FEMALE LOCK HOSPITAL.

EXAMPLE OF DOUBLE UTERUS AND VAGINA.

(Under the care of Mr. JAMES LANE.)

M. S—, aged eighteen, was sent to the hospital from Woolwich on the 6th of January, 1870, under the Contagious Diseases Act, for a purulent vaginal discharge. On examination with the speculum, the vagina was found to be divided into two by a thick, strong, vertical septum, complete throughout, commencing immediately behind the urethral aperture, and extending upwards to the uterus, with which it became continuous. There were, therefore, two vaginal canals, the rugæ of each being continued round the corresponding side of the septum. At the end of each was seen an os and cervix uteri, of normal appearance in every respect, but somewhat smaller than usual. A probe could be passed readily into the cervical canal of each. The external parts presented nothing unusual; and the girl was unaware of any peculiarity in her conformation. The right vagina was somewhat larger than the left, and in a rather more direct line with the vulvar aperture. She said she had menstruated regularly from her fifteenth year. While in the hospital she was examined with the speculum during a menstrual period, and the menstrual discharge was ascertained to proceed equally from both sides. She stated that she had been a prostitute for a month only. She was suffering from a purulent discharge and vaginitis in both vaginæ; for which she was treated in the usual way, and was discharged cured on the 23rd of February.

This case was probably an extreme instance of that class of malformations in which there is a deficiency in the union of the two halves from which the uterus is originally formed. Non-union of the *body* of the uterus constitutes the uterus bicornis analogous to that found in animals; but here the division was continued through the cervix also, and in the form of a central septum through the whole length of the vagina. A drawing of a precisely similar malformation, after Busch, will be found in the article Uterus and its Appendages, by Dr. Arthur Farre, in the "Cyclopædia of Anatomy and Physiology," vol. v., p. 679.

GREAT NORTHERN HOSPITAL.

AMONGST the cases at present in this hospital is a patient of Mr. Spencer Watson's, with tetanus, who has been under the influence of chloral hydrate for the last fourteen days, with short intermissions, and who seems likely to recover.

The patient is a woman, forty-one years of age, who on June 1st ran a splinter under the right thumb-nail. A whitlow followed, and the splinter was removed by herself. On admission, June 22nd, the jaws could only be separated one-third or one-half of an inch. The chloral hydrate has been given at intervals of four, six, and eight hours, in doses varying from thirty to sixty grains. On one or two occasions, as coma seemed to be impending, the dose was omitted; but restlessness and lividity of the face having come on, with slight opisthotonos during these intermissions, the full doses of chloral were resumed, and these symptoms subsided. The bowels have only acted after repeated doses of croton oil. The pulse has varied from 70 to 120, and the temperature from $99\frac{2}{3}^{\circ}$ to $100\frac{2}{3}^{\circ}$. The jaws can now be opened to the extent of two inches or more, and swallowing is quite easy for soft solids, such as bread soaked in milk.

Provincial Hospital Reports.

ROYAL INFIRMARY, BRISTOL.

CASE OF POISONING BY BELLADONNA.

(Under the care of Dr. BEDDOE.)

In the following case, advantage was taken of the supposed antagonism of opium to belladonna in the treatment of poisoning by the latter, but without success. For the notes we are indebted to Dr. R. Shingleton Smith.

Ann H—, aged sixty-six, swallowed about a teaspoonful

of supposed belladonna liniment on March 19th, at 11 A.M. At 11.30 a friend found her wandering in her mind, and, having ascertained what had happened, administered an emetic, but without inducing vomiting; subsequently two other emetics were given, but all failed to have any effect. At 2 P.M. she was brought to the infirmary; she was then delirious, talking fast, and throwing about her arms in an excited but feeble way; her pupils were both widely dilated and insensible to light; her pulse was 126. The stomach-pump was used, but very little fluid was brought up. At 2.45 she was very restless, tossing about in the bed, picking at the bed-clothes, and throwing about her arms in a meaningless way, but partially conscious of what was said to her. She wished to sit up in the bed. She could swallow fluids without difficulty, and drank some strong coffee. Pulse 116; respiration natural, rather slow. She was ordered a draught containing twenty minims of tincture of opium, and a hypodermic injection of acetate of morphia (one-third of a grain) was given soon afterwards. A "Calabarised disc" was placed in one eye (the left); in about twenty minutes the left pupil had contracted to a pin's point, the right pupil remaining widely dilated. At 3.30 she was less active in her movements, and seemed more drowsy. The morphia injection (one-fourth of a grain) was repeated. At 4.30 the right pupil was still widely dilated, the left remaining contracted. Her pulse was 100, of good strength; breathing slow. She was more comatose, and breathed stertorously if undisturbed for a few seconds. Another subcutaneous injection of acetate of morphia (one-third of a grain) was given. At 6.15 she was deeply comatose, and apparently had ceased to breathe; no respiration was visible for a full minute, but her pulse was moderately full, at 100; her hands were blue, and feet tending to get cold. Artificial respiration by Silvester's method was resorted to, when she began to breathe again regularly, but very slowly, about four respirations occurring in a minute. Enemata containing ammonia, brandy, and coffee were given, and galvanism to the respiratory muscles was resorted to. At 8.30 she remained deeply comatose; no reflex movements could be obtained; respirations were 5 or 6 per minute; pulse 100; cervical veins were much distended; lips were blue, and the heart's impulse diffused and weak. Brandy and coffee enemata were given every hour, and galvanism was used at intervals. At 1.30 A.M. on the 20th, respirations were 6 or 7 per minute; pulse 100, but variable, at one minute good, at another very weak and small. Venous distension in the neck had subsided. The right pupil remained dilated widely and insensible to light, and the left contracted till the time of her death, which took place at 3 o'clock, sixteen hours from the time of her having taken the poison.

At the post-mortem examination, thirty-four hours after death, the lungs were found full of blood; the right side of the heart contained but little black blood, the left side being very firmly contracted. The brain was slightly congested. The stomach and other organs presented nothing abnormal. At the time of the autopsy both pupils were equally dilated.

The patient took, in divided doses, eleven-twelfths of a grain of acetate of morphia subcutaneously, and forty minims of tincture of opium, by the mouth. Not the slightest effect was noticeable in the right pupil—i.e., the one which was not acted on by the Calabar bean. Excepting that this pupil was dilated, the patient's condition exactly resembled that of opium poisoning after the delirium had subsided into coma. No evident result was traceable to the morphia administered, except that the coma deepened, and the breathing got slower; but these symptoms doubtless were due to the belladonna, uninfluenced by the medicinal doses of opium and morphia.

LEEDS GENERAL INFIRMARY.

(Cases under the care of Dr. CLIFFORD ALBUTT.)

Infantile Paralysis.—There was nothing in this case which differed from the ordinary history of infantile paralysis. The child was aged eleven months, and had shown every sign of good health and growth until the occurrence of the palsy. It was put to bed one night some months ago, in its usual health, and in the morning was found palsied,