8 P.M., and the wound was found quite healthy, the stomach being covered with a thick layer of lymph. The viscus was opened, as in the former case, and a tube inserted, and about an ounce and a half of warm milk injected.—Dec. 1st: The patient has been quite well since the operation, and has had plenty of food by the stomach. The trachea tube is still retained, as she is very much more comfortable with it in. All the sutures were removed to-day, and the patient has had meat for the first time.—4th: Got up to-day for a little while. Is feeling very much better than she did before the operation was performed.—7th: The tracheotomy tube has been left out to-day at the patient's own request, although there is marked dyspnoea without it. She is much stronger than before the operation and has visibly gained flesh. She expresses herself as very pleased with the result, as it has given her so much relief.

This patient died on Dec. 30th, but did not suffer much, a little dyspnoea being the only difficulty. For the following notes of the post-mortem examination, which was made on Dec. 31st, I am indebted to Mr. Elam, the surgical registrar:—Rigor mortis passing off. Body greatly emaciated. The left side of the base of the tongue and left side of the fauces infiltrated with new growth, which is indurated and ulcerating. The whole of the anterior and part of the lateral walls of the pharynx are studded over with indurated projections, pale in colour, and varying in size up to that of a haricot bean; these were not ulcerated, and ceased suddenly near the oesophageal opening. In an upward direction there was a hard growth on the left side extending to and adherent to the bones of the base of the skull. The growth is hard and pale grey in colour. Growing beneath the angle of the jaw into the submaxillary region, and apparently connected with the preceding, was another hard mass, rounded and well-circumscribed, about the size of an orange. The glands behind the sterno-mastoid were enlarged, and many of them broken down in the interior. The larynx was slightly oedematous. There was no new growth in the lungs, but the left one was adherent to the diaphragm. On opening the abdominal cavity there was very little fat to be seen in the wall or in the great omentum. The stomach was contracted to about half the normal size, and contained a little dark fluid. The fistulous opening was at the great curvature. The liver was enlarged and soft, and on the upper surface of the left lobe, opposite the gastrostomy wound, it was covered with lymph, the result of local peritonitis. The other organs were healthy.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF SPINA BIFIDA SUCCESSFULLY TREATED BY OPERATION.

BY JOHN KELLOCK BARTON, F.R.C.S.I.,
SENIOR SURGEON TO THE ADELAIDE HOSPITAL, DUBLIN.

INASMUCH as the treatment of spina bifida is still unsettled, any case in which a successful operation has been performed is worthy of record. So, very briefly, I will state the particulars of the following case which has been lately under my care in the Adelaide Hospital.

On July 9th, Susan H—, an infant two weeks old, was brought to the hospital by her mother, who had been attended in her confinement by Mr. Hamilton, a pupil of the Adelaide. He had noticed at the time of birth a tumour in the lumbar region, about the size of a small walnut, of a dark purple-red colour. This tumour steadily increased in size, and at the time I made my first examination was the size of a small egg, or might more accurately be likened to the half of a small orange, the convex part projecting, the flat or cut surface of the orange attached to the lumbar spine. The surface of this tumour was occupied by a greyish sloughy ulceration, while the sides were of a deep purplish-red colour. Fluctuation was very obscure, but pressure certainly diminished the bulk of the tumour, which regained its original size quickly when the pressure was removed. The nature of the tumour, so far as that it was a spina bifida, was pretty clear; but to

make this more certain I thrust a fine hypodermic needle into it, and drew out a few drops of a perfectly colourless serum. The question of its being a spina bifida was now established, but the further and more difficult one of whether the spinal cord formed any portion of its contents remained doubtful. The fact that no paralysis existed, either of the sphincters or lower limbs, induced me to believe that this was a meningocele, and not a myelocele; but the facts of its low position and of its purple and ulcerated surface are held by authors¹ as leading to an opposite conclusion, and the result proves that the freedom from paralysis is of more diagnostic value in deciding this important point than is either the situation or the character of the tumour.

Next day, I performed the following operation, the infant being under the influence of chloroform. I cut an elliptic piece out of the centre of the tumour, thus removing all the sloughy central portion; the wall was thick, internally smooth and white, and with numerous small nerves passing into the portion removed, which were of course cut across. Very little time was lost in stopping all bleeding, which was insignificant, and then drawing together the thick purple flaps left on either side by a double row of sutures. Careful antiseptic precautions were observed, and the dressing consisted, first of all, of a dusting with iodoform, then a covering of corrosive gauze (1 in 400), secured well at its edges and round the body with an antiseptic gauze bandage. There was no elevation of temperature, and union was complete and firm in a week. No signs of any disturbance of the nervous system followed.

In ten days the infant was discharged cured. I questioned the mother as to any loss of power in the limbs, of which the child has free use. The situation of the tumour is now occupied by a puckered purple oblong swelling, about one-sixth of the size of the tumour which I operated upon, and I have no doubt further contraction will go steadily on for some time.

P.S.—Since this report was written I have received information of the death of the child in a fit of convulsions. No doubt the union of the operation-wound was complete, but the convulsive attack came on too soon after the operation for us to dissociate the one from the other.

Dublin.

ON A CASE OF ABDOMINAL PREGNANCY.

TERMINATION BY ULCERATION INTO RECTUM; RECOVERY.

BY RALPH BROWNE, L.R.C.P., M.R.C.S.

E. J.—, aged forty. Has had ten children, the youngest being five years old. Has not had any miscarriages, and gives no history of previous disorders in the organs of gestation. She had last menstruated in November, 1884 (seventeen months previously). She believes herself to have been in her usual good health, and does not remember to have had any fright about that time. In the course of a month or so she began to suffer from metrorrhagia, which continued, and led her to seek advice.

On examination, a tumour was found upon the left side of the abdomen. From its position and feeling, it was diagnosed as ovarian, and it was also suggested to the patient that she was pregnant. The metrorrhagia continued more or less, until in September, 1885, or at what would be about the full period of pregnancy, a pseudo-labour took place, and an effort at lactation appeared in the breasts. About this time the patient began to notice that the tumour seemed smaller, but complained of loss of appetite, general ill-health, and pain and irregularity in the action of the bowels. This state of things continued until April last, or seven months after the pseudo-labour, when she was taken with violent forcing pains in the body and lower bowel, and offensive diarrhoea, in the course of which some foetal bones were passed. Examination of the rectum disclosed the presence of the remainder of the foetus. A hand was introduced into the bowel, the foetal head crushed as far as possible with the fingers, and its fragments and other bones removed. The diarrhoea, and the occasional passage of a remaining bone, continued for a few days, gradually became less offensive, and then ceased. Within a fortnight the patient was able to leave her bed, and has since made an uninterrupted recovery.

From the frontal bones removed entire, each measuring an inch and a half by an inch and three-quarters, and from the

¹ Dictionary of Practical Surgery, vol. ii., p. 470.

other cranial bones fitted together, the bi-parietal diameter was computed to be three inches. All the bones had the normal amount of ossification of a full-time foetus.

Points of interest in this case are: 1. The difficulty of diagnosis, though, looking back now, nothing can be clearer than the sequence of events. 2. The maturity and perfect formation at which the foetus arrived. 3. The means taken by Nature to remedy her error, and which resulted in perfect recovery.

King's Lynn.

A SUGGESTED ALTERATION IN THE COMPOUND LIQUORICE POWDER.

BY MARTIN OXLEY, M.D.

HAVING found that the above preparation produced very severe griping in many instances where I had ordered it, the griping being particularly severe in some of my younger patients, I have ordered the following formula for some time past, in which anise fruit is substituted instead of the fennel and one-fourth part of ginger is added. The altered formula runs thus—senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, 5½ parts; ginger, ½ part. This altered preparation is quite as satisfactory in its laxative properties, is less liable to gripe, and is as pleasant to take as the official powder, and I would suggest its trial in cases where the powder as now prepared produces the disagreeable effects to which I have referred.

Liverpool.

DOUBLE FRACTURE OF THE UPPER LIMB BY INDIRECT VIOLENCE.

BY ALEX. FOULERTON, M.R.C.S., L.R.C.P.,

RESIDENT MEDICAL OFFICER, ROYAL ISLE OF WIGHT INFIRMARY.

THE following is noteworthy as a somewhat curious result of indirect violence applied to the upper extremity.

A child, aged nineteen months, was being led along the street by his mother, who was holding his right hand. The child stumbled, fell with a jerk, and was dragged up again—roughly, probably—by his mother, who, however, never left go of his hand. She then noticed that the boy's arm was quite powerless, and hung loosely by his side. Shortly afterwards the child was brought to the infirmary, where it was found that two fractures had occurred, one through the upper epiphysal line of the right radius, the other at the junction of the middle with the acromial third of the right clavicle. One would certainly have expected dislocation rather than fracture as the result of such an accident occurring in so young a child, and I must confess I am unable to offer any exact explanation as to the mechanics of the lesion.

Isle of Wight.

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.

A CASE OF PRIMARY CANCER OF THE VAGINA, LEADING TO RETENTION OF URINE; NECROPSY; REMARKS.

(Under the care of Dr. HERMAN.)

It is not usual for epithelioma (for such the disease in this case probably was) of the vagina to produce retention of urine; in the majority of instances the ulcerative process extends, and by the establishment of a fistulous communication with the bladder, causes incontinence. The difficulty met with by the surgeon in alleviating the effects of this may occasion him much anxiety, whilst it is a serious addition to the suffering caused by the disease. There is, however, a great difference between such opening and that

produced and controlled by the surgeon; the opening in this case appears to have relieved the retention, and also the pain, which was produced both by the passage of a catheter and the flow of urine over the ulcerated surface.

M. S—, aged forty-one, married, was admitted into Victor ward on Oct. 10th, 1883. She began to menstruate at the age of eleven, and after the age of twelve was always regular except during pregnancy, the flow lasting four or five days, being moderate in quantity and without pain. She was married at the age of sixteen, and in the first fourteen years of married life gave birth to eleven children, two of the pregnancies being with twins. She also had two miscarriages. Of the children only two are now living. Thirteen years ago, during one of her pregnancies, she had some kind of fit. With this exception she has always had good health. For the last ten years she has been employed as a monthly nurse. The patient thought herself well until seven months ago; then, while exerting herself more than usual, she suddenly felt a sharp pain in the lower part of the abdomen, like a sprain, and on subsequently sitting down she felt a "bearing-down" pain. This has continued ever since. A little later in the day she had a "flooding," losing, she considered, a pint or two of blood. This made her feel extremely faint. Hæmorrhage continued for about three days, and then was replaced by a white vaginal discharge. A discharge has been present ever since, but about six weeks before admission it became yellow and offensive. For the last six weeks she has suffered from scalding pain during and after micturition. For the same time the glands in the left groin have been enlarged and hard, but she has not had any pain in them. A day or two before admission she discovered similar enlargements in the right groin. Throughout the past seven months she has been progressively losing flesh. The day before admission she found herself for the first time unable to pass urine. This inability continuing, she came to the hospital, where the urine was drawn off and the patient admitted.

Condition on admission.—The patient is much wasted. The glands in both groins are indurated and enlarged, the left being the larger and fixed. On vaginal examination the anterior wall of the vagina is much thickened, very hard, uneven, and ulcerated. The thickening is especially marked at the lower part, where the induration involves the meatus urinarius. There is an isolated hard lump in the left labium. The cervix uteri is healthy but there is a hard lump to the right of it. The urine is acid; sp. gr. 1010; no albumen, pus, or phosphatic deposit. No physical signs of disease elsewhere.

Oct. 26th.—The patient has passed urine naturally since admission, but is now again unable to do so. Dr. A. J. Richardson (resident accoucheur) tried to pass a catheter, but found the urethra so surrounded and blocked with new growth that he was unable to get the catheter through it. The patient was then put into a hot bath, and twenty minims of tincture of opium given. These measures had no effect, and therefore the bladder was aspirated through the vagina.

27th.—Under anæsthesia a catheter was passed, and left in the urethra for the next three days. It was then removed, and the patient was able to pass urine naturally.

Nov. 13th.—The patient again had retention of urine, which has been relieved by the catheter. The glands in the left groin have ulcerated, and the left labium is cedematous.

16th.—The patient continues unable to pass urine. The catheter can be passed, but its use causes extreme suffering to the patient. The bladder was therefore opened by an incision from the vagina, and a winged indiarubber tube put into the opening to keep it patent. After this had been done the patient was in comparative comfort. There is now slight cedema of the right thigh.

28th.—Delirious. The whole of the right leg is cedematous.

On Dec. 11th death occurred. The necropsy showed cancer of inguinal glands on both sides, those on the left ulcerated. Bladder contracted, capable of holding an ounce and a half of fluid. Cancer of anterior vaginal wall and urethra, extending along posterior wall of bladder. Kidneys sacculated, especially the right, which only weighed two ounces, left three ounces. Right ureter distended with urine. Right ovary cancerous, and the size of a walnut. Uterus not diseased. Secondary deposit in liver.

Remarks by Dr. HERMAN.—The case is an interesting example of a rare form of disease, and of a rare event in the history of that disease. Cancer of the uterus often extends