found to be empty, and on evertng it the lining of its walls had the appearance of pulpy granulation tissue. No canal could be made out at its cæcal extremity.

It is now a year since the operation. The patient has enjoyed perfect health, and is quite free from any feeling of weakness in the region of the cicatrix. The diagnosis of catarrhal appendicitis proved correct, and so, also, would seem the treatment. Whether this patient would, by conservative measures, have reached a period when no further repetition of his troubles would have taken place, or whether the time might have come for opening an abscess in the region of the appendix, or even graver measures, it is impossible to say. The operation can hardly be said to have carried any risks with it, and its result was and has been to relieve him completely of his trouble.

Glasgow.

PARTIAL ASPHYXIA FROM IMPACTION OF FALSE TEETH IN THE OESOPHAGUS DURING AN EPILEPTIC FIT; RECOVERY.

By A. STANHOPE DAWSON, L.R.C.P., L.R.C.S. ED.

CALLED suddenly to W. E.—, aged seventy-eight, I found the patient suffering from stertorous breathing, cyanotic, and in a severe epileptic seizure. On opening his mouth to examine the tongue I found the top plate and false teeth had been swallowed. After considerable difficulty I hooked up the plate; but the patient being a chronic bronchitic subject, an alarming accumulation of tenacious phlegm had taken place, due mainly to the pressure of the tooth-plate on the epiglottis. I asked for strong hen feathers, and by their aid for half an hour removed the phlegm, my patient breathing more easily, but the pulse becoming intermittent, I administered twenty drops of sulphuric ether hypodermically; this, with brandy followed by a stimulating expectorant, caused the patient to rally, subsequent soreness of mouth and throat being relieved by ice and champagne. I firmly believe the removal of phlegm by the feathers saved my patient's life. I was called in on June 7th, and to-day (June 14th) he has taken bread and milk freely. My reason for reporting the case is to suggest that surgeons should not forget that "a feather may turn the scale." In future I shall keep one or two brushes at hand, such as are sold by musical instrument vendors for cleaning the flute, which, I venture to believe, would be of more use than the feathers. These brushes being mounted on wire, they may be bent to a convenient angle, like the throat brushes in ordinary use.

Cockermouth.

A CASE OF PLACENTA PRÆVIA IN A PATIENT SUFFERING FROM MITRAL VALVULAR DISEASE.

By PHILIP E. HILL, M.R.C.S. ENG., L.S.A. LOND.

ON May 31st, at 11 P.M., I was called to Mrs. E.—, twenty-eight years of age, the subject of mitral disease, eight months advanced in her fifth pregnancy. Immediately previous to my being sent for, the patient was surprised by a sudden gush of blood from the uterus, without any shock or violent exertion to account for it; she was in bed and at perfect rest. By the time I arrived the hæmorrhage had moderated. Upon examination per vaginam, I found the os slightly dilated, but not sufficiently so to enable me to make out the presentation; the cervix, however, felt more spongy than usual. The case, to my mind, peculiarly pointed to a placental presentation. For the present, therefore, my chief care was to arrest the discharge, and for this purpose I directed the patient to be kept cool, quiet, and in the recumbent position, and ordered fifteen minims of dilute sulphuric acid every three hours. After explaining to the friends my opinion as to the probable nature of the case, I left, giving instructions that should pain occur or the hæmorrhage return I was to be at once sent for. About an hour subsequently I was again summoned, when I found the hæmorrhage had returned and uterine action commenced. Upon examination, the os was soft and dilatable, the head presenting, and the placenta partially so, the mass being felt detached and to the left side. During a pain a torrent of florid blood gushed from the uterus, which at once placed the patient in

extreme danger. I now felt that I must immediately determine the course to pursue for the rescue of the mother from impending death, as well as the possible preservation of the child. I therefore passed two fingers inside the os, and detached as much of the placenta as I could. I then cut two V-shaped notches in the nail of the index finger of my right hand, and with it sawed through the tough and receding membranes. This being done, the liquor amnii escaped, the head at once descended, all hæmorrhage ceased, and the child was delivered at 1.15 A.M., but it was dead. After remaining for two hours, I left, the patient feeling much stronger, more comfortable, the radial pulse 72, of fair strength and volume. At 8 A.M. I was again hastily summoned, when I found the following condition of things. The pulse was failing, being weak, small, and intermittent; the patient was blanched and covered with a cold, clammy sweat; vomiting, with restlessness, impairment of vision, and delirium. The uterus was well contracted, firm, and there was no hæmorrhage. I immediately gave her brandy and ether, applied a mustard leaf over the heart, hot-water bottles to the extremities, and prescribed the following mixture: Twenty minims of tincture of digitalis, half a drachm of spirit of cajuput, camphor mixture to one ounce, to be taken every three hours. Gradually the heart regained tone and steadiness, but she lapsed almost into the same condition periodically upon the slightest movement or attempt at sleep. The above symptoms slowly disappeared, and the patient is now making a gradual and uninterrupted recovery.

Crickhowell.

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.

MIDDLESEX HOSPITAL.

SOME RECENT CASES OF INJURY TO THE HEAD.

(Under the care of Mr. HULKE.)

THESE cases of injury to the cranium present features which render them of considerable interest. In the first the severity of the injury to the vault of the skull appeared to produce but little impression in the way of shock on the patient, and the case presents another example of the amount of injury which may occasionally be inflicted and the sufferer quite unable to realise it, because able to walk about without much inconvenience or local pain. The treatment of the case by the application of the trephine was successful, and there is nothing beyond the copious watery discharge from the wound, a rare occurrence after fracture of the vault, to attract attention in the subsequent progress of the case. The second patient, who had received a punctured wound of the orbit, probably accompanied by fracture of the orbital roof, recovered from a condition which (if the bone was indeed fractured) is so frequently fatal that it should be placed on record. The reason for this statement will be more evident to our readers when we remind them that the results of such injury have been estimated as fatal in seventeen out of eighteen of those injured. The third case presents features very uncommon as the result of contusion of the skull. Mr. Hulke considers the paralyses to have been of peripheral origin, and in a clinical lecture remarks: "The supposition of syphilis suggested by the early death of all the patient's children is consistent with the course of her disorder, and it is supported by the results of treatment. When she first entered the hospital the question of syphilis was considered, and it was thought, upon the whole, at that time, before we had had much opportunity of observing her, that probably she was suffering from traumatic pericranitis. Later, the presence of a syphilitic factor gained ground, and she was given iodide of potassium, but without obvious benefit. After her return the dose of iodide of potassium was increased from five to fifteen grains three