

tumour could be made out above the pubes. The case did not seem to me to warrant any delay in treatment. I had to do with a much-distended vagina, and the hymen was already ruptured. It seemed probable, also, both from palpation of the distended vagina externally, and from the fact that clot had protruded through the ruptured hymen, that the vagina was distended with clot. It seemed, therefore, useless to attempt to empty the vagina with an aspirator, and I therefore determined to adopt a bolder line of treatment. By the help of a probe and my fingers I completely ruptured the hymen and turned out of the vagina just 18 oz. of blood, mostly firm clot. This clot was particularly firm, retaining in great measure a cylindrical form after evacuation; it almost appeared to be undergoing organisation, and was evidently formed from almost pure blood, without admixture of secretion from the uterus and vagina. Behind the clot was a small quantity of thick dark treacly fluid, probably ordinary blood mixed with the vaginal secretions. Passing two fingers as far as possible into the vagina, I found the latter very greatly distended; none of the usual parts could be made out, and no part of the uterus could be reached. I now passed the nozzle of a Higginson syringe along my fingers, and very slowly washed out the vagina with a solution of carbolic acid in water, in the proportion of 1 in 80. I continued the injection carefully until the lotion returned unaltered, taking care that it had a very free escape along my fingers, and that the syringing was very slowly performed. After this an opium pill (a quarter of a grain) was given every six hours.

April 25th.—The patient has passed a quiet night, and there is no pain or tenderness over the abdomen. The vagina contains a considerable amount of yellowish discharge, which has a very offensive smell. I syringed all this away as before.

From this time the patient did well, and made a good recovery, without pain or fever. The yellow offensive discharge continued for some days, but the parts were carefully washed with the carbolic lotion twice a day. The left side of the labia majora recovered its usual appearance; the lower half of the left labia minora sloughed away, but the wound healed without any trouble. The patient was kept in bed for five weeks, but menstruation not appearing, and she being apparently well, she was allowed to get up, and after four more weeks to leave the hospital. Up to the time of her leaving I could never reach the os uteri with my finger, although the parts seemed otherwise normal. Up to July 6th she had not menstruated, but since then I have lost sight of her.

Many cases more or less similar to the above are on record, and there is nothing particularly original in the treatment adopted. In Dr. Galabin's little work on Diseases of Women, p. 41, he says: "When the collection of fluid is comparatively small, a free opening may be made at once. Experience has not yet fully decided whether it is better or not to wash out the cavity immediately. It appears preferable, however, as in the former case, to wait twelve or twenty-four hours for gradual evacuation before injecting, unless any sign of decomposition or febrile symptoms have previously appeared." I have put this case on record as shewing the benefit of immediately washing out the cavity as recommended by Dr. Emmett and others. Even after this was done the vagina, as the report shows, contained a considerable amount of yellowish discharge with a very offensive smell within twelve hours after evacuation; and I attribute much of the success of the case to the care and frequency with which this was washed away. At the same time, I think very much care should be taken, as in this case, to have one's fingers in the vagina as far as the nozzle of the syringe, and to syringe most slowly, taking care that there is a very easy escape from the vagina of the lotion injected.

BRITISH PHARMACEUTICAL CONFERENCE FORMULARY.—A meeting of the committee was held at 17, Bloomsbury-square, on Dec. 8th, at 6 P.M. At 9.30 there was an adjournment until 10 the following morning. Present: Mr. Martindale (in the chair), Messrs. Abraham, Greenish, Groves, Martin, Reynolds, Thresh, and W. Naylor (secretary). Letters regretting inability to attend were received from Messrs. Maben and Symes. Lists of suggested preparations and formulæ were discussed, and agreed to be reported upon.

## Clinical Notes:

### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### OXYGEN IN THERAPEUTICS.

BY CHARLES J. SMITH, M.R.C.S., F.R.G.S., &c.  
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ENGLISH medical literature is singularly deficient in works upon the value of oxygen as an addition to our therapeutic agents—and for this reason, that from one cause or another, but chiefly from the difficulty and cost of production of the gas in any quantity, oxygen has never been brought into general use by the profession in this country, so that no large experience of its advantages has been gained; while, unfortunately, those persons who have written at all upon the subject have done so in such a manner as to have exposed it to the suspicion of quackery. This is greatly to be deplored, because there can be no question that the gas, which Lavoisier characterised as "the vivifying spirit *par excellence*," is an agent of the highest value to the physician.

Those who are desirous of learning what has been done with oxygen must look to the papers read before the various scientific societies on the Continent, and to the records of the practice of many distinguished continental physicians. Demarquay appears to have been a somewhat enthusiastic believer in the efficacy of oxygen inhalation; and he has written strongly upon the subject in his work on "Pneumo-therapeutics." He considers this as one of the safest agents in the treatment of pulmonary phthisis in every stage of the disease, and that its curative action is still more manifest in bronchitis, asthma (spasmodic no doubt is meant), and whooping-cough. Hayem, as well as Demarquay, reports favourably of its use in anæmia and scrofula. Durand-Fardel, Béranger-Feraud, and Thierry-Mieg have utilised its combustible action in the treatment of diabetes, in which disease its use is highly extolled by Dr. E. Morin, who, in his prize essay, read before the Society of Medicine in Antwerp, states: "In inhaling from ten to twenty litres of oxygen every morning the sufferer from diabetes will add to his treatment an incontestably useful agent, especially if his lungs have any tendency to become congested." Dr. Campardon read a paper before the Society of Practical Medicine in Paris. Mayer, Maunoir, Pinard, and Doreau have published among them the details of eight cases, of which the last three were cases of incessant vomiting. Quinquod and Kirnberger have also contributed to the records of success which has attended the administration of oxygen. The most recent, and perhaps the most interesting, use made of this agent was during the late terrible epidemic of cholera at Toulon and Marseilles, when highly favourable results were obtained and are duly recorded in the official reports of the Chief Medical Officer of the Marine. There is every reason to believe that the surgeon too may find a faithful aid in oxygen. Langier appears to have met with considerable success in the treatment of senile gangrene and "local asphyxia congestion" by oxygenated baths. There are many others who have published the results of their experience with oxygen; but those already quoted will be sufficient to show how well worth attention it is as a therapeutic agent.

The two great difficulties which have opposed the use of oxygen on the very threshold have been the cost of its production and its impurity when produced. These difficulties, however, have been successfully overcome by MM. Brin, members of the Société d'Hygiène Français, who have succeeded (after the devotion of fifteen years of their lives to the subject) in perfecting a process by which oxygen is obtained in an absolutely pure state from atmospheric air, and this at a cost which places it as much within reach as the ordinary medicinal agents in daily use. This process of obtaining oxygen is really a most simple one. Although Boussingault stated in a report made to the French Academy of Science thirty years ago that oxide of barium was an unstable agent for the purpose, yet it is this selfsame agent that MM. Brin have succeeded in making their servant. Their anhydrous oxide of barium, placed in retorts heated to a given temperature, and served

with a supply of purified atmospheric air, will give off every two hours oxygen at the rate of one cubic foot per pound of barium oxide. Perhaps the most interesting point in connexion with this process is that it is absolutely a mechanical one. There is no loss or waste of the agent employed—namely, the anhydrous oxide of barium. There is no visible difference under the microscope between the low and the peroxide, and no chemical change takes place. The oxygen is absorbed from the purified air passed through the retorts under pressure; it is given off again under vacuum; and the proof that in carrying out this method MM. Brin call to their aid no complex chemical decomposition is, that the same pound of barium, increased in weight when it takes up the oxygen, returns to its exact original weight when, under vacuum, the oxygen is yielded up. Moreover this same pound of barium is at once ready to perform, and repeat *ad infinitum*, its task of absorbing and yielding up this perfectly pure oxygen.

Park-street, W.

#### CASE OF MENSTRUATION AFTER REMOVAL OF PREGNANT UTERUS AND APPENDAGES.

By LAWSON TAIT, F.R.C.S.

E. P—, aged thirty-three, menstruates somewhat profusely at irregular times, and has done so twice in the last three weeks. This has continued since I removed the uterus (at the fourth month of pregnancy) in August, 1884. A large soft sarcoma grew from the fundus, and the whole uterus was infiltrated with nodules of the same growth; therefore the clamp was made to include as much of the organ as could be pulled up, and I believe the whole of the organ was removed. Previous to the operation, she tells me that she never had any sexual enjoyment, but that now she has it occasionally. The vagina is now (Nov. 22nd, 1886) greatly elongated, and a small pimple can be felt at the upper end of it, in the cicatrix.

Birmingham.

#### LARGE HÆMATOMA OF BUTTOCK; ASPIRATION.

By J. HEADLEY NEALE, M.B.ED., M.R.C.P.LOND.,

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On the evening of Sept. 3rd, 1885, I was sent for to see Mrs. M—, the wife of a travelling photographer, who was stated to be suffering from persistent loss of sleep, following an injury. I found the patient, a stout comely-looking woman of fifty years of age, bathed in a profuse perspiration, and exhibiting signs of extreme mental as well as physical prostration. She complained of a dull aching pain in the region of the left buttock, which deprived her of any but the merest snatches of sleep, and gave me the following history:—One evening, about three weeks previously, she was leaning against the gate-post at the entrance of the yard in which her husband's photographic "saloon" stood, talking with a neighbour, when a two-horse waggon turned into the gateway. The horses shied, and, instead of making the curve, the waggon came over the corner of the pavement, and my patient was jammed between the near fore-wheel and the gate-post, from which perilous position she was rescued by the prompt action of her friend, who dragged her clear of the wheel. Since the accident she had been under the care of an unqualified practitioner. The application of some "oils" had raised a huge superficial sore—fortunately, however, *not* over the most prominent seat of injury, but doubtless adding in a great measure to the condition of prostration from pain and insomnia in which I found the patient. Careful inquiry elicited the fact that the bladder and rectal functions were normal, so I prescribed a draught containing bromide of potassium and chloral hydrate, promising to make a more systematic examination of the swelling on the following day.

This I did, and, on the principle of exclusion, made up my mind that I had to deal with one of three things—(a) malignant tumour, (b) gluteal abscess, or (c) hæmatoma (unabsorbed). The size and period of growth negatived the

first, in addition to which I thought I could detect obscure fluctuation. A subnormal temperature contra-indicated the second alternative, so I made the diagnosis that there had been fracture of the gluteal muscles with deep-seated hæmorrhage. An exploratory puncture with a fine trocar and cannula, placed the matter beyond a doubt, several drops of serous fluid with flakes of fibrin oozing through the cannula. On Sept. 7th, after cleansing the parts with a 1 in 2000 solution of corrosive sublimate (the discharge from the sore referred to smelling badly), I plunged a hollow needle attached to a Potain's aspirator into the most dependent part of the swelling, and drew off a quantity of blood-stained serum (17½ oz., carefully measured) with flakes of fibrin in suspension. There was so little apparent diminution in the size of the tumour, that I felt convinced that all the fluid had not been evacuated, and reluctantly withdrew the needle, only to find it, as I had anticipated, plugged with fibrin. The patient expressed herself as much relieved, but in the course of a few days, the dull aching pain having returned, I aspirated a second time, using on this occasion a good-sized trocar and cannula, and removing 14½ oz. of fluid. Rapid resolution followed, and then the condition of the injured parts was plainly shown. Running downwards and inwards from the back of the great trochanter was a nodulated ridge, the contracted tendinous fibres of the gluteus maximus, which had been torn through close to its insertion, while the belly of the muscle hung as a flabby useless mass, giving an asymmetrical appearance to the buttocks. The patient made a rapid and complete recovery, with the exception that on flexing the trunk beyond a certain angle (as on stooping to pick up anything from the floor) she was unable to regain the erect posture without the aid of extraneous objects, such as a chair or table leg; and failing these she adopted much the same tactics seen in children suffering from pseudo-hypertrophic paralysis, by climbing up her own thighs.

I saw Mrs. M— in July last, ten months after the accident, and found her in good health, but complaining that "the place ached a good deal in wet weather." Her daughter informed me that they sometimes had to help her up when she stooped, and if more fatigued than usual she could not get upstairs to bed without assistance. The patient allowed me to inspect the parts, and I found that the asymmetry persisted in a marked degree, a deep furrow indicating the line of fracture of the muscle.

Leicester.

#### A CASE ILLUSTRATING THE NEED OF CAUTION IN THE USE OF SALICYLIC ACID.

By W. T. FREEMAN, L.R.C.P. Lond., M.R.C.S.,

IN connexion with the annotation in THE LANCET of Oct. 2nd on salicylic acid ("salicylated beer") the following notes should prove interesting.

A short time ago I was attending an old lady of fifty-nine years of age. My attendance to the time of her death extended over a period of three weeks, but she had been attended for a few weeks previously elsewhere by another medical man. Her symptoms ran as follows: A great feeling of malaise, of depression of spirits, with always more or less of a slight headache; tongue coated with brownish fur, especially at the back; sallow skin; stools clay-coloured; bowels opened freely every day; pulse during the whole of the three weeks full, and beating at the rate of from 105 to 110 per minute; never any rise of temperature; specific gravity of urine about 1020, acid, with distinct trace of phosphates, but no albumen or sugar. She was restless at times at night, even to the extent of getting out of bed aimlessly. I diagnosed the case as an obscure one, but expressed my opinion that she was suffering from congestion of the liver, and probably also from some congestion of the brain. The patient was generally of a feeble habit. On the twentieth day of my attendance, although she showed no alarming symptoms whatever, and as she became but slowly better, I suggested a consultation. She had improved, however, in these respects—the motions had become of an almost natural colour, and the headache was better; the rest of the symptoms were unchanged. The treatment to that day had been attending to the bowels, regulating diet, and keeping the patient quiet, whilst medicinally she had been taking a simple effervescing

<sup>1</sup> I have twice seen a sarcoma result from a hæmatoma following an injury, and have long regarded this as one of the "ultimate destinies" of blood-clot.