to syphilis, in others to the excessive use of nicotine, alcohol, or mercury. This hyperæmia which these antecedent changes make possible and which give rise to the cortical lesions of general paralysis, may be due to excessive emotion, traumatism, intense heat, etc. Here we have all the factors which are necessary for the production of general paralysis.

It should not be surprising that no benefit follows syphilitic treatment in cases of this class, as the lesion is not a pure specific alteration but merely an inflammation resulting only partially from syphilitic change.

Dr. Westphal dissented from these views. He placed no value whatever on statistics, and declared that it was extremely rare to find syphilitic lesions at the autopsies of the insane, no matter what the form of mental disorder, and that the proportion of ten in one hundred was far too great. As, on the other hand, there were no characteristics by which syphilitic changes in the cerebral vessels could be recognized, all conclusions on the subject were premature. Moreover, Dr. Mendel had said nothing regarding the calibre of the vessels affected. The larger vessels were almost never involved in general paralysis, and as to the smaller ones, he had not even described the alteration they underwent, which was probably an hypertrophy of the tunica adventitia, a change which occurs under a variety of circumstances and which has not the influence upon the circulation which theory ascribed to it. As to violent emotions they figure as an etiological factor, not only in general paralysis, but in a number of other forms of insanity.

Hospital Practice and Clinical Memoranda.

FOUR CASES OF PLACENTA PRÆVIA.

BY OLIVER S. LOVEJOY, M.D., HAVERHILL, MASS.

CASE I. October 23, 1883, I was called in great haste to see Mrs. X., who was said to be flowing more than was good for her and needed assistance at once. The patient, I was informed, was about six or seven months along in pregnancy. She recently rode some twenty-five miles over a rough road, and had commenced flowing before she reached home. On examination found the placenta in the bed, but the child had not been expelled from the womb. The flooding had entirely ceased though there was a large quantity of blood in the bed. The womb had closed quite firmly over the child's head, and it occupied some time to remove the fœtus. This mother was well-developed, healthy and strong, and had had one child some two years previous. Had a good getting up and was none the worse for the loss of blood.

CASE II. January 6, 1884, had been to some distance to visit a patient and was on my way home, when called into a house I was passing to see a sick woman. The husband kindly informed me he guessed there was not much the matter, only the wife was a little nervous and thought she ought to see a physician. The woman was in bed; said she expected to be confined in a few weeks but did not think it was then time; had no labor pains but was flowing badly; had had one or two hæmorrhages before, but not so severe. She was a large woman, weighing about two hundred pounds. This was her sixth or seventh preg-

nancy, all former labors had been natural. On examination of the bed I should have said two or three quarts of blood had been already lost, though I was informed there were two gallons or more. On farther examination per vaginam, the placenta was found to cover the os completely, which was open to the size of a silver dollar, not rigid but flaccid; no membranes could be felt. The finger was passed through the centre of the placenta and the membranes ruptured. A very large amount of water escaped, immediately followed by a loop of the cord and hand and arm. I attempted to return the cord and arm, but most signally failed, and as the mother resisted every effort to do so, I sent to the city for an assistant and ether.

Very little hæmorrhage after the escape of the water. I plied the patient well with Squibb's fluid extract of ergot, but could get no labor pains. After assistance arrived I found the placenta hanging out of the womb. Removed it entire and separated the cord. Then without the use of ether turned and delivered. The child weighed something over ten pounds. On the fourth or fifth day after delivery called to see the mother and found her sitting up knitting a sock for one of the older children.

CASE III. August 13, 1884, was called to Mrs. X., in labor. Had visited her one month previously, at which time it was supposed labor had commenced. She was flowing badly at this first visit, and I was informed three or four floodings had occurred previously varying in time from two to four weeks. When I arrived at the bedside, found she had fainted dead away, and the bed was literally soaked in blood. Here was an entirely different case from the others, it being the first pregnancy and the patient a little bit of a woman, who in her *best estate* never weighed over ninety pounds, could ill afford to spare any blood, and was pale and chlorotic at all times. The womb was but slightly open and the placenta firmly adhered about the os. The pains irregular, occasionally quite firm, then weak or entirely absent. In this case, as in the preceding one, the cord prolapsed and had ceased to pulsate. The child being evidently dead I concluded to deliver as soon as possible. I attempted to apply the forceps but the womb was not sufficiently open to do so. Opened the child's head and delivered. The mother was extremely prostrated from the great loss of blood, but before I left the house reaction had taken place and she did very well. Ether was given by an assistant.

CASE IV. November 6, 1884, 6 o'clock, A.M., received a note asking my assistance as soon as possible in a case of placenta prævia. The patient, a woman of some twenty-six or twenty-seven years of age, was in labor with her third or fourth child. She had had no pain and the womb was but slightly open. The flooding at this time was not as profuse as it had been at an earlier stage. The foot of the bed had been raised and the vagina was full of large firm clots of blood. The bed was full of blood, a large-sized vessel was one-fourth full, and I should think there was three pints in a slop-pail. The foot of the bed being raised had allowed the blood to flow back and there were not many dry threads in the garments on her person. She was plied with ergot and brandy as long as the stomach would retain them, and had fainted a number of times, and was almost pulseless. The cord as usual was prolapsed and had ceased to pulsate before my arrival. The os at this time was open to the size of a

half dollar and the placenta could be felt to one side. I opened the head and removed the child as soon as I could sufficiently open the womb. I did not attempt to use forceps for fear of another gush of blood, which would have been quite likely to have proved fatal. The patient made a good recovery.

In two of the above cases the placenta passed before the child, and with them the flooding ceased.

DILATATION OF PHIMOSIS.

BY CHARLES W. HARWOOD, M.D., OF WORCESTER, MASS.

ABOUT five weeks ago, H. S., a young man of twenty-four, came to consult me in regard to a phimosis. The prepuce, stretched to its utmost would allow a circle of less than three-eighths of an inch in diameter to be seen of the glans. As he contemplated marriage he was desirous of relief, but dreaded the operation of circumcision.

I had seen in the *British Medical Journal* (November 8, 1884, and January 31, 1885) articles upon this subject, the first of which articles has reappeared in *Braithwaite's Retrospect* for July; but as I was not able to procure readily the instruments described, I improvised one which, though ludicrously simple, perfectly answered the purpose.

It was made from an ordinary clothes-pin. I split the pin through to the end, and, cutting away to a proper angle the inner side of the shorter arms, I had twin levers of the first class, which a rubber band at the point of bearing kept together. The ends and edges of the longer arms were carefully filed smooth. I also provided half a yard of elastic cord which, when wound around the shorter arms, gave the necessary power.

I inserted the well-oiled ends of the longer arms between the prepuce and glans, and found that I could obtain by my rubber cord any degree of dilatation; but the stretching was far from being so painless as one of the correspondents of the *Journal* asserts. Accordingly, before my next trial I applied the four per cent. solution of cocaine, using four drops, and after ten minutes four more. Then waiting ten minutes longer, I inserted the instrument and dilated the foreskin readily, and without causing the slightest pain.

I repeated the operation twice a week, and now the prepuce easily passes over the glans.

The instrument costs altogether less than five cents, and as it will accomplish its work readily and painlessly (thanks to cocaine) I have thought it worth presenting to the notice of the profession.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

H. L. BURRELL, M.D., SECRETARY.

JANUARY 4, 1886, DR. E. M. BUCKINGHAM in the chair.

DR. H. W. CUSHING read a paper on

SUBLUXATION OF THE RADIAL HEAD IN CHILDREN.¹

DR. FIFIELD said that the subject of the paper was one that had excited discussion for a long time.

¹ See page 77.

The injury occurs in both adults and children. In adults the cause is a fall upon the hand which may occasion displacement of that member anteriorly or posteriorly. In children the cause is due to lifting the child by the arm or hand.

There have been two autopsies in children; one where the head of the radius was found resting on the outer condyle; in the other a portion of the cap of the radius was found broken. Sometimes it is impossible to reduce the deformity.

As early as 1837, Gardner, and at the same time, Goyrand of Aix, investigated the subject and both said that the dislocation was due to a displacement of the triangular fibro-cartilage at the wrist-joint.

One theory that has been advanced to explain the deformity is, that the projection on the radius is hooked beneath the ulna, until strong supination is made; but this is untenable, owing to the distance between the bones being too great. It has been thought that the turn of the head of the radius upward carried with it a portion of muscle that produced the dimple so often seen.

Dr. R. M. Hodges has written a paper upon the injury, which had been accepted as an authority.

Dr. Fifield spoke of the extreme ease with which the deformity could be reduced; at times the head of the radius actually slips back while the surgeon is examining the patient.

An injury which was extremely liable to be confounded with a dislocation is "paralysis from twist or sprain;" in this injury there is of course no sub-luxation but the arm hangs limp at the side.

The diagnosis is said to rest upon, the head of the radius being felt in its normal position in the "paralysis from a twist or sprain."

DR. MCCOLLOM had seen three cases of the injury; the first went back very easily and quickly; the others were etherized, on account of the painfulness of the examination, and were then easily reduced. In the last case there was a marked swelling. The first case was treated with a simple figure-of-eight bandage but the others were immobilized for a little time by an internal angular splint. He called attention to the custom of nurses and parents carrying children across walks, etc., by seizing and lifting them by the arm.

DR. SPEAR said that he could emphasize the statement made by the reader that all cases do not recover spontaneously. He described a case where there had occurred a dislocation of the head of the radius which had been followed by partial ankylosis preventing the individual from carrying the hand to the head.

In some English publication he had seen that an osseous outgrowth from the injured periosteum was the cause of limitation of motion at the elbow-joint. He considered that this arm was an example of that condition. In the arm he spoke of, the rotation was perfect but the flexion was impaired by osseous outgrowth. He inquired if the reader had found any recorded cases where this osseous outgrowth had taken place.

DR. CUSHING said that Hutchinson had reported an acute osteitis following the injury, and that permanent enlargement of the elbow-joint is mentioned by Linderman.

DR. C. P. PUTNAM spoke of a case where the dislocation had recurred five or six times in a few years. The dislocation had been so easily reduced that the parents of the child had sometimes reduced the luxation.