

wounds on the neck. The scar tissue seemed healthy; no signs of any enlarged glands could be detected in the neck. On Aug. 25th the improvement was still maintained, and on Dec. 2nd the patient's condition continued unaltered.

The following are some points of interest in this case: 1. The delay in the appearance of the local reaction, which was first noticed when a condition of tolerance to 0.001 c.c. doses of tuberculin was apparently being established. 2. The appearance of swellings on the hands, which developed into abscesses. These might have been due to some latent tuberculous mischief and the thickening of the third metacarpal on the left hand may perhaps justify this conclusion. 3. Tolerance to tuberculin seemed to be readily established. 4. The rapid disappearance of the abscesses after the evacuation of the pus, which in one case at least contained tubercle bacilli. 5. No medical or general treatment beyond that which has been recorded was adopted.

Merthyr Tydfil.

## SUBMUCOUS FIBROID TUMOUR OF THE ANTERIOR LIP OF THE UTERUS.

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A HINDOO WOMAN aged thirty-eight years was admitted into the Motilbai Hospital on March 4th with a tumour of large size, extending from the vulvæ. The patient could give no account of the development of the tumour, having become conscious of its presence only the day before I saw her. She stated that for the past three years or so she had suffered from a profuse leucorrhœal discharge, pain in the hypogastrium and back, constipation with a feeling of weight about the rectum and frequency and sometimes difficulty of micturition, with a burning sensation during the act. Menstruation had sometimes been painful and always excessive, lasting for five or six days, and it had been more so during the last three years, occurring at regular intervals. Two or three times during the intervals she had passed dark clots of blood. During the act of defecation she had felt as if there was "something in the abdomen which wanted to come away." Lately she had been experiencing pains in the pelvic region, which radiated all over, and had also felt a hard ball in the hypogastrium, which after a while would disappear with a rolling movement. During the last few months her abdomen had seemed to increase in size, the breasts were hard and painful and she had gradually lost flesh. There was also a constant sensation of nausea and sometimes she would vomit all her food. During the three days before consulting me she had fever preceded by chills and rigors of daily occurrence. The day before I saw her she had much pain in the back and hypogastrium, and the pain occurred at regular intervals, was of a bearing-down character and for about two hours was most violent, shooting down the legs and up the lumbar region, until at last a large fleshy mass was extruded per vaginam during the night and was followed by a watery discharge. Some relatives who were attending to her tried to pull the tumour away, but finding that it was firmly attached they became alarmed and left her alone until the morning, when they brought her to the hospital. Since the expulsion of the mass she had felt a little relief, but she complained much of a dragging sensation and of inability to pass urine. The patient had suffered from ague and bronchitis six years previously, but otherwise had enjoyed good health until two years ago, when she began to lose flesh. Her husband died of dysentery eleven years before. She had never had any children. She was in a fair condition of body but was anæmic. Her temperature was 99.4° F.; the pulse was 108 and small. The respiration was hurried, and the tongue was pale and coated in the centre. The patient seemed to be somewhat exhausted, the skin was cold and clammy, and there was a large tumour hanging outside the vulva. The tumour was hard and conical in shape, being covered by thick mucous membrane, attached by a slender pedicle, and exuded a watery and somewhat tenacious discharge. Its length was eight and a quarter inches, and its circumference at the thickest part was ten inches. After a stimulant had been administered and she had been given a vaginal douche the tumour was carefully examined, and it was then found that the pedicle was

twisted and that with it there was some torsion of the cervix uteri, so that the os was occluded and hidden. The cervix was low down and, the sound having been passed, the uterus was found to be somewhat large and its cavity elongated, but beyond the prolapse there was not much displacement. The pedicle was about an inch and a half long, being cord-like and about one-eighth of an inch in diameter. The patient was immediately prepared for operation, the parts being well washed with warm antiseptic lotions and the urine was drawn off. As she was very excitable and unmanageable on account of the tenderness of the parts she was given chloroform. The pedicle was simply ligatured and the tumour cut away. The stump and upper part of the vagina were then insufflated with iodoform, a plug of lint which had been soaked in a lotion of perchloride of mercury (1 in 2000) was placed in the vulva and the patient was put to bed. She was restored to comfort and health. The next day the patient felt great relief; all the pain and dragging sensation had left her. On examination with the speculum the anterior lip of the cervix had become inverted, so that the stump and the ligature were quite inside the cervical canal, about half an inch away from the restored external os. Evidently the anterior lip of the cervix had been greatly stretched and the site of origin of the tumour had been from its inner surface. The tumour, on further examination and section, was found to be hard and composed of fibrous tissue in a state of partial fatty degeneration in parts. It was not traversed by any large bloodvessels, but was covered by a thick mucous membrane, which was fairly vascular. On pressure the cut surface exuded serous discharge.

*Remarks.*—This is the second tumour of the same kind which has been admitted into this hospital during the past three months. The first one occurred in an aged Parsee woman and was reported to the Grant College Medical Society by Dr. R. N. Khory. It was in a gangrenous state and had been so for days, and the patient was moribund from systemic septicæmia, of which she died within forty-eight hours of admission. The above case is interesting from its peculiar history, for there does not seem to have been much discomfort and the tumour never descended into the pelvis, but had a tendency to float up into the epigastric region. The miniature labour, too, is very graphic. It was, moreover, large for a submucous fibroid.

Bombay.

## A FATAL CASE OF URÆMIC COMA OCCURRING AT THE TERMINATION OF THE SECOND STAGE OF LABOUR.

BY EDGAR SWINDELLS, L.R.C.P. LOND., M.R.C.S. ENG.

THE patient was a married woman aged forty years. About eight years ago, immediately after a confinement, she had an attack of hemiplegia. She was unconscious for an hour. On consciousness returning she had facial paralysis (left side), loss of speech and paralysis of the right arm and leg. These paralyses, with the exception of that of speech, disappeared. About eighteen months ago I attended her in a premature labour. She had no bad symptoms and made an uninterrupted recovery. There was no history of syphilis or alcoholism. On March 21st of the present year she was attended by my colleague, Mr. Alfred Huntsman, who has kindly furnished me with the following notes: "On March 21st I was called to see Mrs. —, who was stated to have fallen down in a fit in the garden. On my arrival I found her seated in a chair in the garden, 'just coming to,' as her friends said. After examining her I asked her a few questions, but receiving no answer, I was informed by the friends that she was dumb, having had a like attack some years ago, which left her speechless. She is a stout woman, of about thirty-six or thirty-eight years of age and is advanced in pregnancy about five months. When I first saw her the face was flushed and the mouth covered with froth; the breathing was stertorous and there were rhythmical movements of the arms and hands. These symptoms, however, were passing off when I arrived and in a few minutes she regained consciousness. Her pulse was slightly over 80 and with a good deal of tension. The heart was slightly hypertrophied,

both sounds were clear, and there was no valvular disease. The tongue was slightly furred and when protruded pointed to the left. This, I believe, is a relic of the former attack. I immediately ordered the patient to bed and took measures to relieve the excessive tension, first by stopping the administration of brandy by the friends and then by prescribing one grain of calomel followed by one drachm of compound powder of jalap, as there was a good deal of constipation. I also prescribed a mixture of bromide of potassium and chloral hydrate and I gave strict orders that she should take nothing but a little milk and soda-water. I saw her the same evening and she was then decidedly better; she was able to slightly raise herself in bed and to make signs to me. The temperature was normal. The heart was acting well; tension was less when I examined the pulse, but was still considerable. She had slept for about half an hour. The next morning she was decidedly better, the tension was much less and the bowels had been well opened. She had passed a large quantity of pale urine; its specific gravity was 1018; on heating with nitric acid I found that from one-fourth to one-third was albumen. I had no means at hand of making a microscopic examination. There was some tension the next morning without any apparent cause, but I found that the friends had again given her alcohol. After stopping the brandy she improved daily, till after about a week or ten days she was able to resume her usual duties. During the latter part of my attendance I ordered her a light diet of milk, milk puddings and fish, and prescribed an iron and digitalis mixture with frequent purgatives, ordering her at the same time to continue both diet and medicine till her confinement." Pregnancy went on to full term; in fact, she was a month beyond her calculated time. On Aug. 6th, at 12 noon, I was called in, as she had been in labour since 6 A.M. I found the os to be fully dilated, the membranes ruptured and the head presenting in the first cranial position. Labour was normal up to the passage of the head over the perineum, when she suddenly became comatose. She was completely unconscious. The breathing was loud and stertorous. The pupils were equal, normal, and acting to light. The teeth were firmly clenched, the tongue was protruding, there was frothing at the mouth and there were slight rhythmic movements of the hands and arms. The pulse was very hard. I completed labour as quickly as I could. The placenta did not separate easily, so I inserted my hand and peeled it off. I gave her at once a draught containing bromide of potassium and hydrate of chloral, of each fifteen grains, but she was unable to swallow the whole of it, so it was repeated in an hour or so, but with a like result. I ordered ice-bags to the head and visited her every two or three hours, adopting an expectant treatment. On the 7th she was about the same. In the evening she slightly regained consciousness. The lochia were abundant. There was no change in treatment. On the 8th, as she did not show signs of returning consciousness and the tension in the pulse was very great, I performed venesection, but the blood was thickened and could not be made to flow at all; so I injected half a grain of pilocarpin, with the result that the tension of the pulse was considerably diminished. On the effect of the pilocarpin passing off, with the return of the hard character of the pulse, I put her under chloroform for an hour or more, giving about six drachms, but dared not keep her under longer as it depressed the heart too much. Her condition remained unchanged and she died on the 9th at 5 A.M.

Barking, Essex.

## 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 ANEURYSM OF THE ASCENDING PART OF THE ARCH OF THE AORTA SIMULATING ANEURYSM OF THE INNOMINATE ARTERY.

(Under the care of Dr. HECTOR MACKENZIE.)

IN this case there was good reason to believe that the patient was suffering from aneurysm of the innominate artery, and had the patient consented an attempt would have been made to cure it or to arrest its growth by operation. The aneurysm proved, however, to be one of the first part of the arch of the aorta, the whole of which was much diseased, and operation could not have benefited her at all. The case is an important one and illustrates the extreme difficulty in diagnosis occasionally presented by aneurysms at the root of the neck. It reminds us of the case recorded by Mr. H. Morris in which even after dissection it was impossible to make out its true character until the sac had been laid freely open in front and the innominate artery behind.

The patient was a woman who, when first seen on admission to the Royal Free Hospital in December, 1890, was forty-two years of age. She came to the hospital complaining of pain in the right shoulder, shooting down the arm, and of throbbing at the root of the neck. The throbbing had been first observed about eight weeks previously in the supra-sternal notch and then had passed a little to the right. The pain appeared to radiate from the seat of the throbbing in the direction of the right shoulder and ear, and, increasing in intensity, disturbed her sleep at night. On Dec. 14th the right hand swelled and a tingling pain was experienced at the tips of the fingers. On examination it was found that there was a slight but decided swelling over the inner end of the right clavicle, with pulsation in the same situation and in the supra-sternal notch. The right external jugular vein was fuller than the left. The swelling was more conspicuous in the standing than in the recumbent posture. No difference was observed in the radial or carotid pulses. The percussion note was slightly impaired just below the clavicle on the right side. A rather rough systolic bruit was audible over the swelling and conducted towards the shoulder and along the vessels in the neck. A thrill could be felt on placing the hand over the pulsating part. Over the cardiac area a double murmur (systolic and diastolic) was audible, which was more obvious at the apex than at the base. The apex beat was in the fifth space an inch external to the nipple line. Air entered both lungs equally and there was no sign of pulmonary disease. The pupils were equal. There were no dysphagia, no stridor and no affection of the voice. No note was made at this time in regard to the presence or absence of tracheal tugging, which was subsequently observed. The urine was free from albumen and there was no evidence of disease of the abdominal viscera. The history of the patient previously to this illness was comparatively featureless. She had no illnesses during childhood. She was married at nineteen and had a child the following year, who died of bronchitis at the age of eighteen months. She had suffered from indigestion and vomiting from time to time and by a medical practitioner's orders had been in the habit of taking whisky-and-water at night for some years. The catamenia had been regular until about eighteen months previously. Five weeks before the present illness her husband died. He had required nursing for about four months. She attributed her condition to the strain which this involved and it was during his illness that she first noticed the throbbing at the root of the neck. In the family history there was nothing significant except the death from apoplexy of one sister who had been a drunkard. The patient remained in the hospital for about three weeks, after which she was not

**THE STANFORD UNIVERSITY OF CALIFORNIA.**—Founded by the late Senator Leland, Stanford University is reported to be the wealthiest seat of learning in the world, though there are universities and colleges in America which possess enormous revenues. For example, Columbia University has an invested capital of something like £2,600,000; Harvard is not far behind, having a capital of £2,200,000; Yale has a capital of £2,000,000; the California University £1,400,000; and the Johns Hopkins £600,000. With regard to the first-named (the Stanford) the amount of its endowment fund cannot at present be estimated, because the benefactions exist in the shape of property which is constantly increasing in value, so that in course of time the university is likely to be worth something like £40,000,000, yielding an annual income of £2,200,000. Of course the use to which this enormous prospective revenue is to be put is a question which will be far from easily determined.