SYMPTOMS.

The characteristic appearance of the patient, so well described in all text-books, is, in a large number of cases, pathognomonic of the condition. In addition, the head of the humerus is readily felt in the axilla, and when the arm is actively raised up it may even be seen as a globular prominence; the prominence of the shoulder is no longer the greater tuberosity of the bone, but rather the acromian process, since the head is pushed under the coracoid process, causing the absence of the characteristic roundness and the substitution of the "flattened" shoulder; the deltoid is naturally stretched down from the acromian to the middle of the shaft of the humerus externally, and this tends to throw the elbow out from the body. The elbow can not be brought to touch the body (Dugas' sign), since the head is wedged in between the acromian and coracoid processes.

TREATMENT.

If spontaneous reposition can not be accomplished, Kocher's method will prove successful in most cases. If not, one of the many modifications variously described will invariably suffice. In rare instances, however, this is found to be impossible, when excising or wiring (Beck) must be resorted to. At the same time the hygienic condition of the patient should be carefully regulated and the general health improved so as to reinforce the weakened joint. Two patients with persistent spontaneous unilateral dislocations of the shoulder were operated on by Ricard with success. His method is to expose the front of the joint by an incision between the deltoid and pectoralis major, and a second incision from the upper end of the first outward along the margin of the acromian. The inner portion of the capsule is now pinched into a transverse fold, and several vertical sutures placed so as to include the tendon of the subscapularis below and the thick capsule above.

A CASE OF DOUBLE UTERUS.

C. H. NEWTH, M.D.
PHILOMATH, ORE.

I wish to report a case of double uterus. I first saw the patient one year ago, when called to determine whether she was pregnant or not. She had been married five years without becoming pregnant, but had not menstruated for five months and now thought she felt motion. She called me in because the tumor seemed to be all on the left side.

On making a vaginal examination, I found the vagina divided by a septum, and at the upper end of each side of the vagina a cervix and uterine cavity. As the patient was certainly pregnant, I could not use a sound. She was pregnant on the left side. The finger passed naturally up the right side and was with difficulty passed on the left side. I asked her if she knew that she was different from other women and she said no, but on further questioning I found that both she and her husband knew of the condition, but did not know that it was different from other women. She miscarried one month later and sent for me, but, as I was away from home, she had no physician.

She miscarried again, at nearly four months, two weeks ago. I was called in four days afterward and found a retained and putrid placenta. She thought she had passed something from the right side two weeks previously, and stated that the fetus came from the left side. I removed the placenta and she is entirely recovered.

On examination I found that I could introduce one finger in each cervix at the same time. I examined the inside of the left uterus, digitally, and am convinced that there is no connection between the two cavities. There is now a rupture of the septum close to the uterus large enough to admit the tip of my finger, so that I could pass the finger up the right side of the vagina and feel the left os as well as the right. I think there is no doubt, from the conditions, that intercourse always took place on the right side, but that the right side is rudimentary, or infantile, and that conception could not take place on that side, and that it was very unlikely that the semen entered the left side.

At the first examination I found it difficult to introduce the finger into the left half of the vagina on account of the small opening, and I am reasonably certain that the male organ had never penetrated that side, although the left half of the vagina was roomy enough when once entered. At the second examination, I found the same condition, except that the opening was larger and that there was also a laceration of the upper portion of the septum. At this time the finger, passed straight in, would always enter the right side of the vagina, and my theory is that the right half of the uterus is rudimentary and that only after five years of married life the semen was accidentally introduced into the left half. The septum was probably torn when the miscarriage occurred, thus accounting for the second impregnation. I think the probability is that she will never carry a fetus to term, on account of the right side of the uterus not dilating or entering into the physiologic growth of the gravid uterus. This case corroborates the statement generally made that abortion frequently occurs in cases of uterus didelphys.

AN ISOLATED CASE OF FRIEDREICH'S ATAXIA.*

ARTHUR H. DODGE, M.D.
PHILADELPHIA.

The following case of Friedreich's ataxia presents nearly all the symptoms of the disease, according to the synopsis of Soca and Ladame, except the familial feature. Although this familial tendency is usual, cases in which direct inheritance can be traced are rarely observed. The cases of Gowers, Osler and Carre are instances. Isolated cases are far from rare and have been reported, showing nothing more of note than the sporadic occurrence.

Patient.—J. M., aged 24, single white, male.

Family History.—Mother is living, aged 60. Father died as the result of an accident at the age of 55. Parents were not related, and no nervous disease of any nature is known in the family. The father was an alcoholic. Alcoholism in parents has been spoken of as an important etiologic factor; Friedreich in his first cases insisted on the causal relationship of alcoholism in parents to this disease. The case of Vizioli was unique in this particular. Our patient was the youngest of six children. Three brothers died in childhood, two the result of measles and one from a severe burn. A brother of thirty years and a sister of twenty-seven are living in good health and show no signs of a similar affection; and they are likely to be free from this disease according to the observation of Soca that the onset of the disease commences at the same age in members of the same family.

History.—The patient was admitted to the nervous wards of the Philadelphia Hospital, in Dr. Lloyd's service, May 13, 1905, stating that the onset of his trouble was noticed after an

* From the service of Dr. James Hendrie Lloyd in the Philadelphia Hospital.