

mitted into the hospital. Her mental condition appeared to be very satisfactory. The account given to us by her mother was that she had suffered from fits for the past twelve months. The fits recurred about every two or three weeks. In the fit, without any warning, she lost her senses, bit her tongue, and was much convulsed, remaining lost and bewildered for several hours afterwards. During this state of mental confusion she would drink, but refused food, and did not appear to recognise anyone. She had not suffered from worms. She had cough, and the breathing was found to be harsh.

It was noted that her voice was very hoarse, and this had been the case, her mother said, for three months. An offensive odour which pervaded her directed attention to her mouth and nostrils, and it was found that there was ulceration of the palate and uvula, swollen nasal bones, and *ozæna*. There was extreme tenderness to touch over the clavicles and shoulder-blades, and on the left shin there was a periostitic node. From these symptoms a syphilitic taint was naturally inferred, and on reference to the teeth the upper middle incisors were found to present in a most marked form the characteristic appearances described by Mr. Hutchinson. They were wedge-shaped, the border being deeply notched.

Inquiry was made as to the family history, which was as follows:—The father was described as very nervous and excitable. The mother had, eleven years ago, had ulcerated throat and an eruption over the scalp. She had lost four children; two at two months old, one at eleven months, and one at three years. Three of these children were born since the present patient, and one previously. A brother of the patient has paralysis, which occurred after scarlatina.

The girl, on admission, was put by Dr. Radcliffe upon full diet, and ordered a teaspoonful of cod oil three times a day, two drachms of syrup of poppies every night, and mercurial fumigations three times a week. These latter were applied by placing the patient in a common bath, into which a little hot water was momentarily turned in order to fill it with steam. In the bath five grains of calomel were placed on a tin saucer, and volatilised by means of a spirit lamp. The girl was placed in the bath, which was covered entirely by a thick blanket, so that she not only received the volatilised mercury upon her skin, but also inhaled it. She would usually suffer from irritating cough for about an hour after the fumigation. These fumigations were continued for three months: three times a week for the first two months, and afterwards once a week. The syrup of poppies, ordered on account of her cough, was taken for a fortnight, and then discontinued, as the cough ceased.

On the 7th of May she took her dinner and tea as usual, was lively and seemingly improved in health, played in the airing-ground until 7 P.M., and then complained of sickness. At 8 P.M. she was seized with epileptiform convulsions. Mr. Radcliffe, the medical superintendent, who saw her soon afterwards, describes the convulsions as very severe, and mainly unilateral in character, the right side being most affected. Blood came from the left angle of the mouth. At 9.45 P.M. she was apparently moribund. A sinapism to the abdomen was ordered, and ten grains of bromide of potassium to be taken every four hours. At midnight she had rallied, and she then gradually recovered her usual condition. The bromide was continued twice daily until August, for the last six weeks of this time twenty grains being given instead of ten grains for a dose. The ulceration about the fauces was treated locally with Condy's fluid. Early in August the skin on the left side of the nasal bridge was observed to be red and swollen, and in a few days it had ulcerated quite through. At this time a drachm of the solution of bichloride of mercury and three grains of iodide of potassium was commenced to be given three times a day, and, in addition to her full diet, extra milk was ordered, and two ounces of rum daily. Under this treatment she improved rapidly. There was no recurrence of fits; and on Sept. 21st she was sent to Ramsgate. At that time the ulcerated opening in the bridge of the nose, and the ulcers about the fauces, had healed, and the girl's general condition was vastly improved.

She stayed at Ramsgate for a month. During that time she had one fit, which is described as of very severe character—indeed, it would seem that she was again moribund in appearance. On her return from Ramsgate she appeared in excellent health and condition. The tenderness about the clavicles, &c., the node, ulcerations in the fauces and nose, had all vanished, and her appearance generally offered the most striking contrast to that which she had presented on admission to the hospital six months previously.

It is noteworthy that, under specific treatment addressed to the cause of her malady, she had but two fits during six months, having, previously to admission, suffered from one every two or three weeks for a twelvemonth. She continues now under treatment as an out-patient.

## BELGRAVE HOSPITAL FOR CHILDREN.

### TWO CASES OF EXCISION OF THE HIP.

(Under the care of Mr. PICK.)

EXCISION of the hip is an operation respecting the value of which very considerable difference of opinion exists; but in the two following cases there can be little doubt that it was the proper course to pursue, inasmuch as the limb was entirely useless, and there was a progressive deterioration of the general health, and at the same time, as far as could be ascertained, an entire absence of all visceral mischief. Moreover, in consequence of the advanced state of the disease, there was little probability of a spontaneous cure taking place; and even if this were likely to ensue, the limb would have been a less useful one, on account of the dislocation, than was obtained by removing the head of the bone.

CASE 1.—Maude B—, aged eleven, was admitted on August 1st, 1867. The history was that she had always enjoyed good health until six years previous to admission, when, after an attack of scarlet fever, she began to develop all the usual symptoms of hip disease. The disease was, however, very chronic, and she continued under treatment, at intervals, until two years ago, when abscesses formed, which have continued to discharge. Since the formation of matter, her general health has gradually deteriorated. On admission she was found to be a strumous child, with fresh complexion and thin hair. Attempts to semiflex and rotate inwards the left thigh caused intense pain. There was about an inch and a half of shortening, and evidently displacement of the head of the bone, for it was found that the trochanter lay almost entirely above a line drawn from the anterior superior spine of the ilium to the lower border of the tuberosity of the ischium. Upon rotating the bones upon each other, under the influence of chloroform, distinct crepitus could be detected. In front of the joint, about the position of the insertion of the psoas muscle, were two sinuses, which led down to exposed and softened bone. There was no cough, and the chest-sounds were healthy.

On August 12th, the patient having been placed under the influence of chloroform, a single long incision was made just behind the great trochanter, and the head of the bone freed from its attachments with the point of the knife. In doing this a large abscess was opened, and a quantity of matter escaped. The bone was now divided by means of a saw just below the trochanter. The wound was brought together with a single suture, and the limb put up on a long interrupted splint. The head of the bone, on being examined, was found entirely separated from the shaft, and was the size of a marble, much softened and carious. The trochanter was also much diseased. The acetabulum was apparently healthy.

After the operation the girl went on well. On the sixth day the splint was removed, and the limb simply placed between two sand-bags, with a weight attached to the foot.

On Aug. 26th the wound was quite clean and healthy, and beginning to fill up rapidly from the bottom. One of the sinuses healed at the end of six weeks, and at the end of eight weeks there was some amount of union, and she was allowed to get up. Her recovery was somewhat retarded by a little piece of dead bone in the other sinus, which was, however, eventually got rid of. When she was discharged on Dec. 9th, there was about one inch of shortening, the limb was in good condition, and she could bear the weight of the body upon it.

She was seen on Sept. 4th, 1868, when she was found to have gained flesh and grown considerably. She could walk a couple of miles without any support. There was exactly one inch of shortening; there was firm union and perfect motion in every direction. The limb, which previously had been much wasted, was now nearly as plump and firm as the opposite one.

CASE 2.—Henry H—, aged five, was admitted March 19, 1868. His mother stated that two years ago he fell down while running, and from that time was noticed to constantly limp. He then complained of pain in his left knee; followed, in a few months, by pain in the hip and down the thigh. Fifteen months before admission an abscess formed; this was

opened, and had been discharging ever since. About the same time that matter formed, the right knee became "enlarged and stiff," and the leg flexed on the thigh; so that from that time he has been unable to walk at all.

On admission, he was found to be a scrofulous-looking boy, but fairly nourished. The left hip-joint presented the characteristic appearances of advanced morbus coxæ; the thigh was flexed on the pelvis, and fixed in that position; there was extreme wasting of the muscles of the buttock, and the head of the bone could be felt to be displaced and lying on the dorsum of the ilium. The thigh was shortened to the extent of an inch. On its outer side were two sinuses, running upwards in the direction of the joint, and leading down to carious bone. The ends of the tibia and femur on the right side were much enlarged. The knee was semiflexed, and ankylosed in this position. There was no cough, and the chest-sounds were natural. The urine was healthy, and contained no albumen.

On the 16th of April excision was performed in the ordinary manner by the longitudinal incision behind the trochanter. The head was found resting on the dorsum of the ilium, much diseased, the cartilages having vanished, and the bone being eroded and softened. The acetabulum was also much diseased, and a piece of bone, the size of a hazel-nut, was lying loose in the cavity. The limb was put up on an interrupted long splint.

The boy went on well after the operation, and the wound soon began to heal. On the 20th of May both the original sinuses were closed, and the wound was quite healthy. The splint was now removed, and extension made by a weight and pulley, the limb being supported by sand-bags. In the beginning of July the wound was all healed, except a minute sinus, which discharged a little thin sero-purulent fluid. He was allowed to get up, having been fitted with a leather splint. He was discharged on the 3rd of August, and sent home again into the country. There was then about an inch of shortening. The ends of the bones were firmly united, and there was free movement in every direction. He could walk on the left leg with the help of two crutches. In consequence of the disease in the left knee he was unable to put this limb to the ground.

## Medical Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOV. 4TH, 1868.

DR. HALL DAVIS, PRESIDENT, IN THE CHAIR.

DR. T. B. HAY, Mr. E. Fletcher (Melbourne), and Dr. G. R. Playfair (Agra) were elected Fellows.

The discussion on the papers of Dr. Tilt and Dr. Meadows, on "Irritable Uterus" and "Flexions of the Uterus," adjourned from the October meeting, was resumed by

DR. ROUTH, who said that if he understood Dr. Tilt's paper accurately, it went to prove that the disease called irritable uterus by Gooch was very infrequent nowadays. Experience proved that abnormal complications existed in many of these cases; but while admitting this, it could not be doubted that the amount of complication often bore no relation to the amount of pain endured. And just as in an ordinary attack of tic-douloureux of the eye there was copious flow of tears and redness of the conjunctiva, not unlike inflammation, so it was possible that the uterus might be red and apparently inflamed, and yet this after all be only a simple tic of that organ. Such cases might still be cited as instances of irritable uterus. As bearing on the etiology of displacement, he would say that there were three varieties:—1. Those produced by inflammatory or other complications of surrounding parts—i.e., those retained by adhesions; these formed about 2 per cent. 2. The congenital, the percentage of which could not yet be determined. 3. The acquired, which might be met with either in an active state, with inflammatory or congestive symptoms, or in a quiescent state after all these had subsided. As regards anteversion, he believed it to be a more common affection than generally supposed, but, fortunately, often quiescent. It should be remembered that the normal position of a child's uterus, and also in early puberty, was one of anteversion; and in later life a fat omentum, heavy and loaded intestines, &c., might induce this flexion quite apart from any inflammatory disorder of the uterus itself. With respect to retroflexion, he would say that, given a healthy pelvis and healthy ligaments, retro-

flexion was impossible; but what did occur was this—the round ligaments and the ligaments of Douglas were both especially relaxed; the lateral less so. The points of support superiorly being thus removed, the organ was disposed to fall on one side or the other, and when top-heavy through inflammation or congestion of the fundus, this tendency was increased, and with this predisposition, a sudden accident, a jump or a fall, often proved an efficient exciting cause of retroflexion. If he was right in these views, it followed clearly that until the congestion or inflammation was at least partially subdued by treatment no permanent good could result from the use of instruments. Now, he had seen several cases of women who had been treated by Hodge's pessaries, and Dr. Hewitt's modifications of them, and were still uncured, and suffering intense pain from them, and who only got well when the complications had been overcome. And in these cases, where retroversion was accompanied with pain, inflammation, or congestion of the organ, nothing but depletion combined with absorptive remedies did good, especially the former; and whether accomplished by leeches, scarifications, or the hysterotomy, it was a necessary preliminary measure to the use of instruments. There was one variety of retroversion in which the pain in the fundus was most acute, but with little or no actual congestion or inflammation of the organ, the pain in this case being reflected from the ovary, which on examination would be found tender and inflamed. To treat this was to cure the disease, and reduce the case to one of simple retroflexion.

DR. SAVAGE said that this antagonism between practitioners so eminent as Dr. Hewitt and Dr. Meadows plainly showed that all opinion about uterine displacements was lamentably unsettled. He thought, therefore, that a reconsideration of the normal relations of the female pelvic organs with the pelvis might do something towards a more creditable uniformity of opinion. Dr. Routh had alluded to three ligaments of the uterus, but there were others, and those more essential, or what would become of Dr. Hewitt's vaginal base of support for his pessaries? The utero-pelvic cellular tissue, which enclosed the pelvic organs, had properties eminently fibro-elastic (muscular also in many parts of it), and was an integral part of the pelvic uterine system. The function of this tissue could be inferred from the following experiments on the dead body. Draw forcibly on the cervix with a vulsellum. The strain will be seen to begin with the utero-sacral portion where it divides to give passage to the rectum: thence it passes on to the broad ligaments; cut through these and the uterus comes down about an inch. In short, it is necessary to divide the pelvic cellular tissue before a notable displacement can be effected. Or to the vulsellum attach a weight, with the body in the sitting position. The weight must be heavy and the time long before the uterus appears at the vulva. Remove the weight, and the elastic property of the tissue, even in the dead body, causes the organ to retire. Cut through the broad ligaments close to the womb and the organ falls helplessly in all directions. If backwards, fix the neck, and there will be retroflexion (supposing the neck to be weak enough to bend); release the neck, and the back deviation is retroversion. He believed that there was always some prolapsus with retroversion. Owing to the presence of the rectum and bladder the cellular attachments of the vagina are limited to its sides, and this is why the vagina contracts not as a cylinder, but as a flat tube; the upper half being fixed, dilatation and contraction for the most part affect the lower half only, which must fall or rise in this to-and-fro relation with the former. No pessary, one excepted, can do much more than keep the womb out of the vagina. Then how account for the comfort attending their use? They ease the strain on the cellular tissue, which begins forthwith to regain its healthy tone. Aggravated cases of prolapsus of long standing are again and again held up, permanently reduced after the perineal operation; but should this tissue have lost its elasticity the best artificial perineum would be sure to give way. Hodge's was the best pessary, because in shape it corresponded with that of the contracted vagina, and with it the lateral vaginal action was unhindered, and the series of curative processes referred to permitted. It was a marital consideration which led to Hodge's curious modifications of the pudendal end of his instrument, and another authority still more considerate had cut off this end, and substituted india-rubber. It was regrettable to hear proclaimed far and wide pretensions to originality for what were in reality very unessential modifications. Of internal uterine pessaries, the record as a rule had been one of disaster. But, at the same time, he wished it to be understood that, in condemning intra-uterine pessaries, he did not include that of Dr. Hewitt, because he had had no experience in its use.