

urine drawn off. The catheter was tied in, but removed by the patient in his demented condition. On the morning of the 27th about a teaspoonful of pus suddenly gushed from the urethra, and on passing the catheter about four ounces came through it, fairly conclusive that prostatic abscess had been the cause of the retention. Catheters gradually increasing in size were passed from day to day, until No. 10 could be easily introduced even by the patient's attendant. In this case the urinary bladder was aspirated above the pubes sixty-nine times in succession. All the punctures were made within an area about the size of a crown-piece, the most recent being as far removed as possible from the previous one. Small subcutaneous shot-like indurations followed the punctures, but soon disappeared, leaving no ill effects. The urine, which at no time contained sugar, after three or four aspirations became excessively large in quantity, being secreted at the rate of five ounces an hour, often more, and subsided to its normal amount when the aspirations were discontinued. The patient residing at a distance of nearly four miles, and the urine being so large in quantity, over-distension was not an unfrequent occurrence, but notwithstanding this unfavourable circumstance the bladder maintained its own fairly well throughout, the urine only becoming slightly turbid toward the last. The patient so far recovered that his attendant was enabled to relieve him by a soft catheter when necessary.

Shaftesbury, Dorset.

#### A REMARKABLE CASE OF FIBROMA MOLLUSCUM.

By FRANCIS W. CLARK, L.R.C.P., M.R.C.S.

THE following notes of a case of fibroma molluscum will, I think, be of interest from the exceptional rarity of certain of the features presented by it.

The patient, a man aged seventy, is covered from head to foot with a number of subcutaneous tumours of various sizes, some of them being pedunculated, while others are sessile. These tumours are of very soft consistence, and there is an entire absence of that lobulation which is so characteristic of subcutaneous fatty tumours. The largest of these tumours is one which forms a complete anklet around the left ankle. One of the smaller pedunculated growths was removed for further examination, and on section it was found to consist of a gelatinous translucent material, which under the microscope was seen to be composed of a very fine reticulum of fibrous tissue, containing in its meshes a transparent gelatinous material—myxo-fibroma. The patient dates the onset of this condition from a fright he received thirty years ago, when he happened to be a spectator of a severe railway accident. He states that since that time these tumours have gradually appeared, most of them developing during the first twelve months subsequently to the fright. It is a curious feature in the case that the patient's daughter, who was born some twelve months after the appearance of the tumours, is also covered with similar growths, though they are less numerous. The case was shown for me by my friend, Dr. J. Kingston Fowler, at the Clinical Society of London in February last, and was then considered to be unique.

Croydon Infirmary.

#### DISLOCATION FORWARDS OF THE HAND.

By CHARLES AITKEN, M.B.

THE following report of a dislocation of rare occurrence may be of interest:—

In July last W—, a boy aged sixteen, was brought to my surgery with the history that he was sent up a tree to fasten a rope to one of its branches, so that it could be pulled down in a certain direction. While the boy was among the branches his master cut away at the stem, and the boy fell. He was not sensible for a few minutes after falling, and on becoming conscious thought that his arm was broken. Neither did he remember whether he fell with the palmar or dorsal aspect of his hand facing the ground. On examining him, I found that he had a dislocation forwards of the right hand on the arm and almost compound on the palmar aspect. The ends of the radius and ulna could be felt distinctly on the back, and there was a rounded swelling on the front. On pulling the hand away from the arm the dislocation was reduced with a loud snap. There was some swelling for three months over the carpal bones in front,

but that has entirely disappeared and the boy's arm is now as well as usual. On referring to the surgical dictionary by Heath, and to Holmes' and Hulke's Surgery, I see it is mentioned that the above dislocation is a very rare one indeed.

St. Mawes, Cornwall.

#### ABSENCE OF THE OCCIPITAL BONE AND SKIN IN A NEWLY-BORN INFANT.

By WILLIAM FRASER, M.B. T.C.D.

I RECENTLY came across a curiosity which will no doubt be of some interest. Among the books at my command (including Dr. Neale's "Digest," Sydenham Society, 1877), I cannot find any mention of a similar case.

About 3 A.M. on Nov. 20th I was asked to go to Mrs. W—, living about eight miles away, who was in labour with her third child. On my arrival there was a mysterious silence and glances which betokened that the baby was stillborn, but the afterbirth was retained. Having seen to the mother, I turned to the child, and the mystery was then explained. I found a female infant of about seven months and a half (though the mother says she did not expect to be confined until the end of December). The body was fairly nourished and well formed, the head flattened in its antero-posterior diameter, the eyes large and protruding; a black mass on the back of the skull proved to be the cerebellum exposed to view, with complete absence of the occipital bone and the skin covering it. On loosening the cerebellum and lifting it up I could see the base of the skull, and was able to push a piece of wood down the spinal canal. No cause could be assigned by way of fright or anything else.

Ashburton, Devon.

## 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. Prooemium.

#### MIDDLESEX HOSPITAL.

CASES OF SARCOMA IN CONNEXION WITH KNEE, FOOT, AND EAR; RESULT.

(Under the care of Mr. HULKE.)

THE cases of sarcoma reported in our impression of May 28th (p. 1086) illustrated the occurrence of this form of new growth in young adult life, evincing in its progress clinical features as malignant as those exhibited by any carcinoma. The first case of the present series exemplifies the same facts; it illustrates local recurrence after excision, and infection of remotely situated viscera manifesting itself at a date long after amputation of the limb. But this case has an additional interest in the illusory resemblance presented by the primary tumour in its clinical characters, in its apparent seat and connexions, and in its naked-eye appearances after removal to a multilocular ganglion. The deception was occasioned by the presence of the myxomatous elements, which simulated the structureless colloid contents of a common ganglion. The second case illustrates the occurrence of melanotic sarcoma in middle life in a form which, as regards the primary tumour, deceptively resembled epithelioma, and which led to its being mistaken for this—a mistake not unlikely to occur where the melanotic constituent exists in a minimum quantity in the original tumour, and only attains considerable development in the larger secondary masses, a by no means uncommon circumstance. The frequent development of melanosis in moles is too well known to need more than passing mention. The sole and the clefts between the toes would seem to be the favourite situations for this form of sarcoma, possibly because in these situations any little, apparently trivial, tegumental disorder is more exposed to pressures and to other kinds of local irritation. The third case is an instance of melanotic sarcoma occurring at an unusually early age, and in a very