attacks. On the Monday he had an epileptic fit, which lasted two hours, soon afterwards followed by another, which did not last so long.

Wednesday.—The child has had no more epileptic fits; but the lesser seizures still continue, occurring very frequently. He appears much alarmed at them. His mouth and cheek are drawn up during a fit, and he cannot speak; but says, "Mother, it is going," as the attack is leaving him. On this day Mr. Coleman extracted his four temporary second molar teeth, all of which were decayed, but had given him little or no pain.

May, 1861.—Has remained perfectly free from the before-mentioned seizures since the removal of the teeth until within the last two days, during which he has had seven slight attacks. One of the first temporary teeth was found to be carious, and it was removed about a week after this. His mother called and stated that he had had one very slight attack since the removal of the tooth; she promised to bring him should a second occur, but neither mother nor child has been seen since that time.

CASE 2.—M. J—, aged about twenty three years; is healthy-looking, and enjoys very good health; suffers much from toothache, and during the fits has a tingling sensation in the palms of his hands and soles of his feet, but especially in the left arm. Several of his teeth were decayed, but not so much so as to require removal; they were filled with gold, since which he has had no return of pain or the accompanying sensations.

CASE 3.—M. B—, aged about thirty years, a moderately healthy person, but suffers much from neuralgia in her head and face, and has had latterly during the attacks partial paralysis of the left arm. She was under the care of Mr. Coote, at whose request Mr. Coleman removed, whilst the patient was under the influence of chloroform, four carious teeth, some from each side of the mouth. She was greatly excited during the first stages of chloroform. Since the removal of the teeth the pain and partial paralysis of the arm have not returned. Some artificial teeth were constructed for her, which she says fit her very well, but cause, by pressure upon the gums where the teeth were removed, attacks of neuralgia of the face.

CASE 4.—Sarah B—, aged nineteen years, pale and anæmic-looking. She suffers much from toothache, and during the fits loses completely the use of both arms; has a stinging feeling in the lips; her sight is also affected; has suffered loss of consciousness occasionally during the attacks. After a severe attack twitching in the shoulders and arms lasts for two or three hours. Mr. Coleman removed a carious upper left bicuspid tooth, where she said the pain seemed to arise, and ordered her valerinate of zinc, in grain doses, three times a day. She was directed to return that day week, but has not been seen since.

In the "Transactions of the Abernethian Medical Society" will be found a paper, by the late Dr. W. Baly, "On a Case of Epilepsy caused by a Carious Tooth in a Warder at Millbank Prison, cured by the removal of the Tooth;" with remarks upon the subject.

LONDON HOSPITAL.

DISLOCATION BACKWARDS OF THE LEFT OS INNOMINATUM;
RUPTURE OF THE URETHRA.

(Under the care of Mr. HUTCHINSON.)

A MAN of middle age was admitted, having been injured by the fall of a hogshead of sugar on to his pelvis. He was in great collapse, quite sensible, but with a scarcely perceptible pulse. There was great tenderness and some swelling just within the crest of the left ilium and along the groin. His shirt was stained by a few drops of blood, and as there was no wound of the skin, this must have passed by the urethra. It was noticed on handling his back that the left iliac bone seemed to project more than natural at the sacro-iliac junction. Examination gave him very great pain, and it was accordingly not persisted in.

The poor fellow lived five days after the accident. He continued all the time in great collapse as regards the circulation; pulse exceedingly feeble; face ashy and pale. He was, however, perfectly conscious, and took a certain quantity of food. He complained throughout of great pain in the injured hip. During the first twenty-four hours no urine was passed, nor could any be obtained by the catheter. Subsequently, however, quantities varying from three to eight ounces at a time, and mixed with blood, were drawn off several times daily, and

he even voided small quantities himself. There was considerable swelling about the left iliac and pubic region, but no evidences of peritonitis. At first it had been thought probable that his bladder was ruptured. In introducing the catheter, the instrument was on several occasions distinctly felt to strike against bone, and although it passed quite as far as usual, yet doubts were always entertained as to whether it entered the bladder itself. As above stated, bloody urine was drawn off by it.

At the post-mortem the case was found to be one of complete separation of the left os innominatum. The fibro cartilage constituting the pubic symphysis had given way, with some slight splintering of the bone itself, and the same had taken place at the sacro-iliac synchondrosis, thus allowing the whole bone to be displaced backwards for about three quarters of an inch. The whole haunch was freely movable upwards and downwards on applying force to the thigh. The urethra had been torn through behind the triangular ligament, and there was a large cavity in the cellular tissue behind the pubis in front of the bladder, in which the urine had collected, and from which it had been drawn off by the catheter. There was no laceration of the peritoneum, and no peritonitis. The bladder contained only a few ounces of urine.

WEST LONDON HOSPITAL.

ECZEMA OF THE ENTIRE SURFACE.

(Under the care of Dr. LOGAN.)

E. H—, a woman aged twenty-five, was admitted on the 21st of January last, in consequence of an eczematous eruption which extended over nearly the entire body. The face was much swollen, and of very red colour; and about the ears, which were much inflamed, there was a profuse watery discharge. The scalp was also completely covered by the eruptions, as well as the neck, chest, hands, and arms. Upon the trunk and lower extremities the eruption was not so complete, although, in places, of a very severe character.

The woman stated that the disease began about four months previous; that she had been under medical treatment from its commencement, but that nothing she had taken had done her any good; and she had been gradually getting worse, until she was unable to attend to her duties, when she applied at the hospital. Being of a full habit, she was ordered saline aperients; and Dr. Logan, being of opinion that the disease was of a parasitic origin, prescribed iodide-of sulphur ointment, with a lotion of bicarbonate of soda, to be used every morning to remove the ointment, which was then reapplied, and again at night.

At her next visit the eruption on the face was slightly better, and the discharge from the surface of the ears considerably diminished; but the scalp was no better, and owing to the difficulty of applying the remedies the hair was ordered to be cut off. She was now ordered a mixture of liquor potassæ and infusion of quassia three times a day, and to continue the ointment and lotion.

Under this treatment she rapidly improved, and by the 4th of March the eruption had entirely disappeared, when she was discharged perfectly cured.

This case is interesting on account of the extensive surface affected by the eruption, its severe character, and the rapidity with which the patient recovered under the treatment above-mentioned, which latter circumstance is strongly confirmatory of the view taken of its origin.

ST. PANCRAS AND NORTHERN DISPENSARY.

CASE OF PHTHISIS, ENDING IN ULCERATION OF
ADHERENT PLEURÆ AND CONSEQUENT
GENERAL EMPHYSEMA;
DEATH IN FORTY-EIGHT HOURS.

(Under the care of Dr. BEALEY.)

THE notes of the following case were furnished by Mr. A. J. Newman, resident medical officer *pro tem*.

G. S—, aged forty-seven, an artist in crayon, was first seen on the morning of Tuesday, May 12th. The following is his history as obtained from his friends:—He was always a healthy man till twelve months ago, since which time he has suffered from violent cough, with profuse expectoration and

perspirations. He has attended at the Consumption Hospital at Brompton, and has taken cod-liver oil, &c. On the evening of the Sunday previous to the date of application there suddenly appeared a tumour on the region of the left breast. This swelling increased, so that in a few hours (the wife states) the breast had the appearance of that organ in one of the opposite sex. The swelling did not long limit itself to this part, but rapidly increased and spread over the whole surface of the chest (back and front), and in a very few hours extended itself to the neck and the thigh of the affected side. He was attended by a general practitioner in the immediate neighbourhood; but the swelling increasing, on the evening of the next day (Monday) the wife became alarmed, and applied at the dispensary. He was seen, as stated above, early on the morning of the next day (Tuesday).

The skin of the whole of the body, except the feet and legs, was greatly distended and tense. On the slightest pressure crepitation was distinctly felt; the scrotum was highly distended and tympanitic, and the penis hidden; the eyes were also much puffed, and the surface of the chest and thighs highly resonant on percussion, and crackling on pressure. The breathing was hurried, face rather livid, tongue blue, and the manner excited; pulse weak and quickened. He was seen twice between this period and that of his death, which took place at seven o'clock the same evening. No active treatment was adopted, and the breathing gradually became more hurried, and the pulse weaker. The swelling increased up to the time of death, which occurred from coma at the time above stated (May 12th).

A post-mortem examination was at first refused; but the consent of his friends was at last obtained on the morning of the 17th, when it was immediately performed. Weather warm; post mortem rigidity well marked; decomposition fully apparent; the whole surface of the body crepitant, and the skin highly distended. In the more fleshy parts, as the thighs, chest, abdominal walls, &c., the surface was clearly tympanitic. The right cavities of the heart were found much distended with dark fluid blood and clot; slight gritty atheromatous deposit at the attached edge of two of the aortic valves; cardiac organ otherwise normal. The right pleura was considerably adherent, and contained effused fluid. The lung substance was thickly studded with deposits of tubercle, in some instances much broken down, and forming small cavities; it was also oedematous. The left pleura was very adherent in its opposing surfaces, so strongly adherent that the lung could not be detached entire, the effused lymph being almost cartilaginous in structure. Like the right lung, the organ was studded with tubercle in various states of development; but in the upper and central part of the lung, in its front and outer aspect, were two large communicating cavities, separated from the (here firmly adherent) layers of pleura by a very minute layer of lung substance, not more than half a line in thickness for the greater part of the external wall of the cavity. All the other organs of the body were found comparatively normal.

Reviews and Notices of Books.

Illustrations of the Surgery of the Female Pelvic Organs. In a series of Plates taken from Nature, with Physiological and Pathological References. By HENRY SAVAGE, M.D. Lond., F.R.C.S., Physician to the Samaritan Hospital. London: Churchill and Sons.

GREAT credit is due to Mr. J. R. Traer and to Mr. Leveillé for this work. The preparations delineated are in almost every instance by the former accomplished anatomist, the drawings are beautifully executed by the latter. They are remarkable for the peculiar finish and accuracy by which Leveillé has made celebrated the iconographical anatomy of the French school, and are admirably printed in colours by Lemercier, of Paris. This is a book which, by its mixed character, reminds one of the Confederate blockade-runners. Although hoisting the English flag, and bearing inscribed the name of Savage, on being more closely overhauled it shows foreign colours and the names of other owners, to whom the most valuable part of the cargo belongs. The friends of some continental anatomists may perhaps be inclined to stigmatize some part of it as contraband of science, for neither Rougier nor Luschka appears to have

been altogether generously dealt with. Dr. Savage's contribution to the work, which he describes on the title page as his own, consists only in a very ill-written description of the plates, which, in our opinion, does not do sufficient justice either to the two anatomists whom we have mentioned or to the sources of information generally. In short, the merits of the book belong to Traer and Leveillé, and its defects to their commentator.

Some of the plates are highly interesting, and are evidently taken from excellent dissections. Amongst the best are those taken from Mr. J. Reeves Traer's dissections of the pelvic veins. The labours of this anatomist have confirmed, and in some instances extended, the views of Kobelt and Rougier concerning the erectile functions and great completeness of the venous system of ovary, vagina, and uterus. Rougier had already, in 1855, given an elaborate and able description of the veins of the female genital organs, and his preparations were, we believe, under the eyes of the authors of the present work. Mr. Traer's communications to the Anatomical Society of Paris, in 1857, specially described as a venous body not sufficiently noticed the venous erectile system of the ovary, or bulb of the ovary, which Rougier had, however, already referred to as "an enormous venous mass beneath the ovary." Mr. Traer's preparations have been already brought before the Medical Society of London in this country. The drawings here furnished in Plates II. and IV. give a very beautiful view of the superficial veins of the perineum and perineal portion of the erectile venous system in the female, and of the deep veins of the female pelvic organs. The bulb of the vagina and of the ovary, the labial, vaginal, and sub-peritoneal uterine venous plexuses, are very perfectly displayed. The illustrations are worthy of a much more full and clear description than the meagre and imperfect text Dr. Savage has supplied. Those who wish to understand the parts which are so well dissected by Traer and so well drawn by Leveillé should refer to Rougier's Thesis of 1855 above mentioned, and his paper in Dr. Brown-Séquard's *Journal de la Physiologie*, or to Mr. Traer's communication in the *Bulletins de la Société Anatomique* for February, 1857.

The attitude assumed by the nominal author of the book is very remarkable. He sets out with a declaratory flourish of the prevailing ignorance of the anatomy of the female organs, and the resulting errors, in the following terms:—

"Taking the authorities generally one with the other, the special anatomy of the female presented little else than a tissue of contradictions. Kobelt refers to at least a dozen different descriptions of the muscle known as the constrictor vaginae, at the same time furnishing abundant proofs that it is not a constrictor at all. One systematic writer avers that, owing to the extent of the vulvar aperture, the female has practically no perineum; another gives an elaborate account of the muscular part of it; a third calls it a ring of mixed tissue (*anneau vulvaire*), 'sur la nature du quel on n'est pas encore fixé,' but yet so essential that the uterus and vagina could not be sustained without it. Against the opinion that the vagina is the principal agent in supporting the uterus there is the opposite one that this support is entirely due to the ligaments of Douglas. Fasciæ and aponeuroses are described in connexion with the uterine ligaments and sub-peritoneal pelvic tissue, which would render impossible what the practitioner meets with every day. Amputation of the cervix uteri, with fatal bladder and peritoneal complications, is by no means a proceeding merely historical. One or both ureters are occasionally sewn up with a transverse vesico-vaginal fistula. Puncture of an abscess through the vagina is still often followed by dangerous hæmorrhage from an important artery, or mistaken varicocele of the pelvic veins; and there are still included in plastic operations for the radical cure of uterine prolapse, parts of the vaginal margin, which cannot contribute in the least to the result. Noel's impossible case of prolapsus of the vaginal mucous membrane, 'as far as the knees,' is gravely quoted to the present day. The standard position of the uterus is an unexpired controversy; and the expansion of the uterine mesentery (broad ligament) is asserted, against all anatomical possibility, to unfold for the accommodation of the gravid uterus."

The impression made on the mind of the author by all this