

or, should even this fail, four or five leeches applied to the painful spot, will give the desired relief. As for the treatment of the disease itself, mercurials are much in favour with the author. Corrosive sublimate is his favourite preparation, the dose being 5 to 8 milligrammes, with a little alcohol, in 3 ounces of water. The next drugs are the expectorants, these act by exciting the motor nerves of the bronchial muscles, they excite, too, the secretory fibres, and also lessen the blood supply by acting on the vasomotor fibres. Expectorants are of three classes: weak as senega, more energetic, as ipecacuanha and ammonium carbonate, powerful, as antimonials. Of these drugs it must be remembered that the most potent ones have a powerful depressant action on the heart. As regards tartar emetic, there can be no doubt that it is much better borne during the acute than during the period of resolution. It may be, however, that this difference has something to do with the change from a fluid to a solid diet. Cardiac paralysis is a danger especially to be feared in pneumonia, the pulse must, therefore, be very carefully watched. Digitalis must not be given as a matter of routine, for it may prepare the way for that very cardiac paralysis which it is intended to prevent. Tonic treatment should be adopted; excitants correspond very well to temporary needs, but tonics produce a lasting effect on the tissues. Of tonics, those most recommended are quinine and serpentary. Rapid prostration on the sixth or seventh day is met by alcohol in some form, or by ether, or, again, by injections of ethereal tincture of musk: this latter drug Federici at first uses every twenty four hours, increasing the frequency gradually. Lastly, the author draws attention to the value of bleeding in pneumonia, a plan of treatment which has rather undeservedly fallen into disuse. *British Medical Journal*.

CHOLECYSTOTOMY. — Hans Kehr (*Centralbl. f. Chir.*) relates a case of gunshot wound of the gall bladder. On January 22nd of this year the patient, a strong healthy man, aged 30, received a shot from a revolver, at a distance of ten paces. The shot entered the abdominal wall at the outer margin of the right rectus abdominis muscles, about 6 cm. above the level of the umbilicus. The injury caused the man to fall down, and gave rise to a burning pain in the whole abdominal region.

On examination with a sound it could not be discovered if the ball had gone into the peritoneal cavity. A laparotomy was now performed, an incision being made by prolonging the shot wound upwards and downwards. The incision was carried down to the fascia, but no aperture could be seen. Vomiting now occurred, and on pressing upon the abdomen some omentum protruded through an opening in the fascia. This made clear the fact that the peritoneal cavity had been opened. The incision was deepened and the abdominal cavity well opened. A quantity of blood-stained yellowish fluid resembling bile was now seen in the cavity. This was sponged out and the liver examined, and found to be uninjured. The apex of the gall bladder was found to be shot through, its mucous membrane was prolapsed through the aperture, and bile was escaping into the peritoneal cavity. The cavity of the gall bladder was examined, but the ball could not be felt. The posterior abdominal wall was seen to be sugillated, and the ball was felt lying embedded in the muscles of the back, having passed over the right kidney. The colon was examined and found to be uninjured. The margins of the wound in the gall bladder were trimmed and then united by a series of superficial and deep sutures after Czerny's method. To effect this a transverse incision had to be made owing to the distension of the intestinal coils. The gall bladder was then dropped back into the abdominal cavity, all bile sponged out, and then the abdominal walls closed with sutures. Forty-eight hours after the operation well marked icterus developed, owing to the absorption of bile from the peritoneal cavity. No peritonitis took place. This shows that the introduction of bile itself into the peritoneal cavity is not a cause of peritonitis: but for this to take place staphylococci and streptococci must be introduced. Four weeks after this the patient was quite well and went home, the ball still remaining in the muscles of the back, but producing no symptoms. Kehr says that gunshot wounds of the gall bladder are very rare. Courvoisier has mentioned six cases. Of these two died after ten and fifteen hours. A third had a bile fistula and died from pyæmia after six weeks. A fourth died from sepsis after obstruction of the gall bladder and perforation of the colon.—*British Medical Journal*.