

ASYMMETRY OF LIMBS.

Dr. Morton has examined the length of the lower extremities in 513 boys from eight to eighteen years old. In 272 there was inequality; 91 showed a difference of one eighth of an inch; 100, one fourth; 41, three eighths; 22, one half; 12, five eighths; 2, three fourths; 2, one and one eighth; 1, one and five eighths. One boy, eleven years old, was found to have three and one fourth inches shortening without being aware of the fact. He had sustained a fracture of the femur several years before. In the other children no injury or disease could be traced. Measurements were not made by means of the tape, but by the apparatus devised by Dr. Stacy B. Collins.¹

CLUB-FOOT.

The best recent paper on the subject of treatment of club-foot was published in the *JOURNAL*² by Dr. Buckminster Brown. An abstract of this will not be needed by the readers of the *JOURNAL*.

Dr. Morton, of Philadelphia,³ reports the use of a "foot crusher" in the treatment of old, relapsed, and adult cases, where all treatment has failed. This is of simple construction, and its application, which has to be frequently repeated, appears to be unattended with danger. By its means the bones of the foot, tenotomy having been performed, are gradually forced into position. He does not advise tenotomy in infants, and thinks the operation is not necessary. He, however, admits that the treatment in children under six months of age is unsatisfactory, and should be mainly conducted by manipulations by the hand of the nurse.

Dr. Reeves⁴ advocates what he terms the "rapid treatment of club-foot." This consists of plaster-of-Paris bandages and tenotomy, when needed, with the rectification of the deformity, and immediate application of plaster-of-Paris bandages.

OTHER RECENT PAPERS OF VALUE.

Club-Foot. Bauer, A Case of Talipes Equino Valgus, St. Louis Clinic, 1879-80, vi. 265. *Diseases of Joints.* Poore, Fatal Case of Double Hip Disease; Dislocation; Autopsy. New York Medical Record, 1879, xvi. 484. *Disease at Elbow-Joint.* Guy's Hospital Reports, 1879, third series, xxiv. 51. *Disease at Ankle-Joint.* New York Medical Record, 1880, xvii. 126; *ibid.* 1879, xvi. 582. *Disease of Bone.* Bryant, Drilling and Trephining, Guy's Hospital Reports, 1879, xxiv., 5-16. *Ostitis.* Busch, Archiv für klinische Chirurgie, 1879, xxiv. 331-338. *Removal of Exostosis.* Ormsby, Medical Press and Circular, 1879, xxviii. 63. *Disease of Spine.* Mechanical Treatment, New York Medical Record, 1879, xvi. 327, 349. Sayre, Plaster-of-Paris Jackets, Transactions American Medical Association, 1879, xxx. 659, 790. *Lateral Curvature.* Roth, Journal d'Hygiène, Paris, 1879, iv. 423, 425; British Medical Journal, 1879, ii. 1023. *Adaptable Porous Felt Jackets.* Lee, Proceedings Philadelphia County Medical Society, 1879, i. 48, 54. *Unclassified.* Shaffer, Hysterical Element in Orthopædic Surgery, Archives of Medicine, New York, 1879, ii. 277, 298. Reid, Synovitis of Tendons of Wrist, New York Medical Journal, 1880, xxxi. 49.

¹ Dr. T. G. Morton, Surgical Report, Pennsylvania Hospital.

² 1879, ci. 715-726.

³ Surgical Report, Pennsylvania Hospital.

⁴ Medical Times and Gazette, 1879, ii. 475.

Hospital Practice and Clinical Memoranda.**A CASE OF MALIGNANT DISEASE OF THE UTERUS.**

BY F. GORDON MORRILL, M. D.

THE following brief notes are offered as possibly throwing a little light on a somewhat rare form of uterine disease.

December 6, 1878, I was asked to see Mrs. X., aged sixty-three, whose history previous to the commencement of present trouble (with the exception of a miscarriage and consequent pelvic cellulitis fifteen years before) is unimportant. In August, 1878, her attendant noticed for the first time a purulent discharge from the vagina, at times tinged with blood, and on inquiry ascertained that she had suffered from pain in the region of the uterus for some weeks. I may remark here that the patient was a lady of most amiable and patient disposition, and rarely complained of anything which affected her personal comfort only. This discharge and pain continued up to the date of my first visit, when inability to sleep on account of the severity of the latter symptom had excited alarm. On examination induration of the cervix and impaired mobility of the uterus were apparent. A small polypus, which grew from the inner surface of the anterior lip, and hung down into the vagina, was twisted off, and its base cauterized. Warm vaginal douches and opiate suppositories were prescribed.

December 22d. Pain so severe as to require a grain of morphine subcutaneously every twenty hours. Dr. Baker saw the patient in consultation with me, and the conclusion arrived at was that the case was one of malignant disease, although the os presented nothing characteristic. During the next six weeks the symptoms were pain, progressive emaciation, and slight hæmorrhage. Constipation was also added to the already existing train of evils, and was treated with tamar at first, and later with means of which I shall speak before concluding. The uterus had now become fixed, and examination per rectum discovered two hard nodules in its posterior wall, the larger being apparently the size of an English walnut. Up to the middle of April, 1879, all symptoms increased in severity; morphine was given to the extent of five grains daily by means of the hypodermic syringe, every form of opiate administered by the mouth causing instant nausea. The tamar now ceased to act, and large rectal injections failed to relieve, besides causing intense pain. Various internal medicines were tried, but all proved inert and nauseating. Finally a tablespoonful of glycerine in a tumblerful of warm water was thrown into the rectum, and with the happiest possible result. The rectum had become so far encroached upon by the growth in the posterior wall of the uterus as to require the use of a French elastic perforated bougie in injecting. For some years previous to her present illness the patient had lost all taste for ordinary solid food, and her diet consisted almost exclusively of cream, coffee, Bass's beer, and occasionally a milk biscuit. She continued this same diet throughout her sickness, and the disproportion between the small amounts of nourishment taken and the excretion as shown by the discharges brought away daily by the glycerine was almost startling, the latter being large even for a person in robust

health, with a vigorous appetite. I have noticed this fact in other cases of wasting illness, and know of no theory to account for it. The glycerine never failed to act satisfactorily, and usually within fifteen minutes.

May 1st. There was now no discharge whatever from the vagina.

June 15th. The patient's condition was most pitiable, and no less than *eighteen grains* of morphine subcutaneously and one hundred drops of laudanum per rectum were required daily to ease her pain; and even then the amount of comfort obtained was only comparative, and she got but little sleep.

On the 22d the pain suddenly ceased without apparent cause, and several hours of quiet sleep ensued. From this time very little morphine was used up to the date of her death, which occurred July 1, 1879, the immediate cause being evidently an old heart trouble. There was no autopsy, but the history, including age, long-continued pain, and absence of broken-down tissue, points quite distinctly to spindle-celled sarcoma.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

FREDERICK C. SHATTUCK, M. D., SECRETARY.

FOREIGN BODIES IN THE EAR.

FEBRUARY 16, 1880. DR. J. O. GREEN said that, a discussion having recently taken place in the society on the extraction of foreign bodies from the meatus auditorius, he would like to defend a possible method of extraction proposed by Von Tröltsch and severely criticised by Professor Gross. The former has suggested the possibility of detaching the auricle from the bone behind the ear, and thus reaching a foreign body in the depths of the meatus after the failure of other means. The operation has never been performed as yet, but Dr. Green showed by a temporal bone that the upper wall of the osseous meatus arched upwards and the posterior wall backwards in such a way that there is a much larger passage in the osseous than in the cartilaginous meatus, and by detaching the cartilaginous meatus this larger space can be reached.

He also explained the anatomical reason which led Voltolini to recommend that in syringing out an ear to remove a foreign body the patient should lie on a table with the head hanging far backwards over the end. The angle formed by the membrana tympani with the lower wall of the meatus is very acute, and the arching of the lower wall upwards produces quite a deep cavity, into which foreign bodies not infrequently fall, and from which they may not be removed by the syringe. As the angle of the membrana tympani with the upper and posterior wall of the meatus is, however, very obtuse, Voltolini's idea is to reverse the head, making the upper wall for the time the floor of the meatus, and thus syringing the foreign body out down, instead of up, an inclined plane.

THOMAS'S ORTHOPÆDIC SPLINTS.

DR. POST showed the splint and apparatus devised and used by Mr. Thomas, of Liverpool, for disease of the spine and joints. In the case of hip disease he disregards entirely extension, on which so much stress is

laid by American orthopædists, and aims at what he calls "immovable fixation." His is not the only splint devised on this principle, but is simpler and cheaper than any other, and has hence a wider applicability.

DR. BRADFORD remarked that Mr. Thomas's book and methods deserve more attention than they have received in this country, and said that Dr. Post had been kind enough to apply the apparatus for him in a few cases. He thought that Thomas goes too far in neglecting extension entirely, but he enforces absolute rest for the joint, and attains it in his hip splint much more nearly than is customary here. A patient of his has now been wearing a Thomas's spinal apparatus for five or six weeks with marked benefit, but he has not as yet had an opportunity of testing the elbow and ankle splints. The cheapness of all these forms of apparatus is a great recommendation in hospital practice.

DR. COWLES read a paper on

NON-RESTRAINT IN ENGLISH AND SCOTCH ASYLUMS,

having visited a number of them during a recent trip to the other side of the water. The paper was reserved.

DR. FISHER said that he has watched this question closely for a number of years, and has known that such devices as iron window frames and seclusion have been resorted to in order to reconcile the safety of the patients and the popular feeling; which has, indeed, done great good. There are now signs of reaction in favor of restraint, which, it is to be hoped, will not go too far. The American superintendents have had the secret sympathy of their English brethren, and during a visit to Europe in 1867 he saw very little, either from a scientific or humane point of view, ahead of our own establishments. — DR. JELLY thought that every superintendent should make it a study to reduce mechanical restraint to a minimum; but it must sometimes be used, even four attendants not being sufficient to take care of severe cases. Our summer heat is so intense that many patients will prefer bars over the windows and the privilege of having the latter wide open at pleasure. — DR. BOWDITCH thought that the view was too commonly held that an insane person must necessarily be sent to an asylum; that very act will sometimes render a person permanently insane. — DR. LE BARON RUSSELL, present as a guest, said that an experience of fifteen years as trustee of the Taunton Asylum has convinced him that in many cases restraint is not only necessary, but humane. Repression by attendants is more irritating and seclusion is really a much more severe treatment than slight restraint. In one ward at Taunton the doors have been kept open lately, and the patients allowed to go freely out and in; of course, picked cases only are put into this ward. It is undoubtedly true that some cases of insanity can be best treated at home; but as a rule it is better to separate a patient from the circumstances and surroundings in which he became insane, and a hospital is the best place. In some chronic cases patients improve up to a certain point in hospital, and may then be sent home for a time as an experiment. We should have a larger number of attendants in our asylums, and these attendants should have more personal care for the patients, and endeavor to induce them to employ themselves as far as possible. — DR. J. B. AYER said that he has repeatedly seen patients who were continually struggling with attendants become calm very soon after the application of mechanical restraint, against which they felt the use-