carcinoma. Stated to have been "inoculated" in infancy, and to have had small-pox when four years of age; no scars on arms. Two good vesicles, no inflammation.

11. Age, thirty-nine years. A complication of heart- and kidney-disease. Unknown whether vaccinated, or if there were any scars. This patient died on the fifth day after vaccination, but the arm was "beginning to take."

These cases are not very numerous, but as far as they go they show, in my opinion, that lymph diluted to the extent we used it is as potent as undiluted lymph. They are interesting also as showing how persons, even when suffering from acute and chronic diseases, who have only been vaccinated in infancy, though there be good scars, are susceptible of the influence of the vaccine virus. There were only two cases in which the operation was attended by any inflammation, and this was not nearly so severe as is often seen in persons who are revaccinated. Both these cases were allowed to be up during the daytime, and this, perhaps, will account for its occurrence.

More patients have been vaccinated with lymph diluted in the same way, but the results are not yet known.

February, 1871.

ON A NEW AND SAFE MODE OF DELIVERING IN ARM PRESENTATIONS,

AFTER THE USUAL MODE OF TURNING HAS FAILED
OR BEEN IMPRACTICABLE.

By PARK B. TUCKER, M.D.

MRS. A—, age twenty-nine years, wife of a private of the 61st Regiment, mother of two children, was taken in labour on the 14th May, 1870 (a midwife being in attendance). Next day it was discovered that the arm had descended after the escape of the waters. Alarm was taken, and the Assistant-Surgeon of the Regiment was called in, who endeavoured to turn; but, failing to do so, called another surgeon, with no better success. On consultation they properly resolved to hand the case over to a more experienced civil practitioner, a Dr. Rees of this town, who, after repeated trials, also failed to relieve the poor woman. On the 18th Dr. Rees advised the husband to call on me. After manipulating, I found it was impossible to turn the child, and I resolved to repeat an operation which I had successfully performed some years ago in a similar case. Having placed the patient as for lithotomy, I perforated the body of the child and emptied the abdomen and thorax sufficiently to enable me to reach the bodies of the spine of the fœtus, and crushed the same with a pair of tooth forceps (having no better instrument at hand), using the index finger of the left hand as a guide. The same happy result followed as in my previous case—viz., bending of the body, and its descent sufficiently low to enable me to pass a handkerchief round the child, when, making traction, the pelvis and lower extremities soon descended, followed by the trunk and placenta. The child was a very large one.

The poor woman suffered comparatively little, and made a good recovery, as will always be the case if proper care is taken not to make too large an opening for manipulating with the forceps. I consider this mode of proceeding much safer than embryotomy, for the soft parts cannot be injured if precaution is used during the operation; and, moreover, the child is not much mutilated, which is always agreeable to the friends. Instead of tooth forceps I would recommend a pair of spring-cutting blunt pliers, with long arms, such as are used by dentists for cutting off incisor teeth, but on a much larger scale, which would greatly facilitate the operation.

I have to express my grateful thanks to my friend, S. W. Handy, Assistant-Surgeon of the 61st Regiment, who most kindly and ably assisted me with the case throughout.

Bermuda, Jan., 1871.

DR. GAMBERINI announces a second edition of his work on diseases of the skin. The book is a great favourite in Italy, the learned author being professor of syphilography and dermatology at the University of Bologna.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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.

ST. GEORGE'S HOSPITAL.

A CASE OF PERFORATING ULCER OF THE DUODENUM. (Under the care of Dr. WADHAM.)

THE following case, for which we are indebted to Dr. Cavafy, the medical registrar, is interesting on account of the difficulties which surrounded the diagnosis. The patient presents himself suffering severe abdominal pain: in the first place, it is discovered that a hernia has descended, which he has been unable to reduce; and, secondly, it is found that his system is contaminated with lead. The post-mortem reveals a perforating ulcer of the duodenum.

Henry H—, aged fifty-six, a painter, applied at the hospital on the morning of Feb. 3rd, complaining of violent abdominal pain, which had come on suddenly a short time before. He was the subject of an old hernia, which had come down, and which he was unable to return. Reduction was easily effected, but, as the pain continued, he was ordered a dose of castor oil and laudanum and sent to bed. When seen by Dr. Wadham, at about 2 P.M., he was suffering intense agony, twisting and writhing about on the bed from the violence of the pain. Pressure seemed to give him slight relief. The pulse was 120 and of fair strength, the tongue moist and tolerably clean, and the skin cool. The bowels had not acted for four days. As the patient was a painter, with a well-marked blue line on the gums, and gave a history of three previous attacks of severe abdominal pain, lead colic was diagnosed, and he was ordered three grains of calomel with one grain of opium, and a draught containing a drachm of sulphate of magnesia every four hours. About half an hour later he vomited, and when seen in the evening by Dr. Jones the pain was as severe as ever. As he had passed no motion since admission, a copious oil enema was administered; this was followed by two stools; but at about 11 P.M. he vomited several times. At midnight he was seen by the house-surgeon, who found that the pain was very severe and increased by pressure. A morphia draught was given, but without relief; and the patient died at 2.45 A.M., fourteen hours after admission.

The post-mortem was made by Dr. Whigham thirty-eight hours after death. Evidence of recent peritonitis was found, the small intestines being matted together by soft lymph. On the anterior surface of the first portion of the duodenum, just beyond the pylorus, there was a small perforation of the size of a pea, with clearly cut edges; this was caused by a small ulcer, the edges of which were not thickened. The mucous and muscular coats were only slightly more destroyed than the serous. No other ulcer was found. The kidneys were granular; the cortex diminished; the capsules adherent.

GUY'S HOSPITAL.

NECROSIS OF THE LOWER JAW; REMOVAL OF THE WHOLE OF THE ASCENDING AND PART OF THE HORIZONTAL RAMUS; RECOVERY, WITH GOOD MOVEMENT.

(Under the care of Mr. THOMAS BRYANT.)

THE following notes are by Mr. R. S. Mutch:—

Sarah B—, aged five years, was admitted with a swelling over the angle of the left inferior maxilla. The ascending and horizontal rami were both somewhat thickened. In the part of the cheek covering the angle of the jaw was a sinus leading to dead bone. Motion was only

slightly impaired. It was found that all the temporary teeth were present in the upper jaw, and on the right side of the lower jaw; but on the left side of the latter were seen two incisors, and the canine, which was slightly everted. Behind this was a space corresponding to the two temporary molars; beyond the space stood the first permanent molar, apparently fully cut in front; and to the outer side of it lay exposed a portion of apparently dead bone. The soft parts on this side were somewhat thickened. The child appeared in other respects to be in good health.

The history was to the effect that nearly a year and a half ago the patient had been confined to her bed for two weeks with a fever, in the course of which a swelling had made its appearance on the left side of the face, and had broken within the mouth. Since then some teeth had come away. Nine weeks previously she had become an out-patient; and while she was attending the hospital in that capacity a sinus had formed in the cheek, and Mr. Bryant had removed a portion of dead bone, together with one of the permanent teeth.

The patient having been placed under chloroform, Mr. Bryant attempted to remove the exposed piece of bone, but it was too firmly fixed. He then carried an incision along the outer side of the horizontal ramus, one inch forwards from the sinus. After several attempts, in which some small pieces of bone broke away, he succeeded in removing the whole of the ascending ramus, including the condyle, and part of the horizontal ramus. No constitutional disturbance followed the operation. She was discharged in eight days, much relieved, but with the sinus still communicating with the mouth.

When seen again, from two to three months later, she was able to move the jaw quite naturally.

WEST LONDON HOSPITAL.

FACIAL PARALYSIS FROM FRIGHT.

(Under the care of Dr. WILTSHIRE.)

In the following case the cause of paralysis was peculiar and unusual. It is, doubtless, allied to those cases in which convulsions, loss of mental power, and like symptoms are produced by terror.

The patient was an intelligent little girl, aged five years, of whom the following account was given:—Four days previously she had been much frightened during her mother's absence from home. On the following morning the mother noticed that the child's mouth was drawn to the right side, and, thinking that she was playing with her mouth, scolded her; but it soon became evident that the distortion was not voluntary. On admission it was found that, when the face was at rest, the paralysis was not betrayed; but during crying or laughing the mouth was considerably drawn over to the right side. The left eye watered considerably; it could not be closed. There was no ptosis; nor were there any decayed teeth, enlarged glands, or evidence of the existence of worms. There was no otorrhœa or other symptom of disease of the temporal bone, nor squinting, nor paralysis of any other part of the body. The child was rather restless during sleep. A grain of bromide of potassium was ordered to be given three times a day; and thirteen days after admission the following note was taken:—"Has slept much better since taking the medicine. There is decidedly less paralysis. The left eye discharges a good deal, but is not inflamed." On the thirty-second day it was noted that there was "scarcely any evidence of paralysis remaining; in fact, the only sign is a slightly quicker and more complete blinking of the right eye than the left when one pretends to give the child a blow in the face." On the forty-sixth day the child ceased to attend.

Three months later the child was brought again to the hospital suffering from scarlatinal dropsy. It was ascertained that she had had no return of the paralysis, and presented no trace of it. No form of electricity was employed; the treatment consisted solely in the administration of bromide of potassium in three-grain doses—a therapeutic agent to which, Dr. Wiltshire thinks, the recovery can hardly be attributed.

STONE IN THE BLADDER; LITHOTOMY; RAPID RECOVERY.

(Under the care of Mr. TEEVAN.)

W. P.—, a plump, healthy-looking boy, aged four, was brought to the hospital suffering from symptoms of stone. His mother had noticed that he had rubbed the private parts for the last six months, that he cried when urinating, and occasionally passed blood. Mr. Teevan detected a calculus on sounding; and in a few days the boy was put under chloroform. Having introduced a very short, rectangular staff, Mr. Teevan opened the bladder by a free lateral incision, and extracted with the left forefinger a small lithic-acid stone, weighing one scruple. After the operation there did not occur the slightest constitutional disturbance; the boy ate and slept well, and in six days began to pass water per urethram. Five days later all the urine passed the natural way. The wound was quite healed on the twentieth day, and, when the child left the hospital a few days later, he did not suffer from incontinence of urine.

Mr. Teevan remarked that this case exhibited the merits of cutting a stone out of the bladder rather than tearing it out by the pseudo process of dilatation, for the child made a rapid recovery, and was free from that distressing sequel of lithotomy, incontinence of urine, which so often follows what he termed the lacerating method of dilatation. It was impossible to extract even a small calculus from a child without either tearing or cutting the deep fasciæ, inasmuch as the prostate was quite rudimentary till the age of puberty, and there could, therefore, be no doubt as to the impropriety of the method of operating by dilatation. To the use of a limited internal incision were attributable all those difficulties and accidents which have occurred in operations on children, for, if the aperture were insufficiently large to admit the forefinger, the bladder would be pushed up into the abdomen, away from the staff, or the surgeon would find himself groping about in the ischio-rectal fossa. The median operation was not justifiable, for it was attended with a larger mortality than the lateral operation, and was more likely to cause permanent impotence.

Provincial Hospital Reports.

DEVON AND EXETER HOSPITAL.

EXCISION OF SUPERIOR MAXILLA.

(Under the care of Mr. ARTHUR J. CUMMING.)

THE following case is reported by Mr. Edw. J. Domville, house-pupil:—

Mary Ann C—, who appeared on admission to be healthy in every other respect, complained of considerable pain and inconvenience arising from a tumour, which was situated on the right side of the face, and had been gradually increasing in size from the time she first noticed it, six months previously. It occasioned considerable deformity, was apparently about the size of an ordinary hen's egg, elastic to the touch, and did not involve the skin. The growth apparently took its origin from the antrum, and extended thence to the orbital and palatine processes, having destroyed and protruded through part of the floor of the orbit.

Chloroform having been administered by means of a tubular inhaler applied to one nostril, Mr. Cumming carried his incision from below the inner angle of the orbit along the side of the nose, round the ala, and through the median line of the lip. The flap thus obtained was dissected back. The condition of the orbit having been examined, the malar end of the zygoma, the external angle of the orbit, the internal angle, and the arch of the palate were successively divided with straight forceps. The loosened mass was drawn forward, and the soft parts by which it remained attached were divided with a knife; it comprised the whole of the superior maxilla and the tumour, which was undoubtedly malignant, the malar bone, and the floor of the orbit. Some of the adjoining parts being observed to be invaded by the morbid growth, they were subjected to the actual cautery. The hæmorrhage, which was inconsiderable, and proceeded mainly from small branches of the facial artery, was immediately arrested by the cautery;