impulse being in the fifth left interspace, below and slightly external to the nipple. There was a well-marked mitral systolic murmur which was to be heard distinctly in the back of the same side. His previous illnesses were measles and (?) scarlet fever, the latter when he was about three years of age, and the medical man in attendance then is said to have remarked that it had affected his heart. Nine months previously I had refused to pass him into a friendly society on account of his having a systolic murmur at the apex.

I had the joints covered with cotton-wool and flannel. I also advised bathing his chest and head with tepid water and gave him a mixture containing 10 grains of sodium salicylate, 10 grains of potassium bicarbonate, and four minims of tincture of digitalis, to be taken every four hours, and two teaspoonfuls of brandy, also every four hours. By April 1st his temperature had dropped to 100° , his pulse was 90, and his respirations were 30. No other joints had been affected in the meanwhile, but those that were had considerably lessened in size and he was suffering from no pain. On examination of the heart I found it to be considerably increased in size, reaching to the right of the right border of the sternum, above nearly to the lower borders of the second ribs, and practically as before on the left side. Friction sounds were to be heard over this area. By the 3rd the joints were normal in size and painless and the sweating had subsided, but the temperature had risen to 103.2° , the pulse was 120, and the respirations were 40. The urine was diminished in quantity to 44 ounces in 24 hours. I stopped the sodium salicylate and substituted 30 grains of diuretin every four hours. The brandy was continued and the bathing was stopped. The patient was kept propped up in bed almost at right angles to it, as otherwise orthopnoea was so pronounced. During the next five days, with occasional small doses of antifebrin, the temperature dropped to 101° , but there were no signs of absorption of the effusion taking place. I ordered the chest to be painted once daily with tincture of iodine (half strength) and gave three grains of iodide of potassium every four hours. By the 12th the area of cardiac dulness was markedly diminished; the temperature was 99.4° in the morning and 100.2° in the evening. The urine had now reached about 60 ounces daily. The painting of the chest with iodine and the administration of iodide of potassium were stopped, as an iodide rash had appeared. On the 20th the patient's temperature was normal and remained so, and his heart had resumed its normal size. He was, of course, still kept in bed and all available and suitable nourishment was administered. In the beginning of June the parents particularly wished him to be taken home. A carriage and pair was kindly lent and he was placed on a stretcher and put in it and taken at a walking pace. A few days afterwards I was fetched early in the morning to him and found that he had commencing signs of backward pressure from the heart failing. The lungs were congested at the bases, the liver was enlarged, and there was cedema of the legs, ankles, and feet. I gave him a hypodermic injection of one-hundredth of a grain of strychnine sulphate and ordered half a wine-glassful of champagne every two hours. The next day he seemed much better and was ordered a mixture of digitalis and an alkaline aperient. Then he developed a sudden swelling of the left forearm and hand with simple phlebitis, probably due to thrombosis of the axillary vein, the right arm being quite normal in size. In the course of 10 days this got better, but otherwise he became gradually worse and he died on June 26th.

Now that there is so much discussion on the classification of acute rheumatism it seems worth while drawing attention to the coincidence of two members of the same family being affected at the same time. Although not living in the same house the deceased had visited his brother frequently before he had to take to his bed. I believe it is not a common occurrence to recover from pericarditis when there is a previous diseased condition of the valves of the heart.

Blagdon, near Bristol.

A CASE OF COMPLETE INVERSION OF THE UTERUS.

BY DAVID DURRAN, M.B. GLASG.

OWING to its great rarity the following case of complete inversion of the uterus ought to be placed on record. According to Playfair this accident was only observed once

in upwards of 190,800 deliveries at the Rotunda Hospital since its foundation in 1745. Various explanations have been given to account for its production. In the present case there was a suspicion that pressure on the abdomen was improperly applied, but the midwife who was in attendance would not admit that there was undue pulling on the cord. The case was as follows.

On Jan. 30th, 1899, I was called to a woman in labour. On my arrival I found her in bed, pale, with a small and feeble pulse, cold clammy skin, and evidently suffering from shock. The midwife informed me that a little over an hour before a child was born and that along with the after-birth something came down the like of which she had never seen before but which she thought was the womb. This she returned. There was great loss of blood and the patient had been in a fainting condition ever since. It may be mentioned here that the patient was 25 years of age, strong, and in good health. She had been married seven years and this was her third child. On examination I discovered a large globular mass of the consistence of muscle tissue filling the vagina and bleeding profusely. Bimanual examination showed the absence of the contracted uterus and instead a cup-shaped depression was easily felt, which made out the case to be one of complete inversion of the uterus. Manipulation restored the organ in a few minutes to its natural condition. The inverted uterus was first firmly grasped by the hand and gently squeezed, being at the same time pushed slightly upwards. The tips of the fingers were then applied to the fundus and by steady pressure in the proper axis of the pelvis the uterus was felt to resume its natural shape. The patient made a good recovery and everything went on well until the eleventh day after the confinement, when delusions showed themselves, and in a few days the case developed into one of acute puerperal mania presenting the usual symptoms, which necessitated asylum treatment. There was evidence of hereditary tendency, but the determining cause at that time was no doubt the shock from the accident referred to as well as exhaustion from the great loss of blood. After several months in the asylum the patient returned home and is now in very good health.

Thurso, Caithness.

UNUSUAL CONDITIONS AT BIRTH.

BY A. J. RICE OXLEY, M.A. OXON., M.B. DUB.,
M.R.C.S. ENG.

CASE 1. *Fracture of the clavicle; normal presentation.*—A patient of mine was delivered of her third child a short time ago. At my visit the following day the nurse asked me to look at a "sharp hard swelling at the top of the right side of the chest." On examination I found that the infant had a fractured clavicle. Delivery had been very rapid—so rapid that I was unable to arrive in time; but the nurse, a skilful one, assured me that she had in no way interfered during the progress and that it was normal in every way "except for its being very quick indeed." Such an occurrence is, of course, not very remarkable in some cases of difficult labour, but is surely very unusual in a case of the above-mentioned type. I may add that union was quite satisfactory.

CASE 2. *Congenital thickening of the sterno-mastoid.*—Shortly after delivery (by forceps) the nurse called my attention to a lump at the side of the neck of the infant. I had exercised comparatively little traction and diagnosed the case as "congenital swelling of the sterno-mastoid." This thickening was not a hæmatoma I am sure, and has now almost disappeared without any limitation of movement. I gave small doses of grey powder, but as the tendency of these thickenings is to clear up by themselves it is impossible to ascribe any definite effect to this preparation.

Streatham, S.W.

PROPOSED BACTERIOLOGICAL LABORATORY.—The sanitary committee of the Plymouth Corporation have decided to approach the Devon and Cornwall County Councils and the Stonehouse District Council in reference to the formulating of a scheme for the establishment of a joint county and municipal bacteriological laboratory in conjunction with the borough of Plymouth.