movement. At 6 15 P.M. his pelvis was raised to allow of the introduction of a bed-pan and almost instantaneous death ensued. At the post-mortem examination a prolonged and careful search failed to reveal any macroscopic change in the brain, its vessels, or the meninges. On opening the pericardium it was found to be filled with blood clot, and on washing this away a laceration about one and a half inches in length was found in the left lateral wall of the left ventricle. The aperture was closed by recent clot. The cavities of the heart were dilated, the walls thin and in an advanced stage of fatty degeneration. No valvular disease was present. The aorta and its main branches were atheromatous. Both lungs contained calcifying tubercle; the abdomen was loaded with fat; the spleen was soft and friable; the kidneys were engorged, but otherwise healthy. Although the patient's death followed such a slight movement as that of raising his buttocks, and which was apparently "the last straw," he had been able to survive a considerable journey (from Waltham Abbey to Tottenham) in a cab on the previous day. My cordial thanks are due to Dr. Rasch, visiting physician to the hospital, for his permission to publish this interesting case.

TWO CASES OF DIPHTHERIA TREATED BY ANTITOXIN.¹

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CASE 1.—The patient was a girl aged seven years and six months. On Sept. 11th she was said to have had tonsillitis, but to have completely recovered by the 15th. On the evening of Sept. 20th there was copious epistaxis. On the 21st, on the right side of the uvula and anterior pillar of the fauces, there was a shallow, raw-looking ulcer, and the left nostril was filled with a greyish-white membrane down to the orifice. The pulse was 130 and the temperature 101° F. The urine contained over 0.05 per cent. albumen. The patient was given perchloride of mercury and lactic acid (one drachm to the ounce) applied locally. On the 22nd with a nasal speculum a white substance could be seen far back in the right nostril. On the 23rd the temperature reached 102.2°, and the child was distinctly worse. On the 24th the urine contained over 0.03 per cent. albumen. At 7 P.M. 0.7 c.c. of Aronson's antitoxin was injected. On the 25th the patient could breathe better through the nose. She was very restless in the afternoon and her temperature rose to 103°. On the 26th the ulcer on the uvula was nearly well. No membrane could be seen in the nose, but the temperature was still keeping over 102° and the albumen had increased to 0.2 per cent.; 1.2 c.c. of antitoxin injected. On the 17th she complained of pain in the legs, and after the most careful examination the knee-jerks could be only doubtfully obtained; anyway, there was very slight reaction. The fauces and nose looked well, but she complained of ear pain. On the 28th pus issued from the right ear. The patient could not hear the ticking of a watch on contact, and the tympanum was perforated. On the 30th the ear was quite free from discharge, and she heard a watch at three inches. The throat and nose looked well, but the temperature reached 103.2°, and the albumen was over 0.1 per cent.; 1.7 c.c. of antitoxin was injected. On Oct. 2nd the temperature was subnormal and the pulse 92. Albumen, 0.01 per cent. On the 3rd the temperature was subnormal, the pulse 104, and there was no albumen. The knee-jerks were very glib. Since then the child has made an uninterrupted recovery.

CASE 2.—The patient was a woman, the mother of the above. On Sept. 23rd a small yellowish patch was seen between the pillars of the left fauces. The temperature was 103° F. Steam and lactic acid were applied locally, and perchloride of mercury given. On the 24th albumen was 0.1 per cent. The yellow patch had grown a little. There was a separate raised white patch between the uvula and the anterior pillar. In the evening a third patch had appeared on the left tonsil. The temperature was 100.2°. 1 c.c. of antitoxin was injected. On the 25th, in the morning, the yellow patch had come round the anterior pillar and spread

downwards. The white patch and the third patch remained as on the previous day. In the evening the yellow patch had receded; the edges of the white patch were raised and everted, while the third patch remained as before. On the 26th the yellow patch and the third patch were smaller; the white patch of membrane shed. The temperature was 99.2°. On the 28th the throat was absolutely clear. The temperature was normal and the urine free from albumen. The patient has since progressed without any bad symptoms.

Remarks.—The cases were not in any sense treated with a view of determining the merits of antitoxin; still, the circumstance that both failed in any way to improve until the antitoxin was injected is noteworthy. The mother received her dose on the second day of the disease, and the child much later, so the cases bear out what has been written—that the sooner antitoxin is administered the better is the recovery, and that the later in the disease the larger is the dose required to produce benefit. The estimations of albumen were by Brandenberg's method (checked by Esbach's tubes), but only on particular samples, not on the mixed urine of twenty-four hours. The disease is attributed to an arrangement by which a current of air was allowed to pass through the dustbin into the house.

Hove, Brighton.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PREGNANCY IN ONE HALF OF A UTERUS SEPTUS BICORNIS.

By E. G. EMERSON ARNOLD, L.R.C.P. LOND., M.R.C.S. ENG.
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AND

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A WOMAN aged twenty-two years was attended in the Maternity Charity of St. Thomas's Hospital on Feb. 4th 1895, in her third confinement. On examination the left shoulder was found presenting with the arm prolapsed. The patient had been in labour for upwards of twelve hours, and the os was fully dilated. On passing the hand into the uterus in order to perform version, after the patient had been put under chloroform, there was felt, close against the uterine wall and just above the child's head, which was lying in the left iliac fossa, a thick projecting edge of tissue, the nature of which was not at the time apparent. Delivery was effected by version, the child, a full term male, being stillborn. On examining after delivery it was found that the uterus consisted of two distinct cavities, divided by a septum reaching as far as the position of the internal os, and the fundus presented a median depression separating two divergent cornua. The placenta and membranes were found occupying the right and larger half of the uterus, the left side being empty, but lined by a soft membrane, easily breaking down under the finger. It was now obvious that the projecting edge previously felt had been the lower end of the septum pressed against the left uterine wall. The placenta and membranes were expressed without difficulty, and, some hæmorrhage occurring, a hypodermic injection of ergotinine was administered, after which the uterus contracted well. The patient made satisfactory progress until the tenth day, when a rise of temperature occurred. An intra-uterine douche was given and a large quantity of shreds of decidua tissue evacuated from the left cavity, and these continued to pass for some days afterwards. The temperature gradually fell again to normal, and there were no further untoward symptoms. Abdominal palpation immediately after delivery showed the right half of the uterus to be markedly larger than the left, but a day or two later the left half appeared to be slightly the larger of the two. At the end of a week or ten days both sides felt of equal size. The patient has had two previous pregnancies, the first resulting in the birth of a living child at term, and the second in a miscarriage at the sixth

¹ Notes on these cases were read at the meeting of the Brighton and Sussex Medico-Chirurgical Society, Oct. 6th, 1894.

month. No interference was necessary, and nothing occurred to lead to the diagnosis of the abnormality on either of these occasions. The patient first menstruated at the age of thirteen years, and the catamenia have always been regular and rather profuse. All three pregnancies have been attended throughout by complete amenorrhoea. The pelvis showed no increase in width, such as has been noticed in some cases of double uterus. The promontory of the sacrum was somewhat prominent, and there was some contraction of the conjugate diameter of the brim, without, however, those changes in the external measurements characteristic of the rachitic flattened pelvis. The measurements were: diagonal conjugate, $4\frac{1}{2}$ inches; distance of iliac crests, $10\frac{1}{2}$ inches; distance of iliac spines, $9\frac{1}{2}$ inches. Our best thanks are due to Dr. Cullingworth and Dr. Cory for permission to publish this case.

REMARKABLE CASE OF PERFORATION OF EYEBALL.

By H. A. BRYANT, M.R.C.S. ENG. &c.,
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On April 3rd a man twenty-one years of age attended the Durham County Hospital with the history that, while walking beside his cart with a friend, he was suddenly struck with something in the right eye, causing him intense pain and loss of sight. On examining him I found a lacerated perforating wound the size of a hemp seed about three-sixteenths of an inch from the outer margin of the cornea, out of which some of the vitreous was escaping. The conjunctiva was congested, there were blood in the lower half of the anterior chamber, but not blocking up the pupil, loss of tension, and sinking in of the iris and lens. Loss of sight both for light and objects was complete. Ophthalmoscopic examination could detect nothing, no reflex being present, and no foreign body could be seen with focal illumination. About four hours after the accident the man was put under chloroform, and I passed a probe into the wound for about an inch in a downward, backward, and inward direction, encountering what seemed to me to be some soft foreign body. As it could not be removed the eyeball was enucleated. On examining the eye afterwards, embedded in the back part of the vitreous a knot of whipcord, evidently from the end of a whip, was found, which must have penetrated the globe and passed through the vitreous. The lens was uninjured. The patient made a good recovery, and left the hospital seven days after the operation. On questioning him he was quite at a loss as to how the accident could have occurred, declaring that his own whip was in the cart, and that no one anywhere near was flicking one about. The case is that of an accident which almost everyone is liable to, and it shows what considerable force there is in a flick of a whip which can penetrate such a tough body as an eyeball.

DISLOCATION OF THE LOWER JAW DURING AN EPILEPTIC FIT.

By CECIL F. BEADLES, M.R.C.S. ENG., L.R.C.P. LOND.,
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COLNEY HATCH.

A CASE of dislocation of the lower jaw during an epileptic fit is such a rare event that the following is worthy of being recorded. It occurred in a youth aged twenty who had been an inmate of Colney Hatch Asylum about two years and a half. He is the subject of chronic mania, with delusions, is often excited and quarrelsome, and has frequent epileptic fits, occurring more especially during the night, but which interfere but little with his employment on the grounds during the day. He has a somewhat imbecile expression, with a peculiar, hesitating, slow manner of speech; moreover, his lower jaw has the appearance of being rather loosely articulated. Dislocation of the right condyle occurred during the night while the patient was in a severe fit, and its reduction was effected without difficulty when he recovered from it. I have been unable to discover that this rare event has previously happened in this asylum, although some years ago there were two male patients who could put their jaws out and replace them with ease; neither of these was epileptic. Erichsen does not mention epileptic fits as a cause of this variety of dislocation.

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.

ROYAL BERKSHIRE HOSPITAL.

CASE OF DOUBLE BASIC PNEUMONIA ASSOCIATED WITH
PREGNANCY, HEART DISEASE, AND BRONCHITIS, AND
FOLLOWED BY EMPYEMA; RESECTION OF RIBS;
RECOVERY; REMARKS.

(Under the care of Dr. FRANCIS HAWKINS.)

THERE is no doubt that pneumonia is one of the most serious complications of pregnancy, and although several cases are on record where the patient has recovered, its onset is rightly regarded with great anxiety by the physician. Dr. Rendu¹ has in a clinical lecture devoted to this subject entered fully into a consideration of it. That the disease is aggravated by pregnancy is proved by statistics, which show a mortality of 8 to 9 per cent. He further states that the more advanced the pregnancy the graver the pneumonia, the cause of this being partly mechanical, from diminution of hæmatisation; but, in addition, the heart at this period is already fatigued, and the kidneys to a certain extent altered by pregnancy, thus bringing about a serious pathological condition. The frequency of abortion, which aggravates the situation, appears to be due to the fact that the foetus dies from infection, and the uterus hastens to free itself. Dr. Rendu considers that abortion renders the patient's state more serious, and that dangerous symptoms are apt to develop very rapidly after it. This case, it will be noted, was apparently less fitted than usual to cope with the disease on account of the cardiac affection.

A woman aged thirty-five years was admitted to the Royal Berkshire Hospital on April 5th, 1894, complaining of pain in the left side, cough, and slight expectoration, all of which had commenced suddenly three days before and were not preceded by shivering or vomiting. The thorax, which was well formed, moved but slightly on the left side during inspiration. The physical signs on this side were slight vocal fremitus, absolute dullness over the infra-scapular region, marked dullness over the lower part of the inter-scapular and over the whole of the infra-axillary regions, the breath sounds tubular in character over all the above regions, a small amount of fine crepitation, and a great increase of vocal resonance. On the right side there were no abnormal physical signs. The first cardiac sound was decidedly impure, but there was no absolute murmur. The temperature was 99.6° F. and the pulse 108. The patient was at about the fourth month of pregnancy. On April 7th pain was felt in the right side of the chest, which now moved less freely in respiration, and over the infra-scapular region there was dullness with tubular breathing. The highest temperature (at 3 A.M.) was 102.5° ; the pulse was 128. On the 9th the general condition of the patient was very bad, the dyspnoea being very marked and the lower lip cyanosed. The signs of consolidation of both bases were still present. The highest temperature (at 3 P.M.) was 102.6° , the pulse was 132, and the respiration 55. Liquor strychniæ was given every four hours. On the 10th the dyspnoea was less and the lower lip was not cyanosed. The highest temperature (at 11 A.M.) was 100.8° and the lowest was 98.6° . The pulse was 120 and the respiration 50. On the 11th, which was the day of crisis, or ninth day of the disease, the temperature in the forenoon was 98° and the general symptoms were rather less urgent. At 10 P.M., however, there was severe dyspnoea with constant hacking cough, and the pulse rose to 130. Digitalis and ammonia were now administered. (At first the patient was ordered brandy, which she took till the 10th, when port wine was substituted.) On the 15th the patient was not so well and complained of pain in the right posterior axillary line; there

¹ Journal de Médecine et de Chirurgie Pratique, Paris, vol. i., 1893. Sajous' Annual of the Universal Medical Sciences, vol. ii., 1894, H. 13.