At 3 P.M. he had a slight convulsion; at 9 P.M. the somnolence had increased. The pain was agonising and was much increased by the attacks of coughing, for which one-twelfth of a grain of heroin hydrochloride was given every four hours. The question of operation was considered but postponed in consequence of lack of precedent. Although almost narcotised from the heroin he had a severe left-sided convulsion at midnight which was followed within an hour by two more, each more prolonged and severe than the last. As his condition was alarming and as it seemed clear that a clot was pressing on the right motor area of the cortex he was trephined an inch above, and in front of, the parietal eminence. The opening in the skull was extended towards the middle of the Rolandic area and the dura mater was opened but nothing could be found. The child's condition was not favourable to further search and it was hoped that the opening would relieve the pressure. On the next day all the symptoms except the paralysis had improved, but 48 hours after the operation there were three convulsions in quick succession. The patient was trephined again nearer the median line. The dura mater was opened to the extent of an inch but nothing could be found. It was immediately sutured. Upon cutting away a piece of bone from the trephine opening a clot was found. Owing to its small size it was thought at first that the clot might have been a result of the first operation, but an hour after its removal the patient moved his arm and the limb was as strong as ever two days later. Recovery was uninterrupted. The hæmorrhage was extra-dural and was supposed to come from the middle meningeal artery.

THE PREVALENCE OF SMALL-POX.

SMALL-POX shows but little sign of decreasing. Last week the number of cases at Salford showed a decided rise and it continues to spread in the West Riding. In Dublin there is a great tendency to conceal the existence of cases and this renders the work of the health authorities very arduous. In London on Friday, May 8th, there were 57 cases of small-pox in the hospitals of the Metropolitan Asylums Board, as compared with 44 a week previously. At a meeting of the Poplar borough council held on May 7th the following case was reported by the medical officer of health, Mr. F. W. Alexander:—

A male, aged 32 years, was detained at a surgery in the Roman-road and removed suffering from small-pox on April 20th. (See footnote.) The patient, apparently in good health, had returned home from a hospital in Bath on the 9th inst., where he had been an inmate for five weeks. On the 15th inst. he became ill, rash appeared on the 17th inst., and as stated above was removed on the 20th inst., so that he had been lying at home for six days suffering from small-pox. In the same house living with him were his wife, a daughter aged 16 years, and six unvaccinated children. These children had been playing in the streets with other children and neighbours had been going in and out of the house. Information was also given that a child, aged 18 months, on the 18th inst. was sent from Ford-road to Ellesmere-road, Bethnal-green; notice was at once given to the Bethnal-green authorities. All the inmates have been removed to the Council's shelter, Glaucus-street, and the house will be cleansed and disinfected throughout. The mother requested that the six unvaccinated children should be vaccinated. The public vaccinator was communicated with, but it is questionable whether vaccination will be of any use, as the children had been exposed to infection for six days. Another child, aged eight years, unvaccinated (making seven in all) was brought into the shelter on the 21st inst. from Chisendale-road; he had been taken there on the 20th inst. The medical officer of Bethnal Green was communicated with. It was evident to the medical officer of health that the disease must have been contracted out of the district, and thinking that in the institution at Bath from which the patient was discharged there may be other inmates with the premonitory symptoms of small-pox, the medical officer telephoned through to the institution at Bath, and was informed that two cases of small-pox had been removed on the 16th inst. and others since. If the telephone answer received be correct it is a pity that the authorities of the institution at Bath did not communicate with all the local authorities to which patients had been discharged within the 14 days previous to the 16th April, then the patient at Ford-road would have been discovered on the 17th inst., and chances of the spread of the disease lessened.

FOOTNOTE.—From information since received the small-pox patient went to the London Hospital, was placed in an isolation ward pending making inquiries, as he was seen to have small-pox, and arrangements were about to be made for his removal but he made his escape.

We are glad to see that the borough council warmly commended Mr. Alexander for the prompt way in which he had dealt with this case. Mr. Alexander now informs us that already nine other cases of small-pox have been traced to this patient, so we earnestly hope that when he is recovered the sanitary authorities will prosecute him for exposing himself while suffering from a dangerous infectious disease.

RESIGNATION OF DR. POORE.

WE regret to announce that Dr. G. V. Poore, Professor of Clinical Medicine in University College, London, and physician to University College Hospital, has found it necessary to resign his appointments in consequence of ill-health. Dr. Poore's brilliant work as a physician and a practical sanitarian is well known to all our readers and he has well earned by 35 years of able and unceasing toil the good wishes of all his profession. Now that he is relieved from heavy official duties the loss of University College will be the gain of his patients and their medical advisers, as he will be able to give more time to his private work.

GANGRENOUS CHOLECYSTITIS.

IN the *American Journal of the Medical Sciences* for April Dr. John H. Gibbon has published a case of the very rare condition of gangrenous cholecystitis. A woman, aged 52 years, was admitted to hospital on Oct. 3rd, 1902. She had suffered from frequent attacks of indigestion, accompanied by nausea and vomiting. Her illness began three days before admission with pain in the left hypochondrium and vomiting. On the evening of admission the temperature was 102° F., the pulse was 112, and the respirations were 32. She complained of pain and tenderness in the left side of the abdomen. The abdominal muscles on the right side were rigid and a smooth tumour which seemed to move away from the examining hand could be felt. On the next morning the tenderness and rigidity had so much increased that the tumour could not be palpated. The leucocytes were 37,600 per cubic millimetre. Immediate operation was decided on. When the abdominal muscles relaxed under the anæsthetic it was easy to diagnose a distended gall-bladder. An incision was made over it. When the abdomen was opened some free fluid escaped. The gall-bladder was covered by adherent omentum. When this was removed the gall-bladder was found to be distended and its fundus of a dark purple colour. A number of abdominal pads were inserted, the gall-bladder was incised, and very foul pus was evacuated. The mucous membrane was green and gangrenous throughout. A large calculus was fixed at the mouth of the cystic duct. The fundus was gangrenous throughout all its coats and between it and the rest of the gall-bladder was a clear line of demarcation. The fundal portion was thin but the rest of the organ was much thickened, measuring from half an inch to one inch in thickness. It was decided to remove the gall-bladder. Its separation from the liver was easily accomplished with the finger, the tissues being soft from infiltration. When an attempt was made to ligature the cystic duct the gall-bladder separated and came away even before the first knot was tied. The cystic artery bled freely and could not be controlled by a pressure forceps as the instrument cut through the inflamed tissues. The hæmorrhage was arrested by gauze packing. Gauze drains were inserted and the wound was partially closed. The patient was very ill after the operation but on the next day she was better. Convalescence was