mirror, which had been left there when the room was repapered years ago. Removal of these sources of supply soon produced an improvement in the patient's condition; and while a second examination of the urine by Dr. Wood still showed (two months later) a faint trace of arsenic, the renal hyperemia had disappeared, and the lady's general condition is so good as to make complete recovery assured.

The second case is that of a young man, age twenty, whose previous record as an athlete rendered his condition in November last a matter of surprise and anxiety. He suffered greatly from irregularity and palpitation of the heart, his "wind" was completely gone, and any attempt at active physical exertion was at once followed by perspiration so profuse as to saturate whatever clothing he chanced to have on at the time.

The abandonment of cigarettes, together with a careful regulation of his habits and appropriate medical treatment produced but slight amelioration of any of the above symptoms. In January last *la grippe* seized him, and the attack was followed by weakness and mental apathy so extreme as to demand a more complete explanation than even the epidemic which has done so much to spice with variety the usual routine of winter practice could furnish. To be brief, the patient was poisoned by arsenic (the presence of which in the urine was detected by Dr. E. S. Wood) which was furnished by the outer covering of eleven rare birds, handsomely mounted, which adorned the walls of his sleeping-room, where he had passed the greater part of his time during his *grippe*—clearly a case of posthumous revenge; for they were all trophies of the chase, and had fallen victims to his skill with his gun.

Their removal caused an improvement of all symptoms, and the patient's condition is now such as to warrant him indulging in athletic sports.

A PROBABLE CASE OF HYDROPHOBIA.

BY JULIAN A. MEAD, M.D., WATERTOWN, MASS.

On the 29th of November, 1889, I was called to see a boy seven years old who had been bitten on the leg by a dog. The dog was shot by the Chief of Police, who informs me that he did not consider him mad.

There were three wounds on the leg, of which two were quite large; the other was superficial. The wounds were sewed up and dressed; they healed by first intention, and the boy was soon around as well as usual.

On the 11th of April I saw the boy with Dr. M. J. Kolley. The parents told me that he had had diarrhœa for a week, and that he had seemed more nervous and restless than usual. He had not been considered sick enough to require the services of a physician. Early on the morning of the 11th they were startled by his refusal and inability to swallow water. I saw him on the afternoon of the same day. At this time he could and did eat a banana, which he swallowed very rapidly; but he was thrown into a convulsion whenever water or milk were offered him. He had a wild, unnatural look in his eyes, the pupils of which were widely dilated. He was seldom still while I observed him, but was continuously twitching his arms and shoulders, and throwing his arms about. His breathing was at times labored and difficult.

During the night of the 11th he had repeated and very severe spasms, accompanied by frothing at the mouth.

I saw him again on the 12th. He was mildly delirious. He swallowed a pill with a speed that was astonishing; he then clutched a glass of water about a quarter full, and with lightning speed swallowed it at a gulp. As he laid back on the pillow, exhausted with his effort, he gasped, and said to his mother, "I can swallow water; you are too slow."

At noon of the 12th he had spasms that lasted an hour. During the afternoon of the 12th the delirium became more marked and the spasms more severe. These spasms occurred at intervals until five o'clock of the morning of the 13th, when he died. During the 12th he vomited considerable clotted blood.

Temperature, taken in the axilla on the 11th and 12th, was normal. The pulse was rapid and small.

TWO UNCOMMON SURGICAL CASES.

BY JAMES B. FIELD, M.D., LOWELL, MASS.

I. DISLOCATION OF PENIS AND TESTICLES.

A SWITCHMAN, while shifting a freight train, caught his right heel in the track and fell over backwards, several cars passing over his right thigh from the inside, outwards. He was immediately taken to the Lowell Hospital, entering my service. High up in Scarpa's triangle was found a large wound communicating with a badly comminuted fracture of the femur just below the trochanters. The man was in a state of collapse, and died half an hour after his admission to the hospital. Shortly before death he complained of a desire to urinate without the ability to do so. The resident physician, Dr. Simpson, attempted to catheterize the patient, but could not find the penis. After death, an examination of the man's genitals was made. At first sight, the testicles and penis seemed to be present, but upon examination, only the coverings of these organs were found. In other words, the scrotum and skin of the penis were present, but the structures they should envelop were missing. The testicles could not be felt in the inguinal canals, nor was there any enlargement over the pubes or in the perineum to suggest concealment of the penis in either of those localities. Finally, palpation over the lower part of the abdomen, disclosed just above Poupart's ligament on each side the presence of a body the size of a testicle and slipping away from under the fingers. No permission could be obtained for even a simple incision of the abdominal wall. Recourse, therefore, was had to the wound in the thigh. Through it, two fingers were passed upwards to the abdominal cavity with an ease which suggested that the lower fragment of the femur might have been forced in the same direction at the time of the accident, and afterwards replaced in its normal position before the patient was brought to the hospital. By bimanual manipulation with two fingers in the wound and the other hand on the abdomen, the substance felt on the right side of the hypogastrium was at last brought out at the wound on the thigh, and proved to be a testicle. Encouraged by this success, a finger was invaginated in the skin of the penis and at length hooked around the glans, which could then be drawn forward, restoring the penis to its natural position. A catheter was

then passed and a few ounces of bloody urine were withdrawn. The site of the dislocated penis could not be satisfactorily determined. The flaccid and bloodless organ might easily be overlooked underneath the skin. Upon reducing the dislocation, it seemed as if the penis had been bent upward and backward under the integument of the pubic region. Judging from the ease of the subsequent catheterization, the integrity of the urethra had not been impaired. To complete the case, satisfactory evidence was obtained that the genital organs of the deceased were in the usual location before the accident.

Displacement of the penis is a rare accident, occasionally resulting from abdominal injuries. In the present case there was neither history nor evidence of any blow upon the abdomen, and yet there were dislocations of both testicles and the penis with a probable rupture of the bladder. As to the exact mechanism of the foregoing injuries, we are in the dark. Possibly the lower fragment of the femur was driven into the abdominal cavity impinging upon a full bladder. There are several other somewhat unsatisfactory theories which have doubtless suggested themselves to the readers of this case as well as to the writer.

II. FRACTURE OF THE CORACOID PROCESS.

A boy, five years old, fell and struck partly upon the sidewalk and partly upon a boy's cart behind which he was running. He was unable to tell just what part of the body struck the cart. There was pain upon flexing or extending the forearm and upon raising the upper arm. Tenderness on pressure was present over the outer part of the clavicle and a diagnosis of fractured clavicle was made. Upon removing the clothing, it was seen that both clavicles were alike in shape and position. Closer examination showed that there was no tenderness over the clavicle, but that just below the outer third of the clavicle there was a small prominence of bone tender and movable. No crepitus was obtained. The diagnosis was changed to fracture of the coracoid process. The upper arm was confined to the side, the forearm was flexed to relax the biceps, and a pad was strapped over the process. Good results were obtained as to motion, but the bony prominence still persists.

Reports of Societies.

THE OBSTETRICAL SOCIETY OF BOSTON.

CHARLES W. TOWNSEND, M.D., SECRETARY.

MEETING, February 8, 1890.

DR. EDWARD REYNOLDS reported

A CASE OF LABOR IN A NÆGELE OBLIQUE PELVIS.¹

DR. GREEN said that it would seem as if the occiput of the aftercoming head could best have been delivered if it were turned to the right or normal side of the pelvis.

DR. EDW. REYNOLDS said that the face came to this side, and after turning into the hollow of the sacrum, the occiput turned to the right side. Inspection showed that the symphysis was on the patient's right and the hand easily recognized the bulging right side and the flattened left side of the pelvis.

The causes for this deformity are supposed to be

¹ Publication reserved.

either (1) pressure of the longer leg in cases of lameness, on the acetabulum, driving it in, or (2) lack of development of one side of the pelvis, and he supposed that the latter explanation was the probable one in the present case.

DR. J. P. REYNOLDS spoke of the confusion among writers, of the terms right and left oblique diameters of the pelvis and the lack of uniformity in the use of these terms.

DR. GREEN mentioned the new nomenclature proposed by Simpson and adopted by the last International Congress; according to this nomenclature the right oblique diameter is that diameter which extends from the right sacro-iliac articulation.

DR. GEORGE HAVEN reported by invitation

A CASE OF LABOR IN A ROBERT'S PELVIS.²

DR. EDW. REYNOLDS said that when he saw this case of Dr. Haven's he had thought it fair to give axis-traction a trial. This proving ineffectual he was inclined to attempt version, but, on finding the cord pulseless he considered craniotomy the proper operation. The difficulty experienced in extraction even after craniotomy was done showed that extraction after version would have been an exceedingly difficult operation.

It is very difficult in the living state to make an accurate diagnosis of the pelvic deformity, but, he had scarcely any doubt but that this pelvis was of the Robert type. The lateral contraction was so very marked, as to cramp his hand when extended laterally. This diameter was perhaps three and one-half inches.

DR. GREEN confirmed Dr. Haven's diagnosis, and said that the description and measurements showed that it was undoubtedly a case of Robert's pelvis.

DR. TOWNSEND gave an oral report of

A CASE OF DECAPITATION.

A multipara in the out-patient department of the Boston Lying-in Hospital was found, by an externe of the hospital, six days ago, to have a transverse presentation of the fœtus with the history of a labor of some forty-eight hours' duration. He sent at once for assistance. On Dr. Townsend's arrival the patient was found in an exhausted condition, pulse 144, pains continuous, the uterus being in a state of tetanic contraction. The waters had drained away and the fœtus presented scapula, left anterior, the right arm extending from the vulva. The fœtus was macerated. The condition of the uterus made version unadvisable, and as the child was dead the interest of the mother alone was to be considered. Decapitation was, therefore, the proper operation. If the child had been living it would then have been a delicate point to decide whether version could have been performed without rupturing the uterus. Under either the lower segment of the uterus was found to be thinned, a retraction ring (Bandl's ring) being present.

Braun's decapitating hook was passed around the neck and one turn given without, however, breaking the neck, owing possibly to the macerated condition. Decapitation was effected with Ramsbotham's knife, and the trunk easily delivered. The head was pressed from the outside down into the pelvis and was delivered with the fingers. The child was at full term and weighed seven pounds.

The patient's pulse dropped to 120 after the operation

² See page 397 of the Journal.