

silver had been effected, in the large number of persons known by him to have been bitten by rabid dogs.

If it be supposed that by invariable cauterisation an undue importance may be ascribed to an apparently simple injury, or that an unnecessary sense of fear or alarm may be generated as to the danger of ordinary dog-bites, it may be replied that this procedure, when accompanied by such an encouragement as the above, imparted to the person requiring cauterisation, would lessen apprehension by convincing the person bitten of his comparative safety after the adoption of such precautionary measures. Indeed, although excision is to be preferred, whenever practicable, after the bite of rabid dogs, yet the measure of the immunity conferred by cauterisation, even after such a dreaded injury, is so reassuring, that the neglect of this precautionary measure after trivial dog-bites will become, after recent experience, a matter to be regretted, and, I may say, reprehensible, on the part of those who omit such an imperative duty.

Pontefract, Yorkshire.

### CYST OR WEN ON THE HEAD OF AN INFANT EIGHT MONTHS OLD SUCCESSFULLY EXCISED.

BY JAMES MORTON, M.D.,

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On the 18th of February last a child was brought to me from the Highlands of Scotland, said to have a swelling on its head. I expected to find it a *nævus*, but, when it was uncovered, was surprised to find it like a wen or cyst, situated in the coronal region, an inch and a half posterior to the anterior fontanelle, nearly right over the suture between the two parietal bones, and about an inch anterior to the angle of the lamboidal suture. Its size was that of a small walnut. I was told that a surgeon had punctured it, and that a clear fluid had then escaped by the opening. As the tumour did not appear to be encephalic, not partaking in the respiratory movements, uninfluenced by crying or coughing, and pressure on it producing no cerebral disturbance, besides being non-vascular, rounded, and movable, and the cranial bones being for the age well ossified, I determined to excise it. This was done on the 19th of February, with the aid of my assistant, Dr. A. Cunningham, and Mr. Graham. I pierced it longitudinally with a grooved needle, and then cut through it. The contents were in great part clear serum, with a very little grumous deposit, probably due to the previous puncture. The cyst or sac was strong and thick, not easily separated from the adjacent tissues, requiring careful dissection with the aid of the scissors. Silver-wire sutures were used. The wound suppurated slightly for a few days, but was healed before the 1st of March, when the child was taken home.

The reason for recording this case is the rarity of such tumours in infancy, in my own experience quite unexampled. It had not been noticed at birth, nor for some time thereafter, and it is perhaps proper to add that on removal the cranial bones were found not to be eroded by its weight or pressure.

Glasgow.

**SOCIETY OF ARTS.**—A conference on the subject of the Health and Sewage of Towns will be held by the Society of Arts on Tuesday, the 9th of May next, at eleven o'clock, and continued on the following day. The object of the conference is to discuss existing information in connexion with the results of the systems already adopted in various localities, to elicit further information thereon, and gather and publish for the benefit of the public generally the experience gained. The introduction of untried schemes will, therefore, not be permitted. The discussion will be taken separately on the following divisions, with the various methods of treatment which have been tried:—(a) Water-carried Sewage. (b) Dry Sewage. The arrangements are in the hands of an influential committee.

## A Mirror

### HOSPITAL PRACTICE, BRITISH AND FOREIGN.

*Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.*—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

#### KING'S COLLEGE HOSPITAL.

SARCOMA OF THE PALATE; DYSPNŒA; CONTINUED DELIRIUM; LARYNGOTOMY; IMMEDIATE RELIEF.  
(Under the care of Dr. GEO. JOHNSON.)

FOR the notes of the following interesting case we are indebted to Mr. Barrow, late surgical registrar.

Edward H. S—, aged fifty-four, a chimney-sweeper, who had been in the habit of drinking freely, was admitted on Jan. 26th, with delirium tremens. He soon became so unruly that it was necessary to remove him to a separate ward. A mixture of chloral and bromide of potassium was ordered, and in the course of a few days he became tolerably tranquil. It was, however, then noticed that he had a sarcomatous tumour involving the roof of the mouth, completely plugging both nostrils, and extending very far back into the pharynx. The growth occasioned great dyspnœa, which seemed to be increasing. The difficulty in breathing was accompanied by loud snoring; and, although when awake the man breathed satisfactorily, when asleep the respiration became so difficult and noisy that every two or three minutes he started up in the bed gasping for breath. He now again became delirious, which state was only interrupted by periods in which he took this very disturbed sleep.

Dr. Johnson expressed the opinion that the delirium was now due to exhaustion from want of proper sleep, and suggested that laryngotomy should be performed, to enable the patient to breathe more freely. Accordingly, on Feb. 28th, Mr. Footner, the house-surgeon, performed the operation; and so pronounced was the effect that the man almost immediately fell into a sound, quiet sleep, from which he did not awake for twenty-four hours. When he awoke, the delirium had entirely subsided; and the general condition of the patient has since most markedly improved, notwithstanding the continued growth of the tumour.

#### WEST LONDON HOSPITAL.

INTERNAL URETHROTOMY; RETENTION OF THE CATHETER AFTER OPERATION, FOLLOWED BY ABSCESS AND FISTULA; ULTIMATE GOOD RESULT.  
(Under the care of Mr. TEEVAN.)

IN the following case the catheter was retained, not as a part of the operation, but for the purpose of setting up a discharge and breaking down some of the dense cicatricial tissue into which a portion of the urethra had been converted.

James G—, a healthy-looking porter, aged thirty-seven, was admitted on Oct. 25th, 1875. The patient stated that seventeen years ago, whilst serving in the army at Malta, he contracted gonorrhœa and chancres. One of the sores was situated at the meatus externus, and the urethra became swollen and indurated for several inches. Phimosis followed, and the foreskin was slit up. When he got well an excavated scar was left at the urethral orifice. He did not suffer from constitutional syphilis, but he had a gleet on him for seven months. A year ago he was attacked with retention, which was only relieved by the hot bath, as the surgeon failed to pass any instrument. For the past three months he has only urinated in drops.

On examination, the penis was found large and indurated, and the urethra felt as if it contained a metal catheter. There was an excavated scar at the meatus externus, which was so contracted that it would only admit one of the finest filiform bougies. A second stricture could be felt at the root of the penis encircling the urethra like an iron band. Micturition could only be performed guttatim.