and she slept better. She was not sick and she took her nourishment more freely. There was no trace of albumin in the urine. On the 22nd her temperature in the morning was 98.6° and in the evening 102.5°. The pulse was 100 and the respirations were 26. As she was so much better and as, being a very nervous child, the thought of the injections distressed her so much, it was decided to discontinue them. The specific gravity of the urine was 1020 and there was a trace of albumin. On the 23rd she was much brighter and better and she took her nourishment well, though her temperature in the morning was 95° and in the evening 101.8°. The wrist was much better and she was able to leave off the splint. On the 24th the patient was not so well and her temperature was 102.4° in the evening. The urine contained no trace of albumin. She was given an injection of 10 c.c. of serum at 6.30 P.M. On the 25th she had three injections of 10 c.c. each and she again seemed better. Her temperature was still very low in the mornings and high in the evenings (104°), but her general condition was much improved. She complained of pain in the left buttock, where there was some fulness but no definite lesion could be made out. Belladonna and glycerine and hot fomentations were applied. On the 26th, 27th, and 28th she had one injection each day of 10 c.c. and she seemed to be steadily improving, though her temperature ranged from 104° to 95°. On the 29th she was not so well, her temperature was 102.4°, and two injections each of 10 c.c. were given at 8.30 A.M. and 6.30 P.M. On the 30th she was better, but she still complained of pain in the left buttock. She was given an injection of 10 c.c. at 8.30 A.M. and this was the last administered as the blood on examination showed no micrococci. Her temperature still varied from 95° to 104° but she ate and slept well. The chest was quite clear and the pulse was good and steady. On April 3rd and 4th she complained a good deal of pain in the left buttock and was quite unable to lie on that side. There was fulness, and as the skin was so tender that it was quite impossible to examine the place it was decided to put her under an anæsthetic for that purpose and this was done on the 7th. Fluctuation being detected Mr. Bowlby cut down and opened a large abscess situated beneath the glutei and evacuated about 10 oz. of pus. A counter opening was made and a large drainage-tube put in. Her temperature rose to 105° in the evening but she slept fairly well. On the 8th the patient was very sick all day and also on the 9th, on the evening of which day her temperature rose to 105.6°, her pulse was small (130) and running, and her respiration was shallow. She was very restless and delirious. The abscess was dressed but there was apparently no retention of pus and nothing to account for her condition. Morphia ($\frac{1}{2}$ gr.) was administered subcutaneously, and after this she became quiet and slept for the greater part of the night. On the 10th she was much better, the sickness being less. There was little discharge and the wounds looked healthy. The temperature in the evening was 103.8 and she slept well. On the 11th her temperature did not rise above 100° and she was much better, but she had oedema of the right eyelid and the right side of her forehead. She took her nourishment well and with an appetite. From this time the patient continued to improve; the oedema of the eyelid disappeared and she was well enough to go to the country on April 23rd with the wounds almost healed. The drainage-tube was taken out on April 14th as there was no discharge. The patient was last seen on June 5th, when she had quite regained her strength and the hearing of the left ear was much improved. The perforation was healing, the site of the abscess in the buttock was quite sound, and the wrist was quite well.

The interest in this case lies in the great improvement manifested in the patient's condition after the serum treatment was commenced. The temperature did not fall though the average altogether was lower than before the injection but the continued high temperature was accounted for by the presence of the abscess in the buttock. When this was evacuated the temperature almost immediately fell to normal. In spite of the temperature being high the patient's general condition improved markedly. From the time the injections were commenced she slept better, took her nourishment better, and was altogether more natural. The wrist cleared up, her pulse improved, and she was brighter and better, whereas before she seemed in an almost hopeless state. This improvement was, I think, shown to be due to the anti-streptococcic serum treatment, as when for two days the injections were discontinued (from 8.30 A.M. on

March 22nd till 6.30 P.M. on March 24th) she was manifestly not so well, and she improved again with the recommencement of the injections. Another point of interest is the complete disappearance of the organisms from the blood within twelve days of the commencement of the treatment. It is also interesting to note that streptococci were demonstrated in the blood and anti-streptococcic serum was used, as I think some cases of failure when anti-streptococcic serum has been tried may have been due to the organisms not having been streptococci. Altogether 205 c.c. of serum were injected by Dr. Herringham, to whom and to Mr. Bowlby my best thanks are due.

Hertford-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SUDDEN AND COMPLETE INVERSION OF THE
UTERUS AND CERVIX AFTER THE MENOPAUSE;
VERY SMALL FIBROID NODULE IN THE
FUNDUS; GANGRENE; OPERATION;
RECOVERY.

BY JAMES OLIVER, M.D., F.R.S. EDIN., F.L.S.,
PHYSICIAN TO THE HOSPITAL FOR WOMEN, SOHO-SQUARE.

THE patient was a widow, aged fifty-eight years, who had had six children and three miscarriages. The last child was born twenty years ago and the miscarriages occurred prior to that time. The menstrual discharge, which had always been rather profuse, ceased twelve months ago. During the last three months the patient had observed a slight and constant hæmorrhagic discharge from the vagina and had experienced occasionally "a feeling as though something were coming down in the front passage." Fourteen days ago there suddenly protruded from the external genitals a lump. The presence of this lump had been associated more with a feeling of discomfort than of pain and with the support afforded by a diaper the patient had performed her household duties as usual. Since the lump appeared the discharge had greatly increased and had become purulent and during the last four days it had been extremely offensive. There had been no bladder symptoms, neither had there been any disturbance of the rectum. There protruded from the external genitals a very sloughy mass which emitted an offensive odour and was composed of three lobes. The lower lobe, which was of the size of a walnut, was solid, the middle one, which measured roughly 3 in. vertically, had a somewhat cystic feel, whilst the upper one, which measured vertically about 2 in., had a membranous feel. Immediately above the upper limit of the mass the vaginal mucous membrane displayed anteriorly a dusky red line of demarcation, which extended a little way laterally but was absent altogether posteriorly. In the right lower half of the middle lobe, about an inch above the base of the lower lobe and slightly anteriorly, a small depression was discovered, into which a probe was passed for nearly an inch. As, however, it caused free hæmorrhage no attempt was made to pass it further, but it was evident that this was the uterine opening of the right Fallopian tube. The mere manipulation of the tumour caused free oozing of blood from the depression between the middle and upper lobes. Posteriorly this depression, which marked the level of the internal os uteri, was almost obliterated. The bladder sound passed straight up towards the pelvis and could not be made to descend towards the vaginal mass; the bladder retained, therefore, its normal position. The body temperature was 101° F. and the pulse numbered 90 per minute, but the patient otherwise appeared to be in good health.

The tumour and vagina were thoroughly washed with suds made from *sapo mollis* and afterwards douched well with carbolic lotion. The mucous membrane of the vagina was incised transversely immediately above the dusky red line of demarcation, and this incision was extended in depth until the peritoneum was reached. The peritoneal cavity was then opened anteriorly but sufficiently only in the first instance to allow of the introduction of the left forefinger. To prevent retraction of the peritoneum a fine

silk stitch was passed through the whole thickness of the tissues incised and was tied before the peritoneal sac was further opened. With scissors I carefully extended the incision to the right and left and again stitched the peritoneum to the mucous membrane of the vagina. The succeeding steps of the operation were similar to those adopted in vaginal hysterectomy, but it had to be borne in mind that the broad ligaments were displaced. After removing the tumour I closed the peritoneum with fine silk sutures. The ovaries were not removed. The temperature rose to 103° thirty-six hours after the operation, but the convalescence otherwise was most satisfactory and the patient made an excellent recovery.

The small sessile growth at the fundus was undoubtedly the exciting cause of the inversion in this case, yet it seems remarkable that it should have proved capable of this result after the menopause and so long after the birth of the last child. The tumour, although in a gangrenous state, was producing very little disturbance and the symptoms caused by it were so trivial that the patient did not seek advice until the odour of the discharge became practically unbearable. The peritoneal pouch, which measured about 5 in., showed no inflammatory change.

Gordon-square, W.C.

THE TREATMENT OF RINGWORM OF THE SCALP.

BY GEORGE STEELE PERKINS, M.D. EDIN., L.R.C.P. LOND.,
M.R.C.S. ENG.

MR. H. LYLE, in his paper on this subject in THE LANCET of Oct. 8th, points out the value of a simple method of treatment of chronic cases. For the past fifteen years I have treated every case of ringworm which has come under my care with chloride of sodium, and with complete success in every case. The first case in which I adopted this treatment was a chronic one of five years' standing. The child was well in three weeks and had no return. Many of the cases which I have attended since have been of a chronic character. The method I adopt is the following. Have some chloride of sodium finely powdered and then mixed with a little vaseline to make an ointment. The affected part having been shaved, rub this ointment in well night and morning until the place is sore; this takes from two to four days. Then apply some simple application to aid the healing of the part. When well from the soreness, the hairs will be found growing healthily and the tinea trichophyton destroyed.

Wimpole-street, W.

A CASE OF PUERPERAL SEPTICÆMIA.

BY HENRY K. DAWSON, M.D. DURH.

A HEALTHY countrywoman, aged twenty-five years, was attended by me in a normal labour on Oct. 25th, 1897. This (her fourth) confinement was of short duration and the placenta came away without any difficulty. The liquor amnii had escaped some days previously, since which time she had had, I was informed, more or less constant pain. On Oct. 27th there was a rigor and the temperature as recorded by a trained nurse rose to 102° F. During the next few days the temperatures were as follows: Oct 28th, morning, 103·8°; evening, 105 0°. Oct. 29th, morning, 101·4°; evening, 106·2°. Oct. 30th, morning, 103·0°; evening, 104°. Oct. 31st, morning, 102·0°; evening, 104·6°. Nov. 1st, morning, 103·4°; evening, 105·0°. From this date until Dec. 6th the temperatures showed a wide daily range, being almost invariably normal in the morning and varying from 101° to 103° in the evening. On and after Dec. 6th they were subnormal for five days and recovery was then established. The patient complained of slight pain in the left iliac region, becoming more severe for three or four days towards the latter part of the illness. The lochia remained healthy throughout, except that they occasionally contained some small shreds which were never offensive. The uterus continued large and tender to touch for some considerable time. Rigors were experienced every evening for nearly a month, of more or less severity. The tone of the pulse was good throughout, the rate rarely exceeding 100. There was no diarrhoea or sickness. The milk was not suppressed and the appetite remained good. The patient slept well, very little wasting took place, and the expression of the face could not be termed anxious. The

patient's knees were never drawn up. On palpating the abdomen slight tenderness and some indistinct resistance were felt in the left iliac fossa. Per vaginam there was marked fulness in the left lateral fornix. The treatment adopted consisted of frequent intra-uterine douches of corrosive sublimate, the introduction of iodoform pessaries into the vagina, and 5 gr. doses of quinine every two or three hours. I regret that no bacteriological examination of the lochia or blood was made. Mr. Sumpter, of Sheringham, saw the case with me, and it was decided not to use anti-streptococcic serum, as the symptoms, with the exception of the temperature, were never urgent. The patient resumed her household duties at the end of February, 1898, with every appearance of good health. She, however, complained of some pain in the back.

Sheringham, Norfolk.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF BLEEDING FIBROID IN WHICH ARREST OF THE
HÆMORRHAGE AND SHRINKING OF THE TUMOUR
FOLLOWED LIGATURE OF THE UTERINE
ARTERIES.

(Under the care of Dr. G. E. HERMAN.)

THE anastomosis which exists between the branches of the uterine and ovarian arteries would have suggested that the collateral blood-supply after ligature of the uterine arteries would be great, but the effect in some cases at least produced by this ligature leaves no room for doubt that this collateral circulation is not established at all readily. Possibly some of the discordance in the results obtained in the treatment of fibroids by Martin's operation is to be explained by the ligature having included only one branch and not the main trunk of the uterine artery, as division occurs at some distance from the uterus. The two great arguments in favour of the operation are the absence of mutilation and the comparatively slight risk to life; these in themselves will be sufficient to render it a suitable operation in cases where patients or friends object to methods more likely to be followed by success. The effect in Dr. Herman's case was very striking and one such would outweigh many in which no benefit might result. For the notes of the case we are indebted to Dr. H. M. Rigby, resident accoucheur.

A patient, aged thirty-five years, was admitted into the London Hospital on Oct. 28th, 1897. She was married, but had never been pregnant. Her complaint was that for the last three years she had been "flooding" at intervals of about three weeks and for the last eight weeks she had been losing blood continuously. She complained also of pain in the right side and back. She had been treated for the hæmorrhage by ergot, but without benefit. On admission the patient was seen to be markedly anæmic. A moveable tumour composed of hard rounded nodules was felt rising out of the pelvis and reaching to within three fingers' breadth of the umbilicus. By bimanual examination this tumour was found to be continuous with the cervix and with other masses felt behind and at the sides of the cervix. The uterus was as freely moveable as was consistent with its size, and the cervix was low down. On Nov. 3rd, the cervix having been previously dilated with tents, the interior of the uterus was examined, but it was found that no tumour projected into the uterine cavity. The patient was advised that the best way of stopping the hæmorrhage was by an abdominal operation—either removal of the ovaries, or of the tumour, or of both, according to what the operator might judge to be safest after the abdomen had been opened. However, she absolutely refused to undergo any operation which would deprive her of the possibility of