

worse from December, 1884, to March, 1885, when she had three blisters on the back of her neck. The pain in the head now became constant, and caused sickness. During these three months the patient, besides her own medical man, had the advantage of receiving the advice of the following eminent members of our profession:—Mr. McHardy, Mr. Couper, Mr. Hulke, Dr. Morell Mackenzie, Mr. Power, Mr. Cumberbatch, and Dr. Ferrier.

On March 22nd the patient spoke to her medical attendant, Mr. Robert Mathews, of other symptoms which she had felt for a long time, but which she had not mentioned because she thought they could not have anything to do with her head troubles. She then described herself as having a constant feeling of weight in the pelvis, as if something were coming down, and that she could only pass a small quantity of water at a time with great effort. This statement induced Mr. Mathews to make an examination, when he found "extreme anteversion of the uterus, with a full bladder, the fundus of the uterus resting on, and making as it were a bed for itself in, the bladder." He replaced the uterus, emptied the bladder, and, to his surprise, all the head symptoms disappeared. The relief, however, was only temporary, for the symptoms returned when the uterus fell forwards into its abnormal position. At the suggestion of her husband, she tried the plan of lying with her hips raised on a high pillow, and when in this posture the head symptoms were relieved.

In April Mr. Mathews asked me to see the case, with the view of mechanically rectifying the position of the uterus. I found laceration of the perineum and os uteri, the latter being sufficiently patulous to admit the tip of the index finger. The uterus was large and congested, low down in the pelvis, and acutely anteverted, its fundus pressing on the neck of the bladder.

April 20th.—The patient having come to London I replaced the uterus and retained it in position by one of Dr. Graily Hewitt's cradle pessaries. When I visited her the next day I found all the head symptoms gone. Eye, ear, nose, and head were perfectly well and the speech free from hesitation or stammering. The only trouble left was vesical, and this was due to the pessary which did not quite fit. After trying one of Thomas's anteversion pessaries without success, I introduced a smaller cradle pessary, and no further trouble with the bladder has been experienced.

The patient returned home, and on June 3rd I heard from her. She wrote, "I am quite comfortable and perfectly free from any kind of pain."

Upper Wimpole-street, Cavendish-square, W.

TWO CASES OF TRAUMATIC GANGRENE OF THE LEG; AMPUTATION.

BY D. CHARLES DAVIDSON, I.M.D.,
ACTING HEALTH OFFICER, BOMBAY.

WHILE stationed at Belgaum in 1878, Dr. Peters, civil surgeon, asked me to see with him, in the Civil Hospital, a case of fracture of the tibia and fibula, complicated with wound of the soft parts, but not constituting a compound fracture, in which gangrene had supervened. We found the man in a high state of fever; the foot, and a considerable portion of the leg, which had been fractured at the lower margin of the middle third, black, covered with phlyctenæ, and emitting an offensive odour. The gangrene was rapidly spreading; the thigh very much swollen, and deeply infiltrated.

As Dr. Peters was leaving the station, and as the case would thus have come under my care in a few days, he kindly asked me to operate. The leg was amputated immediately above the knee-joint, the obtaining of good flaps being sacrificed to a wish to remove as small a portion of the femur as possible, and thus afford the patient the best chance of recovery. The man bore the operation fairly well, lost little blood, and passed a tolerably good night, with the exception of infiltration of the thigh with pus, which had to be evacuated by means of free incisions. The patient went on gaining strength without a bad symptom. The flaps, however, sloughed, and a portion of the femur had subsequently to be removed. The man did well.

In February of last year, while in charge of the Surat Civil Hospital, a police sepoy was admitted under my care,

complaining of a badly swollen foot. He stated that on the day previous to his admission into hospital he had been attached to a shooting party, and had injured his foot with a thorn in getting through a prickly pear hedge. On examination the foot was found swollen, hot, and tender; but no foreign body could be detected. The man was feverish, with hot dry skin and considerable thirst. He was put to bed and warm moist applications applied. I visited him some time afterwards, and found the swelling increased, the skin of a mottled hue, circulation much impeded, and sensation nearly gone. A free incision was made, a quantity of watery serum evacuated, large poultices applied, and the whole wrapped up in a layer of cotton-wool. I saw him again in the evening, and found the part up to the middle of the leg cold, pulseless, and entirely without sensation, and the greater portion of the foot black and covered with phlyctenæ. As mortification was rapidly spreading, amputation was decided upon, with the kind assistance of Dr. Jones, of the 10th Regiment, Native Infantry, who concurred with me as to its necessity. The leg was amputated immediately above the knee-joint. The man bore the operation well, the pulse keeping up, and little blood being lost. He, however, died on the following morning, about twelve hours after the operation.

Bombay.

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.

ST. BARTHOLOMEW'S HOSPITAL.

DISEASE OF THE KNEE-JOINTS (OSTEO-ARTHRITIS) WITH
VARIOUS NERVOUS SYMPTOMS; REMARKS.

(Under the care of Mr. MORRANT BAKER.)

OUR readers will recollect the discussion on joint disease in connexion with locomotor ataxy which was opened by Mr. Morrant Baker on November 14th of last year at the Clinical Society. The following case forms an important addition to the literature on the subject. It is difficult to give the relationship between the disease of the joint and the neurotic changes which had probably commenced before the injury to which the joint had been exposed. No nerve symptoms appear to have been noticed by the patient.

For the notes of the following case we are indebted to Mr. J. N. Vogan, late house-surgeon.

J. R.—, a man aged forty-two, was admitted into Darker ward, under the care of Mr. Baker, on Feb. 15th, 1885, suffering from disease of both knee-joints. Patient looks a fairly healthy man, and is well-nourished. He states that up to within three years and a half ago he was quite well, with the exception of a few rheumatic pains in damp weather. Then, while he was at work, he slipped off a step, fell, and twisted his leg under him, severely spraining it. It swelled up very soon after the accident, and caused him much pain. He was admitted into the Northampton Hospital for it, and was under treatment there for five weeks. It was painted and strapped. It got a little better, but it has never been right since. When in the Northampton Hospital his right knee became enlarged and painful, but it was not treated. Since then both knees have been getting gradually worse. After a day's work they become much enlarged and very painful, so that lately he has been unable to continue his work regularly. A fortnight ago he walked up to London to seek advice. He walked about eight miles a day, and at the end of each day his knees were very painful indeed, keeping him awake at night. When he arrived in town he came to this hospital, and was admitted. When young he was in the army. He left twelve years ago. He had gonorrhœa when twenty years of age. Thirteen years ago he had rheumatic fever very severely. He was laid up with it for thirteen weeks in the Bermuda Hospital. He says he was much reduced in health afterwards. The family history is good. His father lived to seventy-two,