

eration I apply strong nitric acid or the acid nitrate of mercury, or the actual cautery in some cases (and of late I think much of the galvano-cautery), and it is surprising how soon the patients regain their health, and the enlargement of the lips and the whole organ returns to its normal condition. Many of these cases that I have treated have given me no little reputation in the curing of patients who had sometimes been attended by some of our best authors and practitioners in New York and other cities. Some of these cases are supposed to have been subinvolutions, when in reality they are fissures of the mucous membranes, caused by the birth of a child at full term, or, more likely, a miscarriage at three or four months.

Out of a record of eighty-three operations on lacerated cervixes by denuding the parts and using sutures I have in some ten failed, they requiring a renewal of the operation. Three of these cases I re-operated on with success. The others disappeared, so that I know not what became of them. I have seen 250 lacerations that did not extend above the crown, and required no operative interference. I have seen over 450 cases of internal laceration, and of over 100 that I have now operated on seventy were on the right side and thirty on the left, and uniting, that is, double lacerations.

Many of these superficial lacerations may be benefited by the application of the actual cautery and packing the parts around with carbolized or iodinized cotton. I have seen very good results in quite a large number of such cases.

### TUMOR OF CEREBELLUM.

BY WILLIAM WATKINS SEYMOUR, M. D., TROY, N. Y.

I WAS consulted in my office July 10, 1882, by the patient, a boy sixteen years of age, accompanied by his father, regarding intense paroxysmal headaches, which were sometimes followed by pain for some hours. The patient's health was declared to have been excellent up to three months before I saw him, at which time the headaches began. And since he has been constantly dizzy, and has staggered. The pain began suddenly, generally about one o'clock every other night, was located in the left parietal region, and was so severe that at times the patient aroused the neighbors by his screams. Vomiting always accompanied the paroxysms of pain. There was an indefinable history of three epileptiform attacks. Judging from the vomiting and tendency to fall to the left that the headaches depended upon serious cerebral disease, I made use of the ophthalmoscope and found marked optic neuritis of both eyes. Vision, however, was  $\frac{1}{8}$  in each eye, and both field and color perception normal. The tuning fork to forehead and teeth showed absolute deafness of left ear. There was no paralysis of ocular muscles, and light and accommodation pupillary reflexes were normal. Knee reflex normal. Sensation unimpaired. Heart and lungs sound. Patient could stand with eyes shut, and showed no loss of coördinating power in walking. Facial expression one of hebetude, and responses to questions slow. No history of syphilis, no evidence of tuberculosis. I informed the father that in my opinion his son had a tumor growing in the cerebellum, and I saw no hope for his recovery. The growth I inferred to be a glioma be-

cause of the absence of evidences of syphilis, tuberculosis, or heart disease leading to embolus or abscess. Large doses of quinine and of iodide of potash combined with bichloride of mercury were of no service. On August 8th I saw the patient at home, he having taken to his bed two days before. The paroxysms were much more severe, and at times there was retraction of head and neck; patient felt weaker, and was dizzy as soon as he sat up; there was a tendency to facial paralysis of right side, the mouth and tongue being drawn to left; this lasted only twenty-four hours. The right arm and leg appeared weaker than the left, the grip markedly so. No disturbance of sensation. Temperature normal. Mercurial inunction and anodynes for pain ordered. Dr. Winship, of Eagle Mills, who has had an unusually large experience with epidemic cerebro-spinal meningitis, saw him a couple of days later with me, and we were agreed that the trouble was in all probability a new growth. August 19th I was discharged for a physician who regarded the case as meningitis. Patient continued to fail. Hemiplegia of right side set in, then general paralysis of all extremities, and the patient could not open his jaws. During which time I was informed by the father the diagnosis was changed from meningitis to abscess, and finally it was thought possible there *might* be a new growth. On January 23, 1883, the patient died, and I being out of town, my father, Dr. William P. Seymour, and Dr. Henry Hun, of Albany, attended as my representatives the autopsy the following day. No evidence of meningitis was found. The lateral ventricles were greatly distended. The following is from a note to me from Dr. Hun: "Projecting from the cerebellum into the fourth ventricle, and very nearly occluding the latter, was a gray, transparent gelatinous mass. This mass occupied the central portion of the right lobe of the cerebellum, and almost the entire mass of the central body of the cerebellum, the left lobe being apparently not involved. Externally the cerebellum appeared normal, but the right lobe was a mere shell inclosing a soft, jelly-like mass. The medulla oblongata was apparently normal. Pons varolii showed on section an area of dark-gray degeneration occupying the position of the right processus e cerebello ad testes." Microscopical examination by Dr. Hun showed the growth to be myxo-glioma.

### CASE OF LABOR. PYÆMIA. RECOVERY.

BY DAVID DANA SPEAR, M. D., FREEPORT, ME.

ON the 10th of December last I was summoned to attend a case of labor which was the beginning of a case of much interest as well as personal anxiety, and one which may not be uninteresting to the profession. I had, fifteen months previously, attended the same patient in her first confinement, at which time there was no abnormal condition with mother or child, and everything connected with the case was most satisfactory. In her second confinement, the one of interest, on making my first digital examination the os was found but little dilated, firm and hard to the touch, and I was told a large quantity of water had escaped some hours previous, so I had in store the attention upon a "dry labor," but the head was in the first position. On the anterior part of the os tincæ, pendent

and movable, was a small, smooth tumor, about an acorn's size, which between the interval of the first and second examination had disappeared, having probably ruptured during a strong pain immediately after the examination. The labor lasted some ten hours, but terminated without further accident, and without interference, and had it not been for the sequel which followed would have been remembered only as tedious. On making my complementary visit fifteen hours later the patient was in good condition, with pulse at 80, temperature 98° F., and respirations 14.

Five days later the patient had a severe chill, soon followed by rapid pulse (120) and high temperature (105° F.), with rapid respiration (30), marked dullness under right scapula. Three days later rusty sputa and all the phenomena of a frank pneumonia, which ran a regular course with favorable symptoms to the seventh day, during which the lacteal secretion had ceased, but the lochial, however, had its regular course.

Twelve days after the labor, and seven after the initial chill, pain was complained of in the left arm, which became much swollen and tender to the touch throughout its entire extent. No one place was more painful than another. Temperature 106° F.; pulse 136; chills. Ten days later the pain became most severe about the elbow-joint, at which point I found fluctuation, and with the aspirator took sixteen fluid ounces of greenish pus. The condition of my patient at once became improved, temperature, pulse, and respiration becoming nearly normal. The appetite, which before had been nothing, was now good, and I pleased myself with the vain hope that the darkness had passed, and the day of complete recovery was at hand. Idle expectation, for some ten days later there was another chill, and a rapid rise of temperature and pulse, associated with severe pain in the right leg, the warning note of more trouble. The pain, swelling, and chills were troublesome symptoms. A tape around the thigh indicated twenty-nine inches. At this time, assisted by Dr. James M. Bates, a skillful surgeon, I drew off ninety-six ounces of pus. Two days later eighty ounces more, and within the next four weeks following, at different times, I drew with the aspirator the total amount of ten quarts of pus, when at last I enlarged the opening and put in a drainage tube.

Recovery has been complete. The treatment consisted of brandy, opiates, quinine, and Frye's emulsion, the last of which was taken for a long time.

To me the peculiar interest of the case is its rarity, and the recovery from a condition of pyæmia, which according to most writers, is equally rare.

To the full appreciation of the case I ought to state that the age of the patient was about twenty-three years, that she had, prior to this sickness, always enjoyed almost perfect health, and her history developed no hereditary taints or acquired malady.

— A writer in a contemporary on the hygiene of the rectum, deprecating too great haste in the unloading of that viscus as conducive to constipation, urges "humanitarians to insist that at least one third as much time be given to unloading the alimentary canal that they take in filling the same."

— Dr. Squibb remarks in the *Ephemeris* that the term "chemically pure" (C. P.) has lost all significance as commonly applied to drugs.

## Reports of Societies.

### PROCEEDINGS OF THE SURGICAL SECTION OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

H. C. HAVEN, M. D., SECRETARY.

MARCH 7, 1883. DR. R. M. HODGES presiding.

DR. A. POST read a paper entitled

#### CONGENITAL DISLOCATION OF THE HIP,<sup>1</sup>

and exhibited two patients illustrating the condition.

In the discussion which followed DR. E. H. BRADFORD said that in almost all the cases which had come under his observation, a mistake in diagnosis had been frequently made. He had seen five cases of single congenital dislocation of the hip: one boy, three girls, and one baby whose sex he could not recall. The diagnosis is especially difficult in babies; if the child is frightened it is not easy to decide as to the presence of rigidity in fat infants, or to get Nélaton's line accurately. The previous history, if carefully considered, will establish a diagnosis.

In regard to the theory of its origin, Dr. Bradford added to those mentioned by Dr. Post that of Réclus, who suggests that it may sometimes be due to a form of temporary infantile paralysis, affecting only the muscles about the hip, coming on at some period between birth and walking, and giving rise to a dislocation.

DR. E. J. CUTTER asked the reader the explanation of the foot being everted in these cases, while in ordinary dislocation upon the dorsum it was inverted.

DR. POST explained that the absorption of the head changed entirely the conditions from those of a recent dislocation.

DR. D. W. CHEEVER asked if anything was known as to the condition of the socket in these cases.

DR. POST replied that the few recorded autopsies would seem to show that the socket was gradually filled up and obliterated, and instanced one case where there were three imperfect sockets, one having been gradually formed after another as the head of the femur changed its position.

DR. CHEEVER said that he should suppose the success of treatment would depend on the presence of the original socket, to which the head of the bone might be returned. Remembering that the socket in its prenatal condition is imperfectly developed, is there any proof that nature goes on to build up a perfect socket in these cases?

DR. POST could not answer positively, but was under the impression that one case had been recorded where at some years of age there had been found at the autopsy a perfect acetabulum.

DR. CHEEVER asked how long before the head of the femur was absorbed.

DR. POST replied that it must be longer than ten or twelve years. Cases had been reported where patients of this age had been very much benefited by treatment, reduction having been accomplished and maintained. In the case of the oldest girl shown, where the head of the femur could apparently be felt, he thought good could be accomplished by treatment, that is, reduction, and retaining the joint *in situ* by some form of retentive apparatus for a long period.

DR. CHEEVER asked if there was any record of im-

<sup>1</sup> See page 193 of this number of the JOURNAL.