

without a single drawback, the membrane quickly disappearing from all the situations mentioned. I feared greatly that the corneæ would be destroyed, but this fortunately did not take place and the eyes have quite recovered. About a fortnight ago I had the secretions from the mouth and throat examined by the Clinical Research Association and no Klebs-Löffler bacilli could be found. There has so far been no sign of post-diphtheritic paralysis and the patient is now at the seaside and in excellent health. A curious point is that he had diphtheria six years ago. I venture to quote this case because of the unusual number of mucous membranes simultaneously involved and to show the rapidly curative effect of the anti-diphtheritic serum in a case more than ordinarily virulent.

Beverley.

EXPULSION OF ENTIRE UTERINE CONTENTS AT THE SEVENTH MONTH.

By W. F. GARDENER, M.R.C.S. ENG., L.R.C.P. LOND.

THE patient was a married woman, aged thirty-five years, a multipara. At the time of her delivery she was in the last stage of pulmonary phthisis, unable to lie down at all and greatly emaciated. She was seen on the morning of the day of her confinement and had then no pains. During the afternoon she sent for the nurse whom she had engaged to attend her during her confinement as she "felt her pains coming on." The nurse found these to be slight and infrequent and left her with instructions to send again if they did not leave her. In the evening she sent for the nurse again, shortly after whose arrival the pains became suddenly strong, and with two or three violent straining efforts the child, contained in the membranes, with the placenta, was suddenly extruded into the bed. On my arrival I found the uterine contents left *in situ* as they had been born. I immediately ruptured the membranes, but there was no movement of the child, which had apparently been dead for some hours. The uterus was firmly contracted and there was no further hæmorrhage. Of this there had been a slight amount at the birth but none whatever previously. The patient died during the following night. If the uterine contents were absolutely untouched, as the nurse asserted, there was not placenta prævia, as, judging from the position on the bed, the placenta came last.

Sydenham, S.E.

PRIMARY MENSTRUATION AND FIRST PREGNANCY IN MIDDLE LIFE.

By J. F. WOLFE, M.B. EDIN.

THE following case deserves to be recorded on account of the great rarity of similar phenomena. A married woman, aged forty-five years, menstruated for the first time about eighteen months ago. When about nineteen years of age she was treated for amenorrhœa at the Portsmouth Hospital for a period of three or four months, but never had the slightest symptom or sign of menstruation until when in her forty-third year she was seriously frightened by an idiot (a step-daughter living in the same house). Menstruation thereupon commenced on the same day and lasted two or three days, from which time up to the date of impregnation, she menstruated but a few times and not at all regularly. The labour, which came on at full term of pregnancy, was much shorter than might have been expected, lasting not more than thirteen hours; the presentation was left occipito-anterior; the pelvis was roomy; forceps were not required. There was apparently nothing unusual about the external genitals, the mammae were fairly well developed, and milk came freely on the third day. The patient has had seven brothers and two sisters, all of whom died under five years of age. She herself (the youngest) never had any serious illness, but is rather anæmic and has suffered from frequent headaches (not periodically) which do not appear to have lessened in frequency or severity since menstruation started. She has been married eleven years, her husband is healthy and has been living with her all the time. He had seven children by his first wife, all of whom are alive and healthy with the exception of the one above mentioned. For permission to publish this case, which as far as I can ascertain is unique, I am indebted to Mr. H. P. Gaston of Southsea, for whom I attended the patient.

Portsea.

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.

ROYAL FREE HOSPITAL.

A CASE OF EXTREME COLLAPSE TREATED ON THREE OCCASIONS BY THE INTRAVENOUS INJECTION OF SALINE SOLUTION.

(Under the care of Mr. BOYCE BARROW.)

THE treatment to be adopted in cases of severe shock depends mostly on the cause which has given rise to it and the use of intravenous injection of fluid is practically chiefly of value in those cases in which a large amount of blood has been lost. Although occasionally success followed the transfusion of blood and the intravenous injection of milk, yet the results of these methods of treatment were on the whole very unsatisfactory. Even the employment of defibrinated blood as recommended by Panum of Copenhagen in 1863 was no more successful, and the operation was generally followed by a rise of temperature, possibly due, as explained by some, to fibrin ferment which had been set free in the process of whipping. The use of saline injections into the veins has now entirely replaced all other forms of transfusion. Many complex mixtures of various salts are recommended, but they take time to prepare and there is no evidence that the results following their use are any better than may be obtained by employing a simple solution of common salt of the strength of 1 drachm to the pint. The more extensive present use of the intravenous injection of saline solutions is in great measure due to the advocacy of this method by Dr. William Hunter in 1889. For the notes of this case we are indebted to Mr. Reginald Hayes, late house surgeon.

A delicate boy, fourteen years of age, who was suffering from cleft palate, was admitted to the Royal Free Hospital in January, 1897, with sinuses of the hip which had troubled him for nearly two years and for which some half-dozen operations had been performed elsewhere. For six months he had worn a Thomas's splint and during the past four weeks abscesses had formed in and around his right groin for which he had been treated at the local infirmary. An examination of the hip made it evident that there was a considerable amount of disease and in a week's time he was anæsthetised with chloroform (which was soon changed for ether) with a view to a more thorough investigation of his condition being made. He lost a good deal of blood in consequence of the considerable amount of fibrous tissue in which some large vessels were embedded making it difficult to secure them rapidly. Extensive disease of the pelvis, great trochanter, and upper third of the femur was found, a good deal of carious bone being removed and the cavity being finally packed with bicyanide gauze. Towards the close of the operation the patient's pulse became so feeble that brandy and strychnine were injected subcutaneously and an enema of hot port wine was administered while he was in the theatre. On removal to the ward his legs and arms were enveloped in cotton wool and were bandaged from the extremities upwards; the foot of the bed was raised and the patient was surrounded with warm-water bottles. Nutrient enemata with brandy were ordered to be administered every three hours as vomiting was troublesome, but as his condition got gradually worse, the temperature falling to 96° F. and the pulse becoming feebler and of a running character and all ordinary methods having failed, at 10 P.M. (six hours after the operation) over two pints of normal saline solution at 100° were injected into the left median basilic vein. Marked improvement was apparent for a couple of hours, when the patient became unconscious, with pupils widely dilated, the pulse imperceptible at the wrist and Cheyne-Stokes breathing. He was now apparently moribund, so it was decided again to try transfusion. The right median basilic vein was found