

that his home is uncomfortable, his father frequently scolds him, and he has a step mother. Previously to the attempt on his life, he had been severely reprimanded by his father, and in a sudden fit of anger he committed the injury upon himself.

WEST LONDON HOSPITAL.

ACUTE GLAUCOMA ; IRIDECTOMY ; RELIEF OF PAIN, AND IMPROVEMENT OF VISION.

(Under the care of Mr. ERNEST HART.)

S. W.—, aged forty-six, a stout female, who had been under Mr. Hart's observation for some months, was admitted with all the symptoms of acute glaucoma of the right eye. The sight had for some time been failing, and together with this symptom had occurred repeated attacks of slight inflammation and pain in the right eye. Each of these had subsided under appropriate treatment, leaving the sight in a gradually more obscure and hazy state. With the right she could barely discern anything more than the misty outline of opaque objects; she could not distinguish the features of any person, however near to her, or in however strong a light.

Just before admission she had suffered a considerable exacerbation of pain. The flashes of light and acute throbbing in the ball were intensely painful; her rest was broken; the eye was tense and prominent; the sclerotic in many places thin, and with a tendency to become staphylomatous. Previous ophthalmoscopic examinations had demonstrated the absence of capsular or lenticular opacity. The other eye was sympathizing with this, and had become the seat of agonizing pain, while the visual power was affected.

Mr. Hart tried, in the first instance, the effect of eight leeches, and a mixture of colchicum and iodide of potassium with bicarbonate of potash and henbane, but the relief afforded by these means was only partial. Under these circumstances he resorted to iridectomy. The operation was performed, by the patient's desire, without chloroform. The first step of incision gave great relief, and immediately the knife divided the tense structures and entered the anterior chamber the patient expressed the ease which she had acquired. The excision of the iris, although accomplished with facility, and without any dragging, was felt to be more painful. An opiate was ordered, with an evaporating lotion to the lids. The immediate smart of the operation passed away, and the acute pain in the right eye, as well as the sympathetic irritation of the left, subsided. The subsequent result of the operation has been of the happiest kind. The health of the patient has greatly improved. The right eye is strong, clear, and free from pain, and the sight of the left is gradually improving.

CLINICAL RECORDS.

FRACTURE OF THE SCAPULA.

In May of last year an interesting case of fracture of the scapula, in a child six months old—an out-patient at the Royal Free Hospital—was brought under our notice by Mr. Hill, the house-surgeon. Fracture existed through the entire bone from above downwards, passing through the spine, so that both the external and internal borders projected backward: a most peculiar position, presenting a concavity outwards. The injury occurred from direct violence, in a fall down stairs. There was no wound, but the upper angle of the scapula almost projected through the skin; there was free movement of the shoulder, and the deltoid muscle could be brought almost in front of the arm; the acromion process was not broken. The treatment consisted in a bandage over the shoulder and a pad in the axilla.

REMOVAL OF A DEGENERATED NÆVUS FROM THE LEG OF AN INFANT.

AN infant was admitted into Guy's Hospital with a flat tumour, the size of a walnut, on the right leg at its inner surface below the calf. It was primarily a nævus, but under the use of heated pins at another hospital it had become nearly solid, and had degenerated into a form of tumour inconvenient from its situation and likely to be permanent. Mr. Cock therefore removed it on the 24th June, when the child was under the influence of chloroform, and comparatively little bleeding attended the operation. The result will be a complete cure.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

A REPORT ON A TWIN (?) ABORTION, EXHIBITED TO THE SOCIETY BY DR. LANGMORE ON JUNE 4TH, 1862.

BY GEO. HARLEY, M.D., AND T. H. TANNER, M.D.

In this case a lady aborted on the 22nd of May, 1862. A foetus, of about four months' gestation, was expelled; it was flattened, more or less atrophied, and had evidently been dead some time. The placenta was removed; and afterwards a smooth, soft body was peeled off the upper part of the uterine cavity, which proved to be a second bag of membranes. The chorion and amnion were unruptured, healthy, and transparent; and through them an embryo of about five or six weeks could be plainly seen floating in clear liquor amnii. The embryo appeared fresh and perfect, and not at all atrophied. Was this an instance of twin pregnancy or of superfœtation?

Drs. Harley and Tanner were directed by the Society to investigate the question. In their report these gentlemen give the results of an examination of the preparation. They then append some remarks on the structure of the decidua, and conclude thus:—"We are led to assume that the case under consideration is an example of superfœtation, for this reason: If the second, healthy, six weeks' ovum were the product of the same conception as the first four months' foetus, which had been dead some time when expelled, then we must believe that although the latter perished some days before its expulsion, and manifested symptoms of putrefaction, yet the small second ovum died when six weeks old, was retained for about ten weeks afterwards, and nevertheless when removed was perfectly healthy, and did not present any trace of decomposition. We cannot subscribe to this improbable view. As, theoretically, we see no physical obstacle to the occurrence of superfœtation during the first three months of pregnancy, so we think the specimen now reported upon proves, as far as anything of the sort can prove, that superfœtation is a positive fact."

ENORMOUS DEVELOPMENT OF HYDATIDS IN OMENTUM SIMULATING AN OVARIAN TUMOUR.

BY DR. NEWMAN (STAMFORD),

(Communicated by Prof. HARLEY.)

A woman, forty-three years of age, began to suffer from enlargement of the abdomen eleven years ago. In 1861 an incision was made in the right iliac region, when a quantity of pus and hydatids escaped. The opening closed, but the abdomen again enlarged; and the patient died in May, 1862, with symptoms of acute peritonitis. On examination, the omentum was found stretched over a mass of glistening cysts. Masses of hydatids were embedded on the surface of the right hepatic lobe. From them ran an unbroken chain of cysts right across the spinal column and down into the left iliac fossa. The right ovary, as well as the mesentery, also contained hydatids.

A CASE IN WHICH AIR WAS EXPELLED FROM THE VAGINA.

BY GEORGE HARLEY, M.D.

The chief points in the case are these:—The expulsion of the air is accompanied with a loud noise, and, although odourless, is attended with great personal discomfort. It began about eighteen months ago, at a catamenial period, and has recurred with increasing severity at each period, until now there are several discharges in the course of a few minutes. The patient is married. The vagina was carefully examined in order to find if any communication existed between it and the rectum, but none was found. Dr. Harley took a full sized male catheter, to which was attached a long india-rubber tube with a stop-cock at the other end. The catheter was introduced into the uterus, the end of the tube with the stop-cock being placed in a tumbler of water. No air escaped when the instrument was in this position; but on placing the open end of the catheter in the vagina an instantaneous discharge of gas took place. Soon afterwards the water was found to be sucked up through the tube into the vagina; and after one or two other experiments it was found that the vagina sucked-in and expelled the air by spasmodic action. It was further observed that the abdominal muscles materially assisted in producing this result; and although the patient has not the power of commencing the