PUNCTURED WOUND ENTERING THE SPINAL CANAL.

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THE following case, which lately came under my notice, may possibly be of interest.

H. B—, a boy aged twelve, was brought to the Children's Hospital, Shadwell, one evening, with the following history. Some hours before I saw him he had been playing with his sister, and the latter had accidentally wounded him in the back with a pair of scissors. The wound appeared so trifling that the patient was not brought immediately to the hospital, but continued to play about, and then had his tea as usual. Shortly after this meal he was seized with sickness, and vomited once or twice. His back was looked at by his father, and his shirt was found quite wet. He was then brought to the hospital, where I saw him. Before I could look at the wound the boy was seized with violent retching, and brought up some watery fluid. I had the boy undressed, and found his shirt and under-vest saturated with fluid of some sort. On examining the back, I saw a small punctured wound about a quarter of an inch long, and of such a character as would be expected from the nature of the instrument with which it was inflicted. Its situation was a little to the left of the spinal column, almost exactly in the mid-dorsal region. A probe introduced passed in the direction of the spinal canal, but was arrested by bony substance, which was apparently not bare; the instrument did not appear to enter the canal. The depth of the wound was just an inch. The boy's father would not leave him in the hospital, so I closed the wound with a small pledget of lint dipped in collodion, and sent the boy off, with instructions to come again if any bad symptoms appeared. He came next day, having been again sick and the wound having reopened. As admission was still refused by the father, I again examined the boy, and found matters almost exactly as before—the shirt and vest wet through, and the boy retching violently while in the room. In watching the wound, a small drop of clear watery fluid could be seen to collect at the lower angle of the puncture, and then roll slowly down the back. I united the edges of the wound with a fine silk suture, and sent the patient home as before. I saw him again in a week, when the wound was healed, and there had been no more sickness or other bad symptom. I have seen him once or twice since, and he remains perfectly well. It seems somewhat remarkable that in what was evidently a punctured wound entering the spinal canal, and remaining unclosed for over eighteen hours, there were no symptoms indicative of either spinal meningitis or irritation beyond the violent sickness; and it is also significant that this sickness continued as long as the wound remained unclosed, and ceased immediately closure was effected.

Shadwell.

CASE OF SUPPURATIVE HEPATITIS OCCURRING IN
GENERAL PRACTICE.

BY CHAS. E. MONRO, L.R.C.P.ED., M.R.C.S.

C. C. S—, aged thirty-four years, formerly a sergeant in the Royal Artillery, went to India about the beginning of the year 1877, and was stationed at Ferozepore. Whilst there he contracted several attacks of malarial fever, and one of acute dysentery, lasting a fortnight; this was followed by chronic hepatitis, and an abscess was suspected. He was then a teetotaler, and had never suffered from any previous illness or syphilis. He recovered, was invalided home in May, 1880, and purchased his discharge, at the time feeling quite well. He then followed various occupations, but became very intemperate, and had one attack of delirium tremens. About eight months ago he first began to feel ill, with loss of appetite, wasting, progressive debility, and dyspeptic symptoms; he became sallow, and passed acholic stools, and latterly had diarrhoea with much mucus. There was a considerable degree of splenic tenderness, with slight splenic enlargement, also retching and vomiting. A tumour gradually formed in the right hypochondrium, extending to the epigastrium, with great pain. The patient could only lie in a position inclining to the right side, and

with his knees drawn up. Rigors set in, and I diagnosed hepatic abscess. The temperature never exceeded at the time of my visit 101.5° F. At length the tumour obviously fluctuated.

On March 17th last, in consultation with Dr. Seymour Taylor, the abscess was aspirated, and fifty-one fluid ounces of pus removed. The patient rapidly recovered, and, from an almost moribund state, is now well and hearty, has gained much in weight, and has gone into the country for change of air; he is also able to walk four or five miles without feeling fatigued. The appearance of the abdomen is natural, the area of hepatic dulness a little extended. Urine: sp. gr. 1021; no albumen or casts; deposit of lithates. Thinking that it might possibly be a suppurating hydatid cyst, Dr. Seymour Taylor and I carefully examined the pus microscopically. There were no hooklets, but pus cells, broken-down hepatic tissue, crystals of cholesterine, and columnar epithelium. I saw the patient on June 23rd; he was then in good health.

Penge.

COMPLETE RETROVERSION OF THE UTERUS IN A
VIRGIN.

BY WM. J. FRASER, B.A., M.B. DUB., &c.

THE following note may be worthy of record, and first I will give the girl's story or history, and then what I found on seeing her.

Mary Jane W—, aged twenty-three, of a loose build, was a general servant living at Taunton, and was in her usual good health, when on Thursday night, July 29th last, on going to bed she felt a sudden pain in the genital organs, with a total inability to pass urine. She continued in great pain all night, and vomited some watery stuff. About 5 A.M. her master asked a doctor to see her. She continued about the same, passing no urine, bowels costive, and in pain. On Sunday, Aug. 1st, a catheter was passed but drew off no urine. A swelling was then noticed in the abdomen, which increased, the pain being intense at times. Warm stupes relieved her. She afterwards passed a drop or so of urine, but she says she was "always wet." She was advised to go to the Taunton Infirmary, but her mother preferred bringing her home, which she did on Aug. 5th. When I saw her on her arrival, about 11 P.M., it being late and she exhausted by vomiting and the journey, I gave her a good dose of chloral, promising to see her again in the morning. At my visit on Aug. 6th, on examining the abdomen externally, a tumour was felt similar to about a five months' pregnancy, but more inclined to the right side, where it felt hard, though it was soft and movable on the left side, and if pressed on, she said, in answer to my question, that it made her feel as if she wanted to micturate. Per vaginam the examination revealed a chaotic mass; none of the familiar landmarks were felt. The posterior part was occupied by a round hardish mass tapering towards the pubic arch, under which was felt a round, cord-like substance, and on passing the finger further up an opening like the patulous os was felt. I now saw that I had to deal with a case of complete retroversion, causing retention and distension of the bladder and difficulty of defecation. I at once tried to pass a No. 9 gum-elastic catheter in the usual way, but totally failed; so placing her on her back, and with ocular aid finding the now retracted meatus, I came to the obstruction about an inch and a half above, which by gentle pressure I passed, thus being enabled to get into the bladder and to draw off four pints and a half of urine, the tumour disappearing and giving the patient immediate relief. Now, knowing the cause, I sent for a few pessaries, drawing off the urine twice a day; on August 10th I tried without chloroform to return the uterus, but failed. My senior partner, Dr. Gervis, being away for a few days, I waited till the 14th, when (he giving chloroform), after a good deal of difficulty, I succeeded in getting the now enlarged uterus into place, and kept it there by a Blackbee's pessary. Rest in bed was ordered, and a soothing mixture given. On the 18th the bladder had not regained its tone. The catheter was passed as before. There was no pain now, the bowels were open, and the girl felt better, but weak. In the evening she complained of pain caused by the pessary, which I removed, first passing the catheter. On the 17th, at my morning visit, I was told she had passed a little urine, and the catheter was not used. From this date she improved. She was kept in bed for a