delivered on Nov. 5th, 1885, of a living male child. Labour was natural, and she progressed most favourably afterwards, speedily becoming convalescent. On Dec. 3rd she came to consult me about a small tender swelling in the left breast, close to the nipple. Milk was abundant, and she was nursing from both breasts. I applied some liquid extract of belladonna to the left breast, and recommended her to stay in the house for a few days.—Dec. 6th: There was every appearance of a small mammary abscess, though fluctuation was indistinct. She complained of shivering. Was ordered to bed, with quinine every two hours.—7th: Much better. Temperature normal. No pain in breast. Fluctuation more distinct.—8th: Slight rigor; skin moist; no pain; abscess about the size of a small nut, and pointing close to the nipple. I suggested making an incision, but she preferred to let it take its course.—9th: Patient same as yesterday. Skin warm and moist; abscess had not burst. I omitted to use a thermometer, as there appeared to be no higher temperature than I should have expected from the state of the breast. No evidence of disease in any other organ. In the evening her husband came to me and said she complained of feeling very hot, but was in no pain. I ordered fifteen grains of salicylate of soda and fifteen grains of citrate of potash every two hours.—10th: Sent for at 4 A.M., but on my arrival found the patient dead. Her mother told me that she had remained in the same condition as when I last saw her, merely complaining of feeling very hot, till about 3 A.M., when she became slightly delirious, and died a few minutes before I arrived. On placing my hand on the body, I found it still very hot, though the skin was moist, and her night-dress was saturated with perspiration. I introduced a thermometer into the right axilla, and the mercury rapidly rose to 110·2° F. Thinking there might be a mistake, I shook the index down and took the readings again, but with the same result. After fifteen minutes I requested patient's mother to ascertain the temperature, and she found it exactly the same. I waited for more than an hour, and removed the bedclothes so as to expose the chest and allow cooling to proceed more rapidly, and the mercury then rose to 108·8° F.

I regret that I omitted ascertaining the temperature on the two days preceding death, though I am of opinion, from a manual examination, that there was no condition of hyperpyrexia existing when I last saw her alive. The case is a most unfortunate one, as there was no evidence of disease in any organ which would lead one to suspect a fatal termination, and consequently I expressed a favourable prognosis only a few hours before death took place.

A CASE OF TUBAL PREGNANCY.

BY ALEX. HAY, M.D.

FROM the rarity of cases such as the following, I have deemed that a perusal of the details may be of interest.

On December 23rd, 1883, I was called to visit Mrs. R——, a young married woman, aged twenty-four. I found her in bed, lying on her back with her knees drawn up, slightly feverish, and complaining of considerable pain all over her abdomen, but especially over the left side. There was slight tympanites and tenderness on pressure. She told me that she had no family, but that she had not menstruated for four months, and had felt quite well until the day previous to calling me in. She attributed her present illness to fatigue which she had just undergone while nursing her sister-in-law, who had been very ill. On examining her abdomen, I discovered a tumour about the size of the fist in the left iliac region, manipulation of which caused some pain. I called her attention to its presence, but she said she had never felt it before. It was freely movable, and presented to the touch the feeling of a round solid mass, but on more minute examination I convinced myself that there was an off-shoot from its inner border. I then examined per vaginam, at the same time pressing the tumour down from above; but, as no impetus was felt at the os uteri, the idea immediately occurred to me that I had to deal with a case of tubal pregnancy. I ordered her an opiate and to apply hot fomentations.

I saw the patient the next day, and, discovering nothing to make me alter my opinion, I resolved to have a consultation, and accordingly, on Dec. 26th, called in Dr. Stirton, Professor of Midwifery in the Glasgow Royal Infirmary School of Medicine, telling him what I believed to be the nature of the case. He examined the patient carefully, and at first was inclined to agree with me in my diagnosis; but after passing the uterine sound he came to the conclusion that she was not pregnant, but was suffering from ovarian disease, and in this opinion he was strengthened by the fact that there were present none of the usual signs of pregnancy—no sickness, no mammary secretion, and no deepening in colour of the areola; and, moreover, during his examination per vaginam, there was discovered a discharge of blood which had the appearance of being catamenial. At the same time he stated that I might be right after all, that probably the wish on his part might be father to the thought, and advised me to watch the case, as time would clear the matter up.

I continued to visit the patient daily, each time making a careful external examination. During the night of the 29th she had suffered a good deal of pain of a bearing-down character, and I was sent for early next morning. On arrival I was told that something had come away, and when this was shown to me I found it to consist of a male fœtus of quite four months, with placenta and membranes, which I carefully preserved, and have the specimen before me as I write. I communicated the result to Dr. Stirton, and afterwards showed him the specimen. He mentioned this case at a meeting of the Glasgow Southern Medical Society, and it was suggested to him there by one of the members that there may have been a double uterus; but in this view neither he nor I coincided, because, in the first place, the tumour was quite distinct from the uterus, as evinced by no impetus being conveyed to the finger placed against the os when pressure was applied externally; and, in the second place, with the expulsion of the fœtus the tumour quite disappeared, and on passing the sound it was found to be like a virgin uterus. My own opinion is that it was purely a case of tubal pregnancy, that the offshoot which I felt at first must have been the lower extremities, and that the irritation set up by the previous exertions of the patient, the passing of the uterine sound, and the frequent manipulation, had caused contraction of the pouch formed in the Fallopian tube and the subsequent expulsion of its contents.

The patient made a good recovery, no untoward symptoms arising. She left this district some time ago, but being anxious to know somewhat of her subsequent history I instituted inquiries about her, and learned that she had given birth to a full-grown male child on Aug. 21st last, and that the same kind of tumour had again presented itself in the same region, and had remained there until between the third and fourth month of pregnancy, when it suddenly disappeared, receding (presumably) into the uterus, and remaining there this time until the full term of utero-gestation, as the sequel showed, thus resembling a case reported before the Obstetrical Society of London on Oct. 7th by Mr. E. F. Grün.

The Grange, Maryhill.

NOTES ON SPRING HEALTH-RESORTS.

BY W. E. BUCK, M.A., M.D. CANTAB.

THE question of where to send patients after wintering on the Riviera is often a difficult one. They are only too apt to hurry back to England at the most trying time of the year, and so undo all the good done; after which they will maintain that, "though the Riviera does temporary good, the benefit of wintering there is but transitory."

There are two spots in the Maritime Alps which seem to me particularly well suited to be half-way houses on the road to England—namely, San Dalmazzo di Tenda, and the Certosa di Pesio. Of the two, San Dalmazzo appears to offer the most advantages. A large building, formerly a convent, has been turned into an hotel or *pension*, where, if desired, hydropathy can be indulged in. The management of the establishment is excellent, and the prices are reasonable. It is situated on the southern side of the Col di Tenda, in the valley of the Roya, and at about 2000 ft. above the level of the sea. The surroundings are most picturesque. The air in May and June is light and fresh, but not cold, and less exciting than the air of the Riviera. San Dalmazzo is on the high road to Nice, but is nearer to the station at Ventimille, which may be reached in six hours by a good

carriage-road. The establishment opens on April 15th. The Certosa di Pesio is another charming resort. It is cooler than San Dalmazzo, being rather higher and situated in a valley on the north side of the Maritime Alps, and does not open till the middle of May. It can be easily reached from the Riviera, *viâ* Genoa, Savona, and Mondovi; the Certosa is about three or four hours' drive from the last-named station

Leicester.

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.**

ST. THOMAS'S HOSPITAL.

SURGICAL CASES.

(Under the care of Mr. SYDNEY JONES.)

FRACTURE of the base of the skull is a severe injury, and when complicated with numerous other fractures, notably of the bones of the face, proving the great severity of the violence applied to the head, is usually fatal. Fractures of the bones of the face, including the superior maxilla, the nasal bones, and also the inferior maxilla, are uncommon, and the injury usually terminates fatally. In this case there was in addition a Colles' fracture of both arms, one of them compound. In a large number of cases of fracture of the base of the skull optic neuritis develops during the course of treatment, but, if unattended by symptoms of general meningitis, does not appear to indicate a bad prognosis. The case of dislocation of the knee is an example of one of the commoner dislocations of that joint (a lateral one), and is interesting from the fact that such injuries are rare.

CASE 1. *Fracture of the base of the skull; separation and fracture of the bones of the face; Colles' fracture of both forearms; strabismus and optic neuritis; recovery.* (From notes by Mr. SHERRINGTON.)—The patient, a coal-porter, aged thirty, was admitted on March 27th, 1884, having fallen twenty feet into a coal-bin half an hour previously. He had been unconscious for a short time after the fall. There was a wound of the upper lip, extending half way to the nose from the mucous margin; there was also a contused wound over the bridge of the nose, at the bottom of which bare bone could be felt, and running vertically across the base of it a line simulating fissure of the bone. There was much ecchymosis of the cellular tissue of the eyelids of both eyes, and on the right side it was present under the ocular conjunctiva. There was slight hæmorrhage from the mouth, nose, and left ear. The lower jaw was fractured in two places, the two lines of fracture being one on either side of the symphysis, and between them included a fragment containing the two central incisor teeth and their bony sockets. This fragment was lying loose and nearly completely free under the tongue. It included more of the inner than of the outer plate of the alveolus. The two halves of the jaw moved freely against each other with crepitus. The upper jaw was also fractured, the two halves being separated one from the other and easily moving against each other, the range of movement being, however, limited to about the eighth of an inch. There was an impacted Colles' fracture of the left arm, with some comminution of the lower fragment; also a Colles' fracture on the right side, with two small wounds above the wrist in front, one of which communicated with the fracture. In both fractures the typical displacement was well marked. The man was suffering from shock, cold and shivering, but conscious. Pulse 112. Hot bottles were applied to the feet. The wound of the forearm was dressed antiseptically, and after extension of each forearm to restore position, anterior and posterior plaster-of-Paris splints were applied.

April 4th.—Gutta-percha splints for the upper and lower jaws were applied. The right forearm was dressed and splint reapplied. The wound was almost healed.

5th.—A gutta-percha splint was applied to the under surface of the lower jaw. The right pupil was smaller than the left and acted to light; the left pupil did not respond well.

14th.—The eyes were more fully examined, and the following note made:—Nearly complete paralysis of the right external rectus; other movements normal; secondary squint very marked. Left eye movements normal. The pupil has no direct action to light; indirect action good; it is considerably larger than the right pupil. Left optic disc somewhat pale. Veins normal. Arteries somewhat diminished in size. There is slight haze of the optic disc and central portion of the retina, the fovea centralis being very easily seen. The right fundus appeared normal; there was some doubtful haze about the margins of the disc. It was supposed that in all probability there had been direct injury to the left optic nerve, possibly by fracture through the optic foramen.

16th.—The appearance of the left fundus resembled that of embolism of the central artery, the arteries being diminished and there being a good deal of haze. The blindness was first noted about four days after admission.

22nd.—Yesterday the splints on the left arm were shortened, so as to leave the fingers free. A week ago those on the right arm were similarly reapplied. The wounds are completely healed. The fracture of the upper jaw is quite firm and in good position; the splints are discontinued. A fissure, however, exists in the posterior part of the hard palate, about half an inch long, through which fluid passes into the nose. There is some underlapping of the lower jaw due to the loss of the central portion, and the union is not firm. The pieces are fixed by silk fastenings round the bicuspids, and the inside splint is retained.

May 4th.—The fissure in the hard palate has closed, and there is firm union of the superior maxillary bones. The lower jaw is still ununited, and the treatment is carried out as in the last note.

7th.—The left optic disc is extremely pale, the arteries considerably diminished. There are some white lines along the vessels. The right eye is apparently normal.

The temperature for the first week was higher than normal, reaching 100·8° to 102° in the evening, and being 99° or 100° in the morning; after this it was normal. The hæmorrhage from the left ear was slight, and the discharge which followed of small quantity. There was no vomiting. The strabismus was very marked at the time of discharge, forty-five days after admission.

CASE 2. *Dislocation of the left knee.* (From notes by Mr. TOTSUKA.)—T. K——, aged forty, a bargeman, was admitted June 21st, 1885, and remained under treatment fifty days. A few minutes before admission, whilst standing on a barge, a heavy rigging fell on his back; he was knocked down by the weight and twisted his leg in falling.

On examination there was found to be considerable deformity about the left knee-joint, the thigh was rotated outwards and abducted, and the leg rotated inwards and adducted, thus forming a distinct angle with the thigh. The tibia was found to be dislocated and strongly rotated inwards, the condyles of the femur being felt on the outer side. Owing to considerable rotation of the femur, the inner condyle was found situated directly in front of the outer, and the trochlear surface of the patella pointed directly outwards. The patella could be distinctly felt resting upon the internal condyle of the femur. The internal tuberosity of the tibia with its anterior surface could be felt projecting on the inner side of the joint. He was a strong muscular man. In addition to the pain in the knee he complained of pain in the left side, especially on drawing a deep breath or coughing, and on examination a contusion was found and crepitus elicited, there being two fractured ribs (? seventh and eighth).

The dislocation was reduced without difficulty by Mr. Sydney Jones, the patient being under the influence of chloroform. Plaster-of-Paris splints were put on the knee and a long outside splint applied to the limb. A flannel roller was applied to the chest. The temperature rose to 100·4° or 99·2° in the evening for a few days. There were no unfavourable symptoms.

ANCOATS HOSPITAL, MANCHESTER.

URETHRAL STRICTURE; PERINEAL ABSCESS; CONTINUOUS DILATATION; CURE; REMARKS.

(Under the care of Mr. E. STANMORE BISHOP).

A. S——, Arab, aged twenty-eight, was first seen on Oct. 18th, 1885. Had always had good health, with the exception of ague and several attacks of gonorrhœa, of which he