movement. At 6 15 P.M. his pelvis was raised to allow of the introduction of a bed-pan and almost instantaneous death ensued. At the post-mortem examination a prolonged and careful search failed to reveal any macroscopic change in the brain, its vessels, or the meninges. On opening the pericardium it was found to be filled with blood clot, and on washing this away a laceration about one and a half inches in length was found in the left lateral wall of the left ventricle. The aperture was closed by recent clot. The cavities of the heart were dilated, the walls thin and in an advanced stage of fatty degeneration. No valvular disease was present. The aorta and its main branches were atheromatous. Both lungs contained calcifying tubercle; the abdomen was loaded with fat; the spleen was soft and friable; the kidneys were engorged, but otherwise healthy. Although the patient's death followed such a slight movement as that of raising his buttocks, and which was apparently "the last straw," he had been able to survive a considerable journey (from Waltham Abbey to Tottenham) in a cab on the previous day. My cordial thanks are due to Dr. Rasch, visiting physician to the hospital, for his permission to publish this interesting case.

TWO CASES OF DIPHTHERIA TREATED BY ANTITOXIN.¹

By A. J. RICHARDSON, M.A., M.D. CANTAB.,
ASSISTANT PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL.

CASE 1.—The patient was a girl aged seven years and six months. On Sept. 11th she was said to have had tonsillitis, but to have completely recovered by the 15th. On the evening of Sept. 20th there was copious epistaxis. On the 21st, on the right side of the uvula and anterior pillar of the fauces, there was a shallow, raw-looking ulcer, and the left nostril was filled with a greyish-white membrane down to the orifice. The pulse was 130 and the temperature 101° F. The urine contained over 0.05 per cent. albumen. The patient was given perchloride of mercury and lactic acid (one drachm to the ounce) applied locally. On the 22nd with a nasal speculum a white substance could be seen far back in the right nostril. On the 23rd the temperature reached 102.2°, and the child was distinctly worse. On the 24th the urine contained over 0.03 per cent. albumen. At 7 P.M. 0.7 c.c. of Aronson's antitoxin was injected. On the 25th the patient could breathe better through the nose. She was very restless in the afternoon and her temperature rose to 103°. On the 26th the ulcer on the uvula was nearly well. No membrane could be seen in the nose, but the temperature was still keeping over 102° and the albumen had increased to 0.2 per cent.; 1.2 c.c. of antitoxin injected. On the 17th she complained of pain in the legs, and after the most careful examination the knee-jerks could be only doubtfully obtained; anyway, there was very slight reaction. The fauces and nose looked well, but she complained of ear pain. On the 28th pus issued from the right ear. The patient could not hear the ticking of a watch on contact, and the tympanum was perforated. On the 30th the ear was quite free from discharge, and she heard a watch at three inches. The throat and nose looked well, but the temperature reached 103.2°, and the albumen was over 0.1 per cent.; 1.7 c.c. of antitoxin was injected. On Oct. 2nd the temperature was subnormal and the pulse 92. Albumen, 0.01 per cent. On the 3rd the temperature was subnormal, the pulse 104, and there was no albumen. The knee-jerks were very glib. Since then the child has made an uninterrupted recovery.

CASE 2.—The patient was a woman, the mother of the above. On Sept. 23rd a small yellowish patch was seen between the pillars of the left fauces. The temperature was 103° F. Steam and lactic acid were applied locally, and perchloride of mercury given. On the 24th albumen was 0.1 per cent. The yellow patch had grown a little. There was a separate raised white patch between the uvula and the anterior pillar. In the evening a third patch had appeared on the left tonsil. The temperature was 100.2°. 1 c.c. of antitoxin was injected. On the 25th, in the morning, the yellow patch had come round the anterior pillar and spread

downwards. The white patch and the third patch remained as on the previous day. In the evening the yellow patch had receded; the edges of the white patch were raised and everted, while the third patch remained as before. On the 26th the yellow patch and the third patch were smaller; the white patch of membrane shed. The temperature was 99.2°. On the 28th the throat was absolutely clear. The temperature was normal and the urine free from albumen. The patient has since progressed without any bad symptoms.

Remarks.—The cases were not in any sense treated with a view of determining the merits of antitoxin; still, the circumstance that both failed in any way to improve until the antitoxin was injected is noteworthy. The mother received her dose on the second day of the disease, and the child much later, so the cases bear out what has been written—that the sooner antitoxin is administered the better is the recovery, and that the later in the disease the larger is the dose required to produce benefit. The estimations of albumen were by Brandenberg's method (checked by Esbach's tubes), but only on particular samples, not on the mixed urine of twenty-four hours. The disease is attributed to an arrangement by which a current of air was allowed to pass through the dustbin into the house.

Hove, Brighton.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PREGNANCY IN ONE HALF OF A UTERUS SEPTUS BICORNIS.

By E. G. EMERSON ARNOLD, L.R.C.P. LOND., M.R.C.S. ENG.
SENIOR OBSTETRIC HOUSE PHYSICIAN TO ST. THOMAS'S HOSPITAL;

AND

W. E. F. TINLEY, M.B., B.S. DURH.,
JUNIOR OBSTETRIC HOUSE PHYSICIAN TO ST. THOMAS'S HOSPITAL.

A WOMAN aged twenty-two years was attended in the Maternity Charity of St. Thomas's Hospital on Feb. 4th 1895, in her third confinement. On examination the left shoulder was found presenting with the arm prolapsed. The patient had been in labour for upwards of twelve hours, and the os was fully dilated. On passing the hand into the uterus in order to perform version, after the patient had been put under chloroform, there was felt, close against the uterine wall and just above the child's head, which was lying in the left iliac fossa, a thick projecting edge of tissue, the nature of which was not at the time apparent. Delivery was effected by version, the child, a full term male, being stillborn. On examining after delivery it was found that the uterus consisted of two distinct cavities, divided by a septum reaching as far as the position of the internal os, and the fundus presented a median depression separating two divergent cornua. The placenta and membranes were found occupying the right and larger half of the uterus, the left side being empty, but lined by a soft membrane, easily breaking down under the finger. It was now obvious that the projecting edge previously felt had been the lower end of the septum pressed against the left uterine wall. The placenta and membranes were expressed without difficulty, and, some hæmorrhage occurring, a hypodermic injection of ergotinine was administered, after which the uterus contracted well. The patient made satisfactory progress until the tenth day, when a rise of temperature occurred. An intra-uterine douche was given and a large quantity of shreds of decidua tissue evacuated from the left cavity, and these continued to pass for some days afterwards. The temperature gradually fell again to normal, and there were no further untoward symptoms. Abdominal palpation immediately after delivery showed the right half of the uterus to be markedly larger than the left, but a day or two later the left half appeared to be slightly the larger of the two. At the end of a week or ten days both sides felt of equal size. The patient has had two previous pregnancies, the first resulting in the birth of a living child at term, and the second in a miscarriage at the sixth

¹ Notes on these cases were read at the meeting of the Brighton and Sussex Medico-Chirurgical Society, Oct. 6th, 1894.