ARREST OF GROWTH.

BY F. K. BAILEY, M. D., OF KNOXVILLE, TENNESSEE.

A FEW days since I met with the following case. The patient was a negro girl of eighteen. Perhaps there was a slight admixture of Anglo-Saxon blood, indicated more by the facial appearances than by the color. I noticed that she was a little lame, and learned that there was inequality in the length of the lower extremities, and also of the upper. At the age of twelve an eruption made its appearance upon the left elbow, which extended above and below for some distance. To some extent the same appeared upon the shoulder and the scapular region. This has continued to appear at times till the present day, and from what is discoverable upon the arm, it appears to be eczematous.

From the time above stated, both extremities ceased to grow. Menstruation appeared at fourteen, and development appears to have been rapid and normal upon the right side. On measurement, I found the left upper extremity to be twelve inches from the acromion to the olecranon, and fifteen from that point to the end of the middle finger. On the right side a comparative measurement gave thirteen and seventeen inches respectively, — a difference of three inches. The circumference of the left wrist was five inches, and of the right six inches. The left hand is small and tapering, like that of a delicate little girl. The right is plump, and rather “stubby.”

There is a difference of from two to three inches between the lower extremities. The left foot is at least two sizes smaller than the right. On measurement about the chest there is but little if any difference in size, although the girl states that she has her dresses made smaller upon the left side, especially across the shoulder, where a perceptible difference can be seen. Her health is not good, as she has suffered from dysmenorrhœa and scanty menstruation from the commencement of the flow; she has also been much annoyed by palpitation, and, till within two years, wholly unable to lie upon the left side. She has sick headache very often, and indigestion. There is a heavy, forcible beat to the heart, and physical signs of hypertrophy of the left ventricle; no valvular derangement, but the first sound is unusually loud. She says walking up a hill, climbing stairs, or running has always caused her to be short-breathed, with some pain in the side.

Owing to the unequal size of the limbs there has been a corresponding impairment of strength and ability to labor; still she manages to use the right arm in many kinds of work, but has never been able to find employment as a house-servant.

I will add that her mother has cicatrices upon the face from scrofu-

lous sores, and, although the mother of twelve or more children, is not very strong. The father died a few days ago, of consumption.

The above is given because of its rarity of occurrence, at least under my own observation.

RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.¹

BY W. L. RICHARDSON, M. D.

GYNÆCOLOGY.

Cancer of the Uterus. — Dr. C. T. Savory has reported a case² in which epithelioma of the cervix uteri became complicated with pregnancy. A large cauliflower excrescence was removed by the écraseur, October 27, 1870. The patient was delivered January 12, 1871, of a living female child. Both mother and child did well. June 25, 1873, she was again taken in labor, and after some little difficulty version was accomplished and a dead child extracted. The patient died of sheer exhaustion thirteen days later, having lived two years and nine months from the date of the first operation. The case is an extremely interesting one as influencing the prognosis in cases of pregnancy complicated with malignant disease. It is also interesting as showing that such a severe operation could be performed without bringing on labor.

Dr. Fleischer³ advises that the hydrate of chloral be used as an application in cases of carcinoma uteri. He recommends that the vagina be first well washed out with tepid water injections. A piece of cotton-wool should then be dipped into a solution of the hydrate of chloral (two drachms to three ounces) and be applied to the diseased surface. The application should be repeated every two hours. It will be noticed that the intensity of the pain is relieved after two or three applications, and the offensive character of the vaginal discharge is to a great degree lessened. The administration *per rectum* is considered preferable to giving it by the mouth, as the patient is less liable to become addicted to the use of the drug.

Dr. C. Paul⁴ recommends the use of vaginal suppositories of the hydrate of chloral (fifteen grains each). The fetor of the vaginal discharge is at once corrected, and sleep will be often produced, even when morphine has failed.

Dr. C. J. Gibb⁵ advises the application of the strongest pharma-

¹ Concluded from page 223.

² Obstetrical Journal of Great Britain and Ireland, April, 1875.

³ Medicinisch-Chirurgisches Centralblatt, ix., 1875.

⁴ American Journal of Obstetrics, August, 1875.

⁵ British Medical Journal, February 13, 1875.