capacity 226 cub. in., or 44 cub. in. above the so-called standard of health. Since that date the patient has had two children, there has been no relapse, and in September last her vital capacity was 220 cub. in.

CASE 2.—L. J. F.— was said to have disease of the right lung by the family doctor. The patient's father and uncles had died of consumption. I found the disease very limited, and the case a most favourable one to treat. Height 5 ft. 6 in. Chest girth at third rib 30 in., extent of movement $\frac{1}{2}$ in.; girth at ensiform cartilage 29 in., extent of movement $1\frac{1}{4}$ in. Treated on the same principles, the patient steadily and rapidly improved. Two months later the chest girth at the third rib was 32 $\frac{1}{2}$ in., extent of movement $1\frac{1}{2}$ in.; girth at ensiform cartilage 30 in., extent of movement 3 in. Two months after the above the patient had practically recovered. There was a further gain of half an inch in girth; no depression above or below clavicles; angles of scapulæ flat, and the weight 9 st. 5 lb. The patient continues well.

CASE 3.—This was a servant with disease of both lungs. The patient was sent home to the country, apparently recovered, and desired no further attendance. I have since lost sight of her.

CASE 4 is that of myself. It will be fully understood that I only refer to it to complete the *primâ facie* case I have established in support of this method of treating the disease. My mother, her three brothers, and two sisters, died of phthisis. In physical appearance I was a well-marked example of the so-called "inherited" disease. Height 5 ft. 9 $\frac{1}{2}$ in., vital capacity considerably below the so-called standard; was always subject to winter cough; broke down while attending hospital in 1873, and was advised to leave at once in the middle of the session. There was no doubt about the nature of the disease. Since that time I have gained about five inches in chest girth, and for ten years have been free from any sign, symptom, or appearance of disease.

Upper Gloucester-place.

SALIVARY CALCULUS OCCUPYING WHARTON'S DUCT AND A PORTION OF THE SUBLINGUAL GLAND BENEATH.

BY JOSEPH DIXON, L.R.C.P. ED., &c.

For a period of fifteen years my wife has from time to time been subject to a peculiar form of dyspepsia, which has occasionally been intractable to treatment. Not until recently did she inform me of the following symptom, and indeed took pains to conceal it from me until her distress induced her to tell me, or rather till I began to notice it myself. This was a swelling, more or less marked during or after meals, of the submaxillary and sublingual glands. This, she says, has always been worse after eating pork—a kind of animal food she could not for a long time be induced to touch. A week ago she complained of a saltish taste in the mouth, and called my attention to a purulent discharge appearing on one side of the *frænum linguæ*. At this time there was a swelling to be perceived, and articulation and deglutition caused pain. On examination, by passing the finger along the course of Wharton's duct from near the orifice of that canal to the position where it passes beneath the gustatory nerve, a distinct swelling could be clearly defined; it was very hard, and appeared to be about the size of a date-stone. An attempt was made to pass a fine eye-probe, which, however, could not be done without causing pain. I then with a tenaculum made an exploration, and from the grating sound it caused I readily ascertained that a stone was present. My patient was determined that I alone should perform the necessary operation for her relief; accordingly, on Saturday morning, Oct. 29th, I determined to extract the calculus. As I had no assistance, no anæsthetic was administered, but I injected ten minims of a 4 per cent. solution of hydrochlorate of cocaine into the submucous connective tissue of the sublingual gland, in the immediate neighbourhood of the calculus. I need not take up time in describing an operation of such a nature; but I may here remark that, except no pain was felt in inserting a sharp hook to draw forward the sublingual gland and making an incision about an inch long, considerable suffering was undergone in extracting the concretion. This, I may mention, was rendered somewhat difficult owing to its under surface being rough and

spiculated, thus affording firm attachment to the connective tissue of the sublingual gland, in which it was deeply embedded. The physical characters of the concretion were—length one inch; shape conical, resembling a canine tooth; weight ten grains. Its chemical composition was apparently calcium phosphate.

Kempston, Beds.

CURIOUS COMPLICATIONS IN A MIDWIFERY CASE.

BY HOWARD D. BUSS, M.R.C.S., L.S.A.

I WAS called to see Mrs. T—, multipara, aged thirty-five, on the night of Friday, Oct. 7th. On my arrival I found that she had had a sharp attack of hæmorrhage, which had just ceased. It came away, she told me, in a gush and then stopped. I made an examination, but could not make out anything except that the os was undilated. I was called again to her on Sunday evening, Oct. 9th, and found her in labour. Having made an examination, I found the os very high up, but dilating slowly, and could not make out the presentation. By palpation and auscultation I discovered that the head was in the normal direction—viz., downwards,—but it could not then be felt per vaginam. The pains continued regular and strong, but very little progress was made until about two hours after my arrival, when the child had descended sufficiently for me to make out that there was a placenta prævia, and situated more to the right than the centre. The patient having had bad times with her last three confinements, and the placenta having been adherent, I thought it advisable to call in some assistance. A neighbouring medical man was accordingly sent for, and on his arrival, after the placenta had been detached from the left side, we found that the right hand was presenting, together with the head and the right foot. As the pains were very strong, chloroform was administered. I inserted my hand into the uterus, drew down the presenting foot, and tried to get hold of the other, but found it impossible to do so, as the thigh was close to the abdomen and the foot near the head. Traction was made on the presenting foot till the buttocks were born, and then the other foot, being easily within reach, was brought down. I then drew down the arms and got them safely outside the vagina. The head not showing any signs of coming away, I put the forefinger of my left hand in the mouth, and, using traction there and also to the body, succeeded in extracting the child. The placenta was firmly adherent to the right side of the uterus and required detaching. It was very thin and small. The patient has not had a bad symptom, and recovered rapidly. The child (a male) was dead.

It is rather curious that the woman did not have any hæmorrhage previous to Oct. 7th, as this is a sign of placenta prævia. She had complained of pain in her right side for some months, but had never had any loss until that date. Her pelvis is very capacious, and she had a quantity of liquor amnii. In her three last confinements the placenta had been adherent and required taking away piecemeal. I cannot find any account of such a combination of complications.

Leominster.

A CASE OF LUMBAR HYPERTRICHOSIS.

BY ARTHUR H. DODD, L.R.C.P. LOND., M.R.C.S. ENG.

AN abstract of a lecture by Mr. Bland Sutton, reported in THE LANCET of July 2nd, on *Spina Bifida Occulta*, reminded me of a case I had seen a few months previously which in certain particulars seemed somewhat similar to those referred to in the article; I have therefore thought that a few notes might be of interest.

A girl aged six years came under my care in May last, when, having occasion to examine her, I discovered the unusual development of hair in the region of the loin. The mother had noticed at the child's birth a quantity of fine downy hairs, which have continued to grow up to the present time. She had never noticed any swelling or anything else unusual about the part, nor has the child ever complained of weakness locally. The skin is normal and not pigmented at all, and apparently the same as that in the immediate neighbourhood. The hairs, which are equally distributed on both sides of the loin, are the same in texture