

drew off about one ounce and a half of urine, which was pale and clear, and on examination afterwards found it contained a considerable quantity of blood-colouring matter, with a very few hyaline casts and a large quantity of spheroidal epithelial cells like renal epithelium; sp. gr. 1020; albumen one-eighth. The bowels had not been open since I left in the morning. I gave her another drachm of the compound jalap powder, and kept her on the diluents and diuretic mixture, with the same light diet; hot fomentations to her loins as before. The milk had appeared in the breasts now.

30th.—It was now the fifth day after her confinement, and during that time the urine drawn off and passed was about two ounces. Her bowels had acted twice. This morning I found her weaker, and she had passed a very restless night. Her breathing was not at all impaired, and the heart worked fairly well. Temperature 99°; pulse 86. Tongue covered with the same yellow fur, but not quite so much. She had vomited once since the evening before. Lochia continued. Her appetite was very bad, and her mother found it difficult to get her to take anything. I proposed a consultation with another medical man, to which the relatives agreed. Accordingly at 6 P.M. I went with Dr. S—, and found that the patient had had an action of the bowels, once freely, since my last visit, but she had voided no urine, nor could we on percussion make out any in the bladder. She talked more cheerily than usual to-night, and seemed in better spirits; otherwise there was not the slightest change in her. Pulse 86; temperature 99.1°; tongue still covered with yellow fur. The same treatment was pursued, and we left about 7 P.M. At 9 P.M. I was called again to see her by her father, who told me that he thought his daughter had fainted. I thought perhaps she was comatose, so I took some pilocarpine with me, but on my arrival I found her dead. Her mother said that since we left the house she had appeared quite cheerful, that she had passed about a wineglassful of urine, and that her bowels had acted. She asked her mother to hold her in her arms, and it was while in this position that she turned on one side and died almost instantaneously. There was no convulsion of any sort. This is all I could get from the mother.

The appearance post mortem presented nothing very extraordinary. I could not obtain a necropsy, which I should much like to have done. I should be much obliged for any suggestions as to the pathology &c. of this as a complication of parturition. Ought any very prompt measures to have been taken at the onset of the disease, although so few symptoms presented themselves?

Widcombe, Devon.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF CONGENITAL DISLOCATION OF RADIUS.

By R. HEELIS, M.B.

J. H—, aged eight years, was brought to me by his mother, and I was asked to look at his left arm. At first the only abnormality I noticed was a swelling on the outer and anterior part of the forearm just below the elbow; but on a slight movement of the arm the head of the radius slipped out of place, and I was led to examine the case more closely, with the following result: The left radius is generally in its dislocated position, and if reduced any slight motion will throw it out of place again, especially pronation. In complete flexion the dislocation is reduced; it can easily be reduced by manipulation in any position of the forearm, as the joint is so loose and there is some lateral movement possible in the humero-ulnar articulation. The right radius is partially dislocated—that is to say, only about one-fifth of the circumference of the head rotates on the external condyle of the humerus, the rest projecting behind and to the outer side of the joint. This dislocation is irreducible—at any rate, unless considerable force were employed. The external humeral condyles on both sides appear to be unusually small, hence the difficulty of retaining the dislocated

bone on the left side in position. The dislocation therefore is similar on both sides, being outward and backward. When the arms are extended there is a considerable projection on the outer and upper part of both forearms, produced partly by the outward dislocation and partly by the disproportionate development of the supinator longus. All the normal movements can be performed by both forearms, but pronation and supination, especially the latter, are very weak, and their place is usually taken by movements of flexion and extension. The patient seldom uses his right arm, which is less muscular than the left. The existence of some deformity has been noticed by the parents since his first year, and even from birth. There is no history of any accident to the boy or to the mother during gestation, or at delivery, which was normal. The boy is fairly well developed; his incisor teeth are very irregular, the two upper lateral or central ones being absent. He is loose-jointed. His manner is very restless, and has been since an attack of chorea three years ago, which chiefly affected his left arm and lasted one year. He is very backward in his education, scarcely knowing his alphabet. The patient's mother is healthy, and has had no miscarriages. The father is of strumous appearance and subject to styes. The brother, the only other child, has interstitial keratitis.

Remarks.—I believe the dislocations to be congenital, because they are symmetrical, and because they have been noticed almost since birth, and there is no history of accident to account for their appearance. The defective development of the teeth, bones, and joints, the backward intellect, and the attack of chorea seem to support the theory which refers congenital dislocations to lesions of the central nervous system.

Nottingham.

A CASE OF PARAMETRIC PHLEGMON FOLLOWING HYDATIDIFORM MOLE.

By G. HENRY BROWNE,

SURGEON, WAENAVON AND CLYDACH-MERTHYR COLLIERIES.

MRS. X—, aged thirty-two, a thin, pale woman, multipara, ceased menstruating on June 24th. Six weeks from this date flooding set in without assignable cause, which was checked by ergot and opium. A month later still the hæmorrhage recurred, and was again checked by the usual remedies. The patient had no further trouble till Oct. 4th, when an urgent message came for me to see her about 1 A.M. that morning. On arrival I found her suffering from very profuse hæmorrhage, the abdomen presenting the size of a seven months' pregnancy, but doughy on palpation, while per vaginam the os, soft and dilatable, was expanded to the size of a florin. From this condition of the parts I diagnosed hydatidiform mole, which diagnosis was subsequently confirmed by a portion coming away having the characteristic white-grape appearance. Ergot was given and a Barnes' bag used to avert hæmorrhage and dilate, severe pains almost immediately coming on. In about twenty minutes I removed the bag, when an enormous quantity of the cysts, nearly amounting to six pints, was expelled. The hæmorrhage at this time was extreme, and ergot was again resorted to with brandy, while with my left hand I grasped the uterus, which alternately contracted and relaxed, and with my right passed a few grains of iron-alum up to the os; immediate contraction then ensued and no further hæmorrhage occurred. From the great loss of blood the patient sank to the lowest ebb, being at one time almost pulseless, but rallied under the use of stimulants. When seen again at 11 A.M. her state was somewhat improved, pulse stronger, and temperature normal, and she was then ordered teaspoonful doses every hour of essence of beef (Lion brand), with a mixture containing ten minims of solution of extract of ergot, ammonia, and bark every four hours. Nothing untoward happened until eight days later on, when the patient was seized with a rigor soon after my morning visit, the lochia ceasing and the temperature rising to 101°, with a pulse of 104. She now complained for the first time of severe pain in the right groin, and on examination I found a large tumour, hard, inelastic, and dull to percussion, filling the whole of the right iliac fossa. I enjoined absolute rest in bed, treated the tumour locally with poultices and a liniment of iodide of potassium, belladonna, and glycerine, and gave her ten grains of quinine imme-

diately, with ammonia and bark every four hours. Next morning the temperature had fallen to 98.6°, but rose again at night to 101°, and in this manner continued hectic till October 23rd, the patient's strength during that period being supported by Richard's essence of beef, brandy and egg mixture, essence of malt, and beef-tea, besides taking ammonia and bark. Enemata of defibrinated blood were also used, from which great benefit was derived. The tumour up to this date had presented no perceptible alteration in size or hardness, but to my great surprise, on examining it, I found it diminished to less than half its original bulk, and this diminution continued without intermission—the patient's strength increasing in a proportionate degree—until at the end of three weeks (Nov. 14th) it was no longer palpable.

The points in this case which seem to me most worthy of interest are—the immediate action of the iron alum in arresting hæmorrhage, the sudden diminution in size of the phlegmon, and the great benefit obtained from enemata of defibrinated blood given daily during a fortnight when the anæmia was most marked.

Brynmawr, S. Wales.

RETRACTION OF THE PENIS.

BY THOS. F. RAVEN, L.R.C.P., &c.

I SHOULD have published the following singular case some two years ago had I not feared that the strange details would be received with incredulity, but since a similar but more strongly marked example of the same condition has recently been recorded by Dr. Ivanoff in a Russian medical journal, I do not hesitate to bring my own experience forward.

A. B—, a healthy, steady, single man, aged twenty-seven years, shortly after he had gone to bed one night, felt a sensation of cold in the region of the penis. He was agitated to find that the organ, a fairly developed one, was rapidly shrinking, and was, he thought, finally retiring. He at once gave the alarm, and I was hastily summoned from my bed to attend him. I found him highly nervous and alarmed. The penis had almost disappeared, the glans being just perceptible under the pubic arch. The skin of the penis alone was visible, and looking as it does when the organ is buried in a hydrocele, or, in an extreme degree, as it does after death by drowning. I reassured him, and gave him some ammonia, and found next day that the natural state of things had returned. But he remained weak and nervous for some days. He could give no explanation of the occurrence, and the unnatural condition has never returned. The circumstances of this case were not of so distressful a character as those related by Dr. Ivanoff. In his case the penis had bodily disappeared, and was recaptured only after prolonged manipulation. Even then the patient seems to have distrusted its tendency to remain in its natural position, for he had tied a string around it above the glans, in order that it should not again escape him. In this instance, too, the result was satisfactory, but the tendency to retraction was not finally subdued until the patient had been six days under treatment. He was a peasant, aged twenty-three, a married man with a family.

Broadstairs.

MEDICAL STUDENTS IN SWISS UNIVERSITIES.—The number of medical students in Switzerland appears to be increasing. During the present summer session the total is 675, including 81 women, who are admitted in Berne, Geneva, Zurich, and the preparatory school of Lausanne, but not in Basle. In Berne there are no less than 40 female students; some of the assistants' posts are filled by women. It is remarked that their exercises, or degree theses, are usually selected from theoretical subjects—such as anatomy, physiology, pathological anatomy, and pharmacology,—rather than from practical medicine and surgery. The increase in the number of students is due almost entirely to an accession from Switzerland itself, the number of foreigners (192) being much the same as in former years. Of the 81 female students, only 10 are of Swiss nationality.

At an inquest held recently on the body of a lunatic who had committed suicide by leaping into a deep pond in the grounds of the County Down Asylum, Downpatrick, the jury very wisely recommended that a wall should be built round the pond.

A Mirror

OF

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.

LONDON HOSPITAL.

TWO CASES OF OPERATION BY SÉDILLOT'S METHOD FOR REMOVAL OF EPITHELIOMA OF THE TONGUE; RECOVERY IN BOTH.

(Under the care of Mr. WALTER RIVINGTON.)

DURING the last few months we have given examples of the removal of malignant growths from the tongue by various methods, and in the following two cases will be found a description of the removal of such by what is known as Sédillot's operation. It is not necessary to add to the description of the operation, nor to say more as to the class of cases in which it is applicable, these being chiefly those in which the floor of the mouth is involved as well as the tongue. If non-union after division of the jaw in the middle line were a frequent occurrence, it would be a serious bar to the performance of this operation; but this is not common, and probably the union is only delayed in these cases.

CASE 1.—Jas. W. P—, aged sixty, printer, was admitted on Dec. 7th, 1885. He noticed a small lump in his tongue early in October. At first he did not pay any attention to it, but finding that it did not disperse, he consulted a doctor, who advised him to come to the hospital. For some months before observing the lump he suffered from pain referred to the temporal region. The only history of cancer in the family consisted in the fact that an aunt of his had cancer of the breast at sixty years of age; she was operated on and lived to seventy without return of the disease. The patient had smoked continuously for twenty years, using a clay pipe, most frequently on the left side, occasionally on the right or in the centre of the mouth. On inspection, a hard irregular ulcer was seen on the left side of the tongue extending into the floor of the mouth. The surrounding hardness extended beneath the mucous membrane as far as the middle line of the tongue, invaded the floor of the mouth, and reached outwards to the inferior maxilla. There were some old decayed teeth opposite the ulcerated portion of the growth, and the part was tender and bled readily on being touched. No enlarged glands could be detected. There was no history of syphilis or addiction to alcohol. Owing to the invasion of the floor of the mouth and the close proximity of the growth to the jaw, it was decided to perform Sédillot's operation by division of the inferior maxilla. The operation was performed on Dec. 16th. An incision was made in the middle line from the border of the lower lip to the hyoid bone, the jaw cleared slightly, drilled with two sets of holes, sawn through vertically, and the halves drawn asunder. The genio-hyoglossi and the mucous membrane were divided, and the left sublingual gland removed. After clearing the tongue as far as the base, a wire-rope écraseur was applied close to the epiglottis, the division of the tongue occupying twenty minutes. A ligature was put through the stump that was left, the jaw wired, and the soft parts stitched. A drainage-tube was inserted and brought out below the jaw. Two or three small arteries were tied, but there was no bleeding from either lingual or coronaries. Not more than half an ounce of blood was lost during the whole operation or afterwards. Subsequently the mouth was thickly powdered with iodoform, and the patient fed by nutrient enemata and suppositories. The mouth was carefully sponged out with an antiseptic solution every half-hour through the day. The wound in the soft parts healed by first intention. The jaw did not show any signs of union for some time, and the wires were allowed to remain. Before he left the hospital the union was rather firmer, but the halves were readily movable. The temperature rose to 100° for three days after the operation, but afterwards continued normal. He was discharged and went into the country on March 15th, 1886, quite well, the union still