

having returned, the inhaler was again applied to the face and a little more chloroform sprinkled on from the drop bottle. The patient now suddenly became intensely rigid, the face blue and respiration arrested, but the pulse in the carotid, which had been observed throughout, continued to be perceptible for a few beats. The operation was at once stopped, the patient's head and shoulders were brought over the end of the operating table, and artificial respiration was commenced at once by Silvester's method. As there was no improvement tracheotomy was performed without delay, and inflation through the tube attempted. In the meantime two syringeful of ether were administered hypodermically and an enema of brandy and beef-tea was given. As a last resource acupuncture of the heart was resorted to. Artificial respiration was continued throughout from the first bad sign and until the patient had been dead three-quarters of an hour, but all efforts failed to restore animation.

Necropsy.—This was made on Dec. 21st by Dr. Higgs and Mr. Messiter. On opening the body the lungs, liver, spleen and kidneys were found engorged with blood and the venæ cavæ and right heart distended; the left ventricle was firmly contracted and empty; there was no fluid in the pleuræ or pericardium; no valvular lesion of the heart; the wall of the right ventricle appeared rather thinner than normal; the brain was congested; there was no visible organic disease in any of the internal organs. The cause of death in this case was chloroform asphyxia. Exactly one ounce of the anæsthetic had been used.

Dudley.

GLYCERINE IN CONSTIPATION.

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DURING my residence at the Stockport Infirmary I gave glycerine enemata in over a hundred cases, and on referring to my notes I find that the quantity injected was one drachm for children and two drachms for adults, the syringe used being the special one sold by instrument makers for the injection of glycerine. The bowels acted generally within fifteen minutes, in some rare cases half an hour elapsed, and on two occasions the injections had to be repeated. Since then I have discontinued the enemata and now I administer the drug by means of a suppository or "glycone," which can be obtained from any chemist at a small cost. The suppositories vary in strength, I believe, but some contain about 95 per cent. of glycerine; and the results are the same as when the glycerine is given by enemata. These little suppositories can be most easily and quite painlessly introduced and the patients can themselves insert them. If one suppository fails to act in from five to twenty minutes, which is a rare occurrence, the introduction of a second will soon have the desired effect. Some of the advantages of glycerine administered by this method are absence of pain, ease of administration, rapidity of action and absence of griping. Glycerine suppositories are particularly useful in cases where an aperient by the mouth is not advisable. In midwifery practice, too, they are very useful for rapidly emptying the bowels. In the chronic obstruction of old people, caused by hardened fæces in the lower bowel, glycerine suppositories are especially useful.

City-road, Bristol.

HEREDITARY LUXABILITY OF ELBOW-JOINT.

BY P. A. KELLY, L.R.C.S. IREL.

THE surgeon is sometimes reminded that heredity may and does play an important part in surgery as in medicine. A case illustrative of this fact came under my notice last month. One evening in the early part of December a gentleman was exercising on a horizontal bar, from which he fell upon the palmar surface of the right hand. The right ulna was dislocated backwards and outwards at the elbow-joint. Under chloroform, with a little manipulation, this was reduced. A few days after, in conversation, he said: "I have always expected to have my elbow dislocated." I was surprised at this remark, and on questioning him learned the following curious history: When his father, now an old man, was a lad, he dislocated the right elbow-joint. The year following he sustained a like injury to the left. These dislocations were not reduced and after some time he complained of numbness in both hands. This feeling was accentuated in

the little finger and on half the ring fingers of both hands. The muscles began to waste. Clearly the ulnar and musculo-spiral nerves were implicated. The forearms became mere skeletons. He sought advice in London, but the injury was of too long standing for any good to be expected by treatment. He is still living and has some limited movement, but the injured parts are very susceptible to cold. So much for the father. Twenty years ago one of his sons dislocated the left elbow. At the time the injury was diagnosed and treated as a fracture, but after a few months the bone was forcibly pulled into place. A certain amount of deformity remained. Eight years ago another son also suffered a luxation of the same joint. This case, like the former one, was treated as a fracture. At one of the hospitals in Vienna this dislocation was reduced, with a fairly good result. The third son (my patient) has now regained the entire use of the joint.

Barry, Cardiff.

A FATAL CASE OF VOMITING OF PREGNANCY.

BY JAMES OLIVER, M.D., F.R.S. EDIN., F.L.S.

A PATIENT was sent to me at the Hospital for Women, Soho-square, on Jan. 18th, 1893, by Mr. Melville of Caledonian-road. She was twenty-nine years of age and, although married seven years, had never before been pregnant. Menstruation, established at the age of fourteen, had recurred regularly every three weeks until Sept. 25th, 1892, since which date—i.e. for nearly four months—there had been complete amenorrhœa. From the end of October until the week before Christmas she complained constantly of a feeling of sickness, but only occasionally during this period was there actual vomiting. Since the week before Christmas she had vomited almost incessantly. If even the smallest quantity of fluid was taken it was ejected immediately. For one week she had complained of tenderness of the abdomen. Physical signs: The anterior abdominal wall was flat and so retracted that the anterior superior spines of the iliac bones stood out prominently. The abdomen was so extremely tender that the results of palpation and percussion could not be ascertained. Vaginal examination: The vagina was exceedingly tender, and there was noted a marked bulging of the anterior wall of this canal. The cervix was situated far back towards the sacrum and was closely applied to the left wall of the pelvis. It was surrounded by what appeared to be an œdematous collar of mucous membrane at the vaginal roof. The cervix was not soft. The os looked downwards. On the right side the vaginal roof was pushed down below the level of the external os by a large globular and cystic swelling. Bimanual examination: The abdomen was occupied by an ovoid swelling which reached to about two inches above the pubes and the greater diameter of which extended transversely. Palpation of this abdominal swelling could be equally perceived in both the swelling in the right fornix and the cervix. Both breasts were enlarged and tender, but no colostrum could be obtained. The pulse numbered 120 per minute and the temperature was normal. The temperature continued normal until the day before death, when it fell to 96° F., but the pulse gradually increased in frequency. Death occurred on Jan. 30th, but for three or four days previously the patient had occasionally prolonged attacks of syncope.

Necropsy.—Here and there the skin of the face, chest and legs was of a deep lemon colour. On opening the abdominal cavity the peritoneal sac was dry and there was no evidence of peritonitis. The uterus occupied more especially the right half of the pelvis and the fundus reached to about three inches above the pubes. Two small fibroid nodules each of about the size of a pea were observed in the anterior wall of the uterus close to the fundus. There was no evidence of tension in the broad ligaments and both ovaries and both tubes were apparently healthy. The uterus was removed intact. The bag of membranes was then observed projecting beyond the external os. The posterior wall of the uterus had evidently yielded more to the pressure of the developing ovum than the anterior, for not only did it bulge more than the latter, but it was actually much longer and much thinner. The placenta was found detached, yet no hæmorrhage had resulted from the separation. It was a four months' fetus. The liver was of a pale-yellow colour; it was soft and fatty but not enlarged. The gall-bladder, which was distended, contained bile of a deep olive-green colour. The spleen was rather small. All the other organs of the body were apparently healthy.

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