Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF SEPTIC PARAPHIMOSIS.

BY HERBERT ARTHUR SMITH, M.D. DURH.

THE following case deserves to be recorded, as strangulation of the glans penis by a reflected and irreducible prepuce drawn tightly over it and following on coitus is uncommon.

The patient, an artisan, aged 25 years, came to me on Oct. 23rd, 1905, and stated that he had been married two days before, that he had always been chaste, that he had never had any local disease, but that from a child he had never reflected his foreskin or known the need of washing the penis, and that he failed in the act of coitus, being suddenly seized with severe pain, swelling, and difficulty in micturition. I found a reflected and involuted collar of preputial tissue, shining and tense with oedema, and turgescient and blue from strangulation. The glans was angry, red, and inflamed, there was a septic balanitis, the mucosa of the prepuce was involved, the coronal sulcus was the seat of chalky concretions, and this state was entirely due to a neglected phimosis and the ensuing absorption of germ-laden and retained smegma. The foreskin having been forced backwards over the glans the latter was strangulated by a tense band of tissue and the frænum being well on the stretch gave the organ an arched appearance. As reduction was impossible and as the parts were in obvious danger of sloughing I decided, after the manner of Verneuil, to liberate the frænum for one-third of its apical length by dissecting it up and giving it a posterior attachment, and to relieve the strangulation at the neck I incised the band of constriction to the left of the mid-line of the dorsum; immediate local and systemic relief followed but I did not perform reduction. Warm antiseptic irrigation and lead lotion were useful but the parts were so riddled with inflammatory products which the intense oedema of 48 hours had occasioned that to relieve the condition I had then and for many days to resort to acupuncture to keep the ecchymosed state under. A little later oleate of mercury dressings and an indiarubber bandage removed the residual swelling. The man kept at work all the time with the organ suspended. The marital relations were successful on Nov. 21st and the foreskin remains reducible and yet comfortably reflected.

The treatment is, I believe, somewhat heterodox, but I wished to avoid a possible phimosis and preferred the asepsis of an uncovered glans with a collar of prepuce released and adapted to new conditions, circumcision being undesirable.

Bromley, Kent.

A NOTE ON A CASE OF COMPLETE INVERSION OF THE UTERUS.

BY P. L. TOWNLEY, B.A., M.B., CH.M. SYD.

ON returning from seeing the following case I picked up THE LANCET of August 26th and read therein a note by Mr. H. H. Robinson on three unusual cases of midwifery in one week. As my case was similar to his first I venture to record it for the same reason as Mr. Robinson has given—viz., its rarity.

On Sunday, Oct. 8th, I received a summons to see a patient who had been delivered at 2 P.M. the previous Friday. All the information contained in the message was that the case was urgent. As the messenger had ridden 35 miles and I had to go the same distance I did not see the patient till 7 P.M.—that is, 53 hours after delivery. The history was that the child was born on Friday at 2 P.M. and that the officiating midwife (who was the usual bush "rabbit catcher") had made traction on the cord to remove the placenta which came away. Immediately after the expulsion (or "avulsion") of the placenta the patient complained of violent and continuous uterine contractions which after 33 hours resulted in the extrusion

of something from the vagina, after which the patient felt quite comfortable. These expulsive efforts had been accompanied by much hæmorrhage. The midwife told the patient that the mass which was hanging from the vagina was something which, in her opinion, "ought to come away" and proceeded to haul on it, but the patient, "feeling as if her inside was being dragged out," made her desist and sent for me. This occurred at 11 P.M. on Saturday. The patient, who had had three children previously, was very anæmic but not suffering from shock. To quote Mr. Robinson's words, "There was a huge mass outside the vulva lying on the bed, which proved to be the uterus completely inverted and extruded as far as the vaginal vault." Indeed, the vagina also seemed to be half inverted. There was no portion of the placenta or membranes adherent.

Under chloroform and after an hour's hard work I succeeded in placing the uterus "inside-in" again. I douched the uterus, which contracted well, with a large quantity of hot carbolic lotion and packed it with sal-alembroth gauze, which I removed the next day. I was only able to see the patient three times afterwards and on each occasion I washed out of the uterus much pus. The temperature ranged from 101° to 103° F. for a week but the patient maintained a clean tongue and a good appetite all through. When I saw her last the temperature was normal and she was sitting up, not seeming any the worse for her experience. One shudders to think of the result if she had had sufficient fortitude and faith to allow her attendant to complete the attempted avulsion of the uterus.

Gayndah, Queensland.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The Treatment of Tuberculosis of the Urinary System by Tuberculin T.R.

A MEETING of this society was held on Dec. 12th, Sir RICHARD DOUGLAS POWELL, Bart., the President, being in the chair, when the discussion upon opsonic reaction was continued.

Mr. JOHN G. PARDOE read a paper on the Treatment of Tuberculosis of the Urinary System by Tuberculin T.R., which is published in this issue of THE LANCET.

The PRESIDENT, after referring to the immense practical value of the communications which had been made at this and the former meeting, said that the mechanism of immunity to various forms of bacterial infection had never been so clearly enunciated. It was clear that there were several opsonins side by side in the blood which were prepared to deal with various forms of infection. He did not know whether these various opsonins could be separated out from one another. He compared the positive and negative phase as produced by active tuberculous ulceration with the similar phases produced by injections of serum, and referred to the effect of exercise as determining the too active circulation through the focus of disease and thus producing an undesirable negative phase. In his somewhat limited experience he thought that fairly localised and quiescent cases should only be treated by injection and the more active cases only after being treated on sanatorium lines to bring them into such a quiescent condition. In many of the cases discharged from sanatoriums apparently well it had been shown that the opsonic reaction was abnormally low. He thought that the opsonic index would indicate the amount of exercise a patient should take, for if high the "flushing" of the lesion would do good, whereas if low harm would probably result. He looked forward to the time when a clinical index would be found, for it was impossible to carry out opsonic observations except in a limited number of individuals who needed treatment.

Dr. G. W. ROSS said that he had estimated the content of the blood in antibacterial substances in 100 cases taken indiscriminately from the wards of the Victoria Park Hospital. Of these, 51 per cent. showed on the initial examination an opsonic index above 1.2—i.e., above normal; 38 per cent. showed an opsonic index between 1.2 and