cocaine (10 per cent. solution applied ten minutes before) was most painful, although the pain did not last very long. In all, I made four applications of the ethylate. At the same time I gave the patient fifteen-minim doses of Donovan's solution. I next applied Unna's salicylic acid (20 per cent.) and creasote (40 per cent.), plaster mull to part of the disease, and lactic acid (pure) to a patch on the left cheek, until I noticed a slough from the latter. This I dressed with zinc oxide plaster mull until healed, but without curing the disease. I then abandoned all local treatment for Unna's, using his stronger preparations of salicylic acid, and dressing the parts afterwards with zinc oxide. Finally, any nodules that I could feel I treated as follows: I made an incision with a broad cataract needle through the centre, and through this introduced a small portion of absorbent wool saturated with a solution consisting of carbolic acid, four parts; perchloride of mercury, one part; alcohol, twenty parts. The patient is still taking Donovan's solution, but I intend to give her tartrate of iron and arsenic. When I last saw her, ten days ago, her appearance had very much improved.

Remarks.—It is very rarely that such a case falls into the hands of the general practitioner, and it is for that reason that I publish it, as well as to confirm Unna's statement that salicylic acid will cure lupus. Combined with creasote its pain is much lessened; a 50 per cent. mull of the acid alone causes pain all the time it is in contact with the skin, but it more quickly cures. I kept up the application until the diseased patches seemed as if dug out, then I dressed with zinc oxide. But by far the best way of dealing with the disease is by means of the carbolic and mercury solution, more especially in its early stages. The application has also the merit of being almost painless, and leaves no very perceptible scar behind. Of course I cannot as yet say whether my patient is absolutely free from the disease, and I have requested her to call every few weeks for examination. What part, if any, did Donovan's solution play in the case? I claim nothing new for the treatment, and publish the case simply for the encouragement of other general practitioners. The treatment with Unna's plaster mulls lasted six weeks in all.

Shepherd's Bush-road, W.

A CASE OF COMPLETE INVERSION OF UTERUS.

BY H. MCQUADE, B.A., M.B.

AT 5 o'clock in the afternoon of July 2nd the husband of Mrs. G— called, and urgently requested my immediate attendance on his wife, as he thought she was dying, at the same time handing me a note from Dr. X—, who was in attendance on her in her second confinement. Dr. X— was sent for at 1 P.M.; but, finding the pains not strong and labour not far advanced, he went downstairs, leaving the nurse instructions to send for him when the pains were stronger. The nurse, however, did not do so, as the child was born in the night-stool when Dr. X— returned to the room at 2.30 P.M. After separating the child the patient was carried to the bed, when she did not seem to suffer from her former awkward position beyond a severe gush of hæmorrhage, which was readily controlled by abdominal pressure. The usual time was allowed for the placenta to separate, and Dr. X— then tried to express it, but found he could not do so. As she did not suffer from the effects of waiting he decided to give it more time. An hour after the birth of the child he tried again, but failed to express it. He waited some time again, and after an interval of two hours, when the ordinary means failed to effect its expulsion, he introduced his hand into the uterus to remove it. I cannot describe exactly what steps he took to do so; but, to use the patient's words, "he told me to bear down. I did so, and found something tearing away from my side, a fearful pain, and I remember no more."

On arrival, I found the patient in a state of profound collapse, pulseless, with blanched look and clammy skin. Protruding outside the vulva was to be seen the large globular mass of the completely inverted uterus, with the placenta attached and adherent throughout its whole surface. The hæmorrhage was profuse, but not alarming. After administering brandy freely and ordering hot bottles to be prepared, I tried to reduce it with the placenta attached, but this I found impossible. As there was not much

time to be lost, I carefully detached the placenta as quickly as possible, and applied pressure to the fundus with my hollow hand, when it gradually receded into the vagina after ten minutes' application; pressure was still continued on the fundus, taking care to do so in the proper axis of the pelvis and with the other hand on the abdomen, when it suddenly became reinverted. I followed up the fundus with my hand, and allowed it to remain in the cavity of the uterus until I had syringed it out with perchloride of mercury solution; this excited the uterus to contract, and I then withdrew my hand, taking care to have command of the fundus through the abdominal walls.

The patient slowly recovered from the effects of the shock, but was very weak and had to be supported by the free administration of stimulants and beef essence. The uterus was washed out daily for ten days; during this period the lochia was rather fetid, but now is normal in character. Milk never appeared in the breasts; she had retention of urine for six days. Apart from this inconvenience, she has recovered without a single bad symptom or complication.

Bristol.

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.

CHARING-CROSS HOSPITAL.

A CASE OF LARGE MOLLUSCUM FIBROSUM; OPERATION;
RECOVERY.

(Under the care of Mr. JOHN H. MORGAN.)

THE following case is an example of the removal of a tumour of large size; also of the rapid healing of the wound under the double cyanide dressing recently introduced to the profession by Sir Joseph Lister. We do not in the present day often meet with large tumours of innocent character in this country; there is greater confidence in the surgeon's art, and application is usually made for relief before very large proportions are reached. In India and the East it is not uncommon, however, to meet with enormous elephantoid tumours, especially of the scrotum; in fact, they grow to so large a size that they may weigh even more than the patient himself. It is reported that one was removed recently in Calcutta which weighed 140 lb., and that the patient recovered after the operation.

Mr. Morgan's patient was a miner from South Wales, aged twenty-eight, who was sent to Charing-cross Hospital by Dr. Verity of Garndiffaith, Pontypool, who had known him from childhood. The patient was designated in the district "the man with the elephant's ear." The tumour was noticed at birth, and commenced as a red spot near the left nipple. It has continued to grow until the present time, when it has attained the enormous proportions which have earned for its possessor the above sobriquet. It extends from the level of the nipple to below that of the trochanter. From the middle of the thorax to the posterior margin of the scapula was about four inches in depth; from this base there hangs an enormous pendulous mass to the level above stated. The superficial covering consists of skin, lightly pigmented, and stained in patches to a light purple by capillary nævus. The papillæ are large and the sebaceous follicles are deep, but the hairs are very light and thin except over the scapula, where they are long and delicate. The mass is very heavy, of a doughy consistence, and some large veins run upwards from its base towards the axilla. The left nipple has been dragged down to at least five inches below its normal level, and is somewhat exaggerated in size, as is also the mammary tissue beneath it. In the folds of the growth, in a vertical line with the axilla, and at a level with the displaced nipple, can be felt a mass of enlarged lymphatic glands. The patient has always had good health, and is only anxious for the removal of the growth