

through a large catheter attached to an evacuating bag. So excellent a lithotripsy evacuator as Morgan's has proved quite useless in my hands when the bladder has become distended with clotted blood. Some stronger suction power is needed than the recoil of an indiarubber bag, and all that is wanted is a brass ear syringe, some rubber tubing, and a large evacuating catheter of Bigelow's kind. In this way the bladder is rapidly cleared out; but in order to facilitate the operation I have adopted the ordinary stomach pump syringe, for with it the bladder can be emptied without disconnecting the rubber tubing at the end of each suction, in order to empty the syringe. With the double nozzle of the stomach syringe the apparatus will allow of the bladder being cleared and washed out at the same time without disconnecting the rubber tubing. As it may be convenient to have these instruments ready at hand for emergencies I have had a stomach pump syringe, some rubber tubing and a large-eyed, large-sized evacuating catheter put together in a case by Down Brothers, St. Thomas's-street, Borough, S.E.

Cumberland.

#### "NOTES FROM A PRACTITIONER'S CASE-BOOK."

BY HUGHES REID DAVIES, M.R.C.S., L.R.C.P. LOND.

UNDER the above heading, in THE LANCET of July 2nd, Dr. Howard Murphy notes an interesting case of dislocated patella, and in concluding his record observes: "I have not been able to find any mention of such a dislocation of the patella (if it deserves such a title) in any of the text-books." A precisely similar case occurred in my own practice in June, 1891, and whilst I administered ether to the patient—a lady of about seventy years of age—Mr. Jonathan Hutchinson, jun., reduced the dislocation, the reduction producing a "loud snap," as in Dr. Murphy's case. Dr. Murphy's experience and mine are peculiarly similar. My patient, like his, had mounted a chair for the purpose of adjusting a window blind, the shifting of which caused the leg to twist in some unexplained manner and the rare dislocation to occur. The after history was equally favourable. I remember there was considerable doubt at the time as to how the lower border of the patella became so firmly fixed, but I do not recollect that any very satisfactory conclusion was arrived at.

*The salicylate treatment of chorea.*—I have had complete success in the salicylate treatment of the chorea of children, especially when accompanied by a mitral murmur; but of chorea in adults I have had no experience.

My round of general practice has been singularly rich in interesting "cases" during the last two or three years, a few of which I might briefly note perhaps without being deemed tedious.

*Infantile intussusception.*—Two of these cases I have been able to successfully reduce—under an anæsthetic—by perflation per rectum with an ordinary Higginson's syringe. To the first I was called in consultation by Dr. J. C. H. Dickinson, whilst the other occurred in my own practice, and both cases came under my notice within the space of a year.

*Floating kidneys.*—Of these I have had many, sometimes single and once double. One case became an in-patient at the London Hospital, under the care of Mr. Treves, with a view to fixation of the kidney. The interest in this case was further advanced by the fact that whilst under operation a fair sized renal calculus was discovered and removed. But of this case I am hardly justified in speaking, as doubtless Mr. Treves has it on record.

*Foreign bodies removed.*—1. A needle-case from a vaginal vagina. 2. A large plug of coarse tobacco, encased in wax, from each ear of a commercial traveller—a Devonshire man. He was much troubled by tinnitus aurium and almost complete deafness, both of which symptoms were immediately relieved by removal of the foreign bodies. This patient informed me that he distinctly remembered some thirty years back being treated for earache by the west country method of plugging the ear with tobacco. Therefore, upon his own showing, the length of time during which the foreign bodies had remained in his meatus was thirty years. 3. Two saloon-pistol bullets, one from the thecal eminence, the other from the flexor surface of the first phalanx of the third finger. 4. A needle, after a year's residence, from the hand of an old lady of eighty-five. 5. The complete metallic portion of an etching-pen, at least two inches in length, which was situated for three weeks in a vertical position about

one-sixteenth of an inch from the deep palmar arch. 6. Complete occlusion of right nasal passage by a foreign body for thirteen years,<sup>1</sup> &c.

In conclusion I may say that one can hardly call "general practice" *monotonous* with such a list.

Bow-road, E.

#### FRACTURE OF THE UPPER JAW WITH MALAR DEPRESSION.

BY GEORGE WHERRY, M.C. CANTAB., F.R.C.S. ENG., &c.,  
UNIVERSITY LECTURER IN SURGERY, CAMBRIDGE.

FRACTURE of the upper jaw with malar depression occurs so frequently at football, and is so easily overlooked, that I call attention again to the subject, and mention a case as an illustration. A fortnight ago an athletic undergraduate called upon me and stated that he could do no reading on account of headaches, which he considered to be the sequel of a football accident five weeks before. He stated that during a match he was knocked senseless by the charge of a player, whose head struck him full upon the prominence of the cheek. Vomiting followed after a short period of unconsciousness and then apparent recovery. On examination there was a yellow stain about the left lower ocular conjunctiva where it had been blood-shot; no other sign of ecchymosis was present. The left malar prominence was slightly depressed as compared with the other side, and an irregular chink could be felt along the orbital margin. There was a very evident line of fracture to be felt on placing the finger inside the cheek on the malar process of the superior maxilla. The patient had not been able to bite on that side since the accident, and there was a remarkable gap which prevented the first molar from touching the lower teeth on that side, a condition which was probably a mere coincidence. There was a patch of numbness in the cheek, but not that definite area of anæsthesia which is found after injury to the infra-orbital nerve. Neuralgia had lately kept him awake at night.

In cases which I have briefly recorded among others to illustrate the effects of blows upon the malar bone,<sup>2</sup> though there was fracture of the jaw with malar depression, yet not more shock and not more ecchymosis could be discovered than is usual in an ordinary black eye, but a slight deformity was permanent. Other cases were followed by serious results, as orbital abscess, paralysis of the infra-orbital nerve, or serious head symptoms suggestive of fractured base. An interesting case is recorded by Mr. Holmes of a gentleman who, after a fall, received a fatal brain injury. An orbital ecchymosis during life exactly resembled that which attends fracture of the base of the skull was found after death to be due to a fracture of the malar bone near its junction with the frontal. In every case which comes under observation after a blow upon the malar prominence an examination should be made of the orbital ridge, of the malar process of the upper jaw and the zygomatic arch on the injured side. The finger in the mouth passed up beneath the cheek will readily detect any fracture of the malar process. The injury above described should be considered of interest and importance like a head injury, and, however trifling it may appear, should not be looked upon lightly.

Cambridge.

#### EMPHYSEMATOUS VAGINITIS.

BY H. E. WRIGHT, L.R.C.P. EDIN., M.R.C.S., J.P., &c.

DR. HERMAN, in THE LANCET of June 6th, 1891, describes a case of what he calls emphysematous vaginitis, and he remarks upon the rarity of this disease in England within the past few weeks. I have had a case in my practice here which seems to be closely allied to Dr. Herman's, especially to those cases which he quotes from German literature. Although I did not verify the presence of gas in the vesicles, it is quite possible it may have existed in some of them, as I did not pay particular attention to the point. The following are notes of the case:—

Mrs. —, aged twenty-seven, had been under my care for endocervicitis and erosion of the os uteri for nearly three months. On Sept. 2nd she came to me to have the last applica-

<sup>1</sup> THE LANCET, Nov. 15th, 1890.

<sup>2</sup> Practitioner, Sept. 1891; Camb. Med. Soc. Proc., 1889.