

ostium vaginae, impinged on a tense globular mass about the size of a gravid uterus of three and a half to four months. This nearly touched the perineum, and considerably narrowed the calibre of the vagina. The mass could be traced high up anteriorly until it became lost beyond the reach of the finger. The cervix uteri pressed against the urethra, which was, indeed, compressed between the cervix and pubic arch. The os uteri could not be felt except by painful pressure, and then only the lower lip could be reached. The diagnosis was clearly that of a retroverted gravid uterus, with consequent retention of urine.

A No. 8 gum-elastic male catheter was used to draw off the urine, but it was found not to be sufficiently flexible to ride over the neck of the uterus and dip down into the bladder without causing pain; a No. 3 was therefore substituted, and 44 ounces of urine were withdrawn by it. The urine had not become decomposed; it was acid, specific gravity 1016, and contained no albumen. After the evacuation of the bladder the cervix uteri could be distinctly felt just above the pubes. This was verified by internal examination. The position of the uterus was found to be much as it was before the urine was drawn off. Reduction was effected by steady and gentle pressure on the fundus upwards and to the right, so as to avoid the sacral promontory, and by simultaneous downward pressure on the supra-pubic cervix, the manoeuvre resembling that of bipolar version. The patient was directed to lie in the prone position as much as possible. Ordered liberal diet and wine. To have fifteen grains of chloral at bedtime.

Dec. 29th.—Looks wonderfully better, and expresses herself as feeling so. No vomiting. Had a very fair night's sleep. Has passed water four times without difficulty, and a motion once without pain. On abdominal palpation the uterus can be felt in its normal position, and is about as large as a gravid uterus of three to four months.

The patient was discharged well on the 1st of January.

*Remarks by Dr. WILTSHIRE.*—This was a typical case of retroversion of the gravid uterus with consequent retention of urine. There was, as there very commonly is, a history of sudden straining (in this case from over-exertion), and there can be no reasonable doubt that the uterus was displaced backwards during the strain. When once this has happened mechanical retention of urine begins, and becomes aggravated as the accumulation of urine continues, the cervix becoming more and more jammed against the pubic bone. There may be, as there generally is in retention, in the male as well as in the female, a dribbling, and this may prove misleading unless it be looked upon, as it should be, as a symptom of retention, and not of incontinence. The importance of using a long and flexible catheter (which is my invariable custom in females) was well illustrated by this case. Even a well-warmed No. 8 was found to be too unyielding to curl over the cervix and dip down into the bladder, and a No. 3 was therefore substituted. In other similar cases which I have seen I have never found the cervix to be so plainly distinguishable above the pubes. According to my observations, distension of the perineum is usually a more or less marked symptom, the bulging increasing in proportion to the accumulation of urine in the bladder.

### GALWAY COUNTY INFIRMARY.

#### CASE OF IMPACTION OF A FILE IN THE VERTEBRAL COLUMN.

(Under the care of Dr. BROWNE.)

The following admirable report and remarks have been drawn up by Professor CLELAND.

On the night of Feb. 3rd Patrick E. R.—, a locksmith, aged twenty-three years, was admitted into the infirmary with a file protruding from his back. It was ascertained that the patient had entered a shop, and had jocularly grasped a friend round the waist from behind, and that his friend in releasing himself had caused the patient to slip on the stone flags, and to fall backwards, when the file, which was in his coat pocket, pierced his clothes, and lodged in his back with such force that the wooden handle and brass ferrule in which it was set were broken and separated from

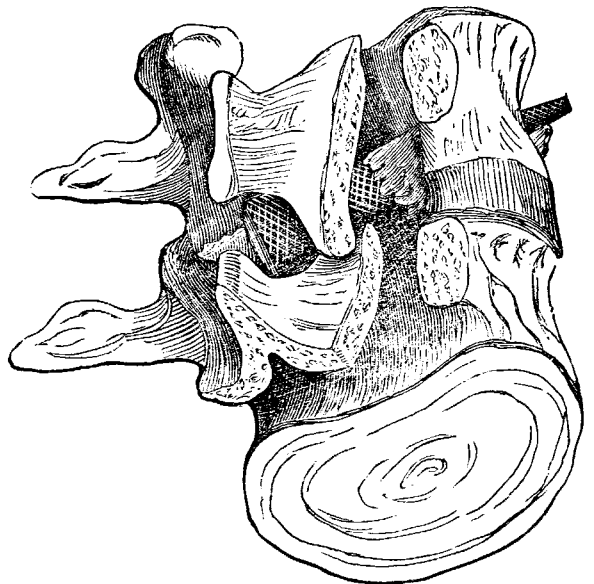
it. The patient complained of no great pain, and walked into hospital.

In removing the clothes Dr. Browne found it necessary to cut out a portion round about the file, in consequence of this being impacted in the wound. The wound was seen to be situated about the level of the second lumbar spine, immediately to the left of the middle line. The file was about five-eighths of an inch wide at the base, and the tang was bent by the blow. There was little or no bleeding from the wound, and the file pointed in a direction upwards and somewhat forwards and towards the middle line. It was so firmly fixed that strong forceps had to be used in the extraction, and great force employed. It was felt that the file was broken within the body, and that the protruding portion grated against a fragment in the interior. After extracting the protruding part, Dr. Browne determined to wait till the following morning before proceeding further.

Next morning a consultation was held with Professors Pye and Cleland, and the wound was prolonged upwards for about four inches in search of the missing part of the file, but without result. Two days afterwards an attempt was made to ascertain the exact locality of the fragment by placing near the wound a strong magnetic needle, but no deviation took place; and although, for days afterwards, a renewed attempt was made in which the needle was magnetised by means of a very large horseshoe magnet of great lifting power, which had on a former occasion done good service in leading to the detection of a fragment of sewing-needle painfully impacted in a phalanx of a finger, no result was obtained. Meanwhile the patient continued to be able to walk, and complained of no pain, and only of slight stiffness of the lower limbs; and were it not for Dr. Browne's conviction that he had felt the distal end of the file grating against the other portion, and also for the consideration that the friends of the patient, although they believed that the distal end had never entered the body, had not been able to find it at the scene of the accident, one would have been strongly tempted to believe that there was no foreign body present.

However, on the 13th the tongue began to get dry and foul, and on the following morning, when Dr. Browne made his visit, the patient, although sitting up at the fire, had a drowsy appearance, and in walking across the ward to his bed accepted assistance, and showed a marked limp and stiffness of the right leg. On the 15th he was in a high fever and profuse perspiration. On the 16th he was worse, and picking the bed-clothes; that evening he became comatose, and he continued so till his death early on the morning of the 18th, a fortnight after the accident.

The friends refused to allow an autopsy, and removed the body. But having been persuaded that the death had occurred in consequence of measures taken to remove a foreign body which had never entered, they demanded an inquest, and on the 20th a post-mortem examination by order of the coroner was made by Dr. Walsh, demonstrator, in the presence of Dr. Browne and Dr. Cleland.—The body was



in a state of great putridity, the face being swollen and perfectly black. In these circumstances, and the examina-

tion being made in a small room in a private house, it was deemed expedient to remove at once the lumbar vertebræ, and the cause of death having been sufficiently ascertained, no further exploration was attempted. The missing portion of the file, about three inches in length, was found with the fractured end broken short between the spines of the first and second lumbar vertebræ, so hidden between them as quite to account for the failure of the exploration during life. Entering between the laminæ of the two vertebræ, it had taken a course forwards with a slight inclination upwards and to the right side, traversing the spinal canal and occupying more than a third of its breadth on the right side, then pierced the body of the first lumbar vertebra, and appeared for about half an inch protruding from the front of the bone five-eighths of an inch to the right of the middle line. The file is rounded on the side towards the centre of the canal, flat on the other, and the fragment is about half an inch broad where it has been broken, while at the point it is narrowed to an eighth of an inch in breadth, and sharpened so as to serve as a turn-screw. A strip of black calico had been carried in along with it in its whole course, so as to project with it from the front of the vertebra. On examining the perforated portions of clothing which have been preserved, this calico was found to be part of the lining of the pocket in which the file had been carried, and that the coat had folded in over the file in such a way that both file and calico perforated the cloth of the coat twice before passing through the underclothing and lodging in the body. The two vertebræ involved in the accident having come into Dr. Cleland's possession, he removed the contents of the contained part of the canal. The sheath of the dura mater had been torn open by the file for three-quarters of an inch on the right side. The spinal cord extended to a point slightly below the second lumbar vertebra, and was pushed to one side without injury to its form or to its arachnoid covering. The nerves also appeared to have escaped injury, and there was no trace of suppuration, nor of plastic exudation, nor of increased vascularity, nor of hæmorrhage. This agrees with the circumstance that no pain whatever was felt by the patient; and although the advanced putrefaction of the body prevented observations being made, there can be no doubt the immediate cause of death was fluid effusion on the brain and spinal cord. It is interesting to note that the extreme rapidity of decomposition was perfectly similar to what occurs in epidemic cerebro-spinal meningitis.

The main points of interest in this case are the survival for so many days without either pain or paraplegia, and the demonstration of the enormous force with which an instrument may pierce the body in a mere fall, not even from a height, a matter of some medico-legal importance. It is worthy of remark that had the position of the fragment of the file been discovered during life, it would yet have been improper to attempt its removal. Such an attempt would probably have failed from the tightness of the impaction; and even if it had succeeded it must have been followed by hæmorrhage into the canal, which would only have expedited the fatal issue. The direction of the impacted fragment, it will be seen, was quite different from that of the portion which was removed on the night of the accident; and it must be assumed that this latter portion must have been driven in further after the fracture. Indeed, its track beneath the vertebral aponeurosis and close to the spinous processes was that which was followed in the exploration made.

GLASGOW UNIVERSITY COURT.—At a special meeting, at which were present the Principal (the Rev. Dr. Jamieson), Dr. J. A. Campbell, Dr. Cowan, and Dr. Kirkwood, the following were unanimously appointed additional examiners in Medicine:—(1) Anatomy, for four years, Dr. H. S. Wilson of Cambridge; (2) Chemistry and Materia Medica, for three years, Dr. Robert Perry of Glasgow; (3) Botany and Zoology, for three years, Dr. Andrew Wilson of Edinburgh; (4) Physiology and Pathology, for five years, Dr. W. H. Allchin of London; (5) Practice of Medicine and Clinical Medicine, for five years, Dr. Scott Orr of Glasgow; (6) Surgery and Clinical Surgery, for five years, Dr. James Wallace of Greenock; and (7) Midwifery and Medical Jurisprudence, for four years, Dr. John Brunton of London.

## Medical Societies.

### PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on the 21st instant—Mr. Geo. Pollock, President, in the chair—when the adjourned debate on Syphilis was resumed. Owing to the absence of Mr. Hutchinson, and the large number of speakers on the list, the debate was not concluded when the hour for adjournment arrived. It was understood, however, that at the next meeting of the Society the greater part of the evening will be devoted to the usual work of the Society, and the rest of the time occupied with Mr. Hutchinson's reply and the President's summing-up.

During the evening Dr. Gwyther and Mr. C. H. Johnson were elected members of the Society.

The discussion was resumed by Mr. THOS. SMITH, who regretted the absence of the opener of the debate as tending to take from the spirit of what he might have to say in opposition to his views. He did indeed hope to persuade Mr. Hutchinson to come to better views on certain points. In the statement that syphilis does not end with the disappearance of its secondary manifestations all would concur. But further, Mr. Hutchinson goes on to say that the lesions of the tertiary stage are not the effects of present blood-contamination, advancing in support of this their unsymmetrical distribution and their yielding to local remedies. Upon the question of symmetry Mr. Hutchinson appeared to lay but little stress. Had he placed more value on it, he (the speaker) would have been prepared to say that secondary syphilis is not very symmetrical, nor is tertiary syphilis always unsymmetrical in its manifestations. But as Dr. Moxon has pointed out, Mr. Hutchinson acknowledges that, after all, the question of symmetry is not very important. With regard to the curability of tertiary lesions by local applications, he (Mr. Smith) was willing to allow that a few, as palmar psoriasis, lupoid tubercles, &c., are curable by local remedies; but he could not admit that gummata, deep ulcerations, &c., could be cured except by remedies taken into the blood. He believed tertiary syphilis to be a blood disease *almost* to the end, and he took his stand upon the fact that in the later stages of tertiary syphilis there is power of hereditary transmission of the disease. Mr. Hutchinson seemed to have felt this to be a difficulty requiring explanation, since he says "the risk of contagion appears to cease long before the risk of hereditary transmission." In his own opinion this difficulty was an insuperable one, for it is inconceivable that a man should be able to transmit syphilis to his offspring who was not himself suffering from constitutional syphilis, or, in other words, who had not a blood disease, using the term "blood" in the extended general sense which Mr. Hutchinson gave it. It might be urged in opposition to this that in gout we have an example of a blood disease which may be communicated to the offspring even *before* any of its manifestations have appeared in the parent. It may, indeed, be transmitted to a grandson through a son who never had the disease at all. But an explanation may be given with regard to gout which will not serve for syphilis; it lies in that potentiality of development in certain definite lines given by the germ or sperm which Sir W. Jenner pointed out—a potentiality which may take years to develop, and even, as in the case of gout, often more than a lifetime may elapse before it shows itself. In the transmission of hereditary syphilis there is direct proof of the continuity of the disease, just as in its general history through all its stages there is a direct continuity. It is emphatically a blood disease; for it manifests itself by impairing the fecundity of the seminal fluid, by blighting the womb, by leading to infection of the mother by the fœtus, &c. In all this it presents a striking contrast to gout. For no one had ever heard of a mother contracting gout from a fœtus, no more than of a child inheriting syphilis from the grandparent. It being acknowledged