extremity of the stomach, as, from the pain and uneasiness which she had felt there, and the frequent vomiting, we suspected that some morbid condition would be discovered in that part. A ligature was placed on it, and another on the duodenum. The intervening portion was then removed and slit up, without showing more than ordinary vascularity or thickening. We then directed our attention to the small intestines, which were shrunken to about the size of the ring-finger, and quite empty. We then discovered, about two-thirds down, a loop three or four inches in length, when disentangled from the upper fourth of the left obturator foramen, where it was evidently strangulated, and required some force to withdraw it. The mid-portion of the loop was swollen and dark-coloured, and sufficiently distended with fecal fluid to account for its not returning to its natural position, as it was supposed to have done in former attacks.

I am told that obturator hernia is not uncommon; but I have been able to find but few records of its occurrence. Sir William Lawrence, in his excellent treatise on *Hernia*, speaks of reports from two or three foreign authors, but has doubts of their authenticity as cases of obturator hernia. The clearest case of this malady that I can find is that reported by Mr. Hilton, Surgeon to Guy's Hospital, at p. 323 of vol. xxxi of the *Medico-Chirurgical Transactions*, where the symptoms were very analogous to those above described in our case; and, as there were no external indications, their cause could not be revealed but by *post mortem* examination. As in Mr. Hilton's case, so in mine, there was room on the right side for the escape of a similar portion of intestine by the obturator foramen, which would allow the passage of the first joint of the forefinger easily; and, indeed, the right side had been referred to as the seat of pain in some of her previous attacks. My nephew, Dr. Druitt, in his *Vade Mecum or Manual of Modern Surgery*, refers to a case by Mr. Obré, reported in Ranking's *Abstract*, vol. xiv, in which, a slight swelling being observed in the right thigh, Mr. Obré cut down upon it three inches below Poupart's ligament, and discovered a sac under the pectineus muscle, which he opened, and small intestine rose up. He then divided the stricture, and returned the gut through the obturator opening; and the case did well.

I have been anxious to forward this case to the BRITISH MEDICAL JOURNAL, as being one of its oldest subscribers; and to say that, however frequent such cases may have been, yet I have never met with one during more than fifty years that I have been in practice and attached to the County Hospital in this city. I shall be pleased to hear what any of my cotemporaries may be able to report on such cases. I do not remember to have seen such palpable openings above the obturator muscles, leaving room for a protrusion of peritoneum to form a sac for such hernia, as the vessels and nerves appeared to fill the notch in the bone, and the peritoneum passed smoothly over them.

Professor Miller, in a second edition of his *Practice of Surgery* (Edinburgh, 1852), gives a meagre account of this hernia; while Samuel Cooper, in his *Dictionary* (1809) and his *First Lines* (1820), gives excellent descriptions, and quotes from Sir Astley Cooper several varieties and the difficulties of discovering the seat of obstruction during life.

I might have mentioned that our patient was often employed in laundry work, or, at any rate, superintending; and that she attributed the painful attacks above mentioned to her reaching up to hang up clothes to dry on a line. This might have induced a downward action of the diaphragm, so as to more or less force down the bowels at certain intervals.

CASE OF TRAUMATIC TETANUS TREATED WITH BROMIDE OF POTASSIUM: RECOVERY.

By CHARLES ROBERT THOMPSON, Esq., Westerham.

ON January 24th, 1873, J. H., aged 35, a robust, healthy man, by trade a baker and grocer, was thrown from a cart, which capsized by collision with another, pitching on his right hand. He was slightly cut and bruised about the face.

I found complete dislocation of the hand backwards, without any fracture as far as I could determine by close examination, with a small jagged wound of the skin over the end of the ulna. I did not make out that this wound extended into the joint. The loss of blood was trifling; and there was no loss of nervous sensibility.

After carefully cleansing the wound, the hand was brought into position by straight extension, the forearm being bent, and counterextension applied at the elbow; a straight splint was applied from the elbow to the ends of the fingers, at the back of the arm; and oiled lint was placed on the wound.

He remained in bed a few days, being much shaken and bruised;

the wrist was painful and swollen, with some very offensive discharge from the wound, on account of which it was poulticed. On the tenth day, I found the parts above the wrist inflamed and boggy, and made an incision which gave exit to sloughy cellular tissue. Excepting that his nights were bad from pain in the wrist, his general condition was favourable; he took food well, walked out when the weather allowed, and seemed convalescing.

February 13th (twentieth day from injury). I found him sitting up, looking ill, and complaining that he had no sleep for two nights on account of pain in his back, between the shoulders, and in the neck and jaws. He had shivered very much the night before; and had sweated profusely. He was quite unable to open his jaw. Whilst I was examining the injured wrist, he groaned with pain in his back, indicating a point just below and between the scapulae. The skin was sweating. Pulse 86, very soft. The bowels had been regular throughout; the urine was said to be scanty and turbid. He could swallow liquids but slowly and with difficulty. The parts above the wrist were still inflamed and painful; and a boggy place which did not seem relieved by the former incision was now freely opened, and the poultice continued. I ordered him to go to bed directly; to take a dose of castor-oil in brandy; to have his back well and frequently rubbed with a stimulating liniment; to be fed every two hours, alternately with beef-tea and milk or gruel containing brandy; and for medicine, bromide of potassium thirty grains, and spirit of chloroform twenty drops, in one ounce of water, to be taken every four hours.

February 14th. The paroxysms of pain in the back had been less severe. The nurse said that he seemed composed, and slept after each dose of the medicine, and had taken nourishment as ordered. The bowels acted freely with the oil. The tip of the tongue could be just made visible between the teeth, but not protruded. There was a free discharge of shreddy pus and cellular sloughs from the wounds.

February 21st. The condition through the week had been good. There was steady diminution of pain in the back, so that he got good sleep. He complained still of severe pain in the back, if anyone came into the room and talked to him; and more especially when the injured wrist was touched or dressed. He could now, with great care and deliberation, protrude about half an inch of tongue between his teeth; it was covered with thick creamy yellow fur. His breath smelt strongly of the peculiar odour of the bromide, something like a foul sponge; this was perceptible through the room, showing how he was saturated with the salt. His strength was well maintained; he took nourishment well, increasing the brandy a little, or substituting port wine occasionally. The wounds on the arm were healthy; the sloughs were cleared out, so that water-dressing was applied instead of the poultice. He continued the medicine; and had the neck and face rubbed with belladonna liniment.

February 25th. More pain in the hand had made him restless. A small abscess had formed on the dorsum of the hand, which I opened. There was slight improvement in the dorsal pains and in the locked jaw. He seemed more feeble. The dose of bromide of potassium was reduced to twenty grains every six hours, with two grains of quinine.

From this date, improvement went on steadily. The wounds about the wrist healed. The power of opening the jaw very slowly but very positively increased, so that by March 16th he was able to protrude his tongue fully, though very slowly and with much effort. Pain would still come in the back if he sat up too long, or if anything excited him. At the end of March, he was quite convalescent, though weak, and was able to walk out daily, though with backache if he over-exerted himself. He could now masticate solid food, but complained of pain in the muscles of the jaw if he tried them too long. The hand and wrist were quite sound, but stiff from want of use and from the mischief about the flexor tendons; they improved daily by passive motion and rubbing. The only medicine now given was quinine, two grains twice daily.

REMARKS.—Just before this case occurred, I had read in the JOURNAL (February 8th, p. 148) M. Voisin's recommendation of bromide of potassium in tetanus, mentioning three cases of well marked traumatic tetanus in which cure was effected by the bromide in large doses and subcutaneous injection of morphia. I determined at once to use a drug which seems to commend itself so thoroughly by the extraordinary control which it possesses over the convulsions of epilepsy; and the result has been most satisfactory. Whether the case would have run on to acute tetanus, as it seemed to promise to do, but for the remedy, it is not possible to say; but the relief obtained immediately from the bromide was most decided and unmistakable. The whole amount given between February 13th and March 25th was six and a half ounces: the first ten days, three drachms daily; then two drachms till March 15th; after that, one drachm. The only effect it seemed to

have was to produce ease and sleep. There was no nausea or irritation of the bowels; the healing process in the wounds went on rapidly; and, with the exception of a crop of acne on the forehead which appeared towards the end of March, no eruption has at present resulted.

CASE OF FOREIGN BODY IMPACTED FOR TWENTY-TWO YEARS IN THE VAGINA.

By ARTHUR PEARSE, M.D., Botesdale.

ON December 15th, 1872, S. T., a married woman, aged 36, requested my attendance for a severe attack of menorrhagia, from which she had suffered for ten days. It was accompanied with much hypogastric and lumbar pain, and had produced great prostration and blanching of the skin. The menstrual period had gone a week beyond the time when the attack began. Turpentine was used externally and internally.

On December 17th, the symptoms continued. On examination *per vaginam*, the index finger came into contact with a foreign body, impacted firmly, about an inch from the external labia. It was closely encircled by rigid and thickened folds of the vaginal mucous membrane, so that the tip of the finger could not be passed beyond the lower edge of the obstruction. The patient reluctantly told me that, at the age of fourteen, she, by the advice of another girl, whom she described as corrupt, introduced a cotton-reel into the vagina, where it became fixed and remained, she being unable to extricate it herself, and unwilling to mention the occurrence to any one. For the first few years of its impaction, she suffered much pain and inconvenience; but for the next twelve or fifteen years it was of but little trouble to her; however, within the last few years attacks of hæmorrhage and slight peritonitis recurred at intervals of a few months, chiefly at the menstrual periods, which were usually regular. She had on several occasions been under medical care at Glasgow and Perth for attacks of peritonitis and menorrhagia. The bowels were generally regular. She had always suffered more or less from leucorrhœa. Micturition had been frequent, especially at the menstrual periods, when there was incontinence, with pain. Up to this time she was able to attend to her domestic duties. Gallic acid was now (December 17th) given to check the hæmorrhage.

On December 19th, peritonitis had supervened. The hæmorrhage was less. Opium pill was given, and liniment of turpentine and opium was applied externally.

On the 22nd, the peritonitis was subsiding; there was much perspiration and prostration; her appetite was returning; quinine mixture was given.

On the 25th, the patient having gone to a cottage-hospital in the neighbourhood, the foreign body was removed. With the assistance of the other medical officers of the hospital, the patient was brought under the influence of ether. On placing her in the lithotomy position and dilating the thickened folds of mucous membrane, the reel could be seen, with its long axis corresponding to that of the vagina—communication with the parts above being only maintained through the central perforation of the reel. By means of a pair of lithotomy forceps I grasped the reel, and with some difficulty extracted it intact. It was much blackened, and the central canal, through which the menstrual discharges had passed for twenty-two years, was perfectly clear. There was an urethro-vaginal fistula, half an inch in length, situated near the orifice of the urethra. It had been caused, no doubt, by the pressure and friction of the lower rim of the reel, and would account for the incontinence of urine. Very little blood was lost at the operation, the knife not having been used. The patient was kept in bed, on milk-diet, and the vagina daily syringed with Condy's fluid.

On January 11th, 1873, she left the hospital much better, but weak. Since that time menstruation has been regular, prolonged, yet not excessive or painful. She does not suffer from incontinence of urine, except for a short time at the commencement of the monthly period. She feels tolerably strong, and is able to attend to her household duties.

REMARKS.—The above case presents some remarkable points of interest—viz., the size of the cotton-reel (one inch by one inch and three-quarters); the length of time of its impaction (twenty-two years, from the age of 14 to that of 36 years); the fact of its not before being discovered while under medical care years ago; also the patient's determination not to speak of the subject to any one. The most unintelligible part of her history is, that she has been twice married—first, thirteen years ago, and secondly, eighteen months since to a brother of her deceased husband (Scotchmen), both being in ignorance of the cause of her frequent ailments and her sterility.

PATHOLOGICAL MEMORANDA.

SARCOMA IN THE RAT.

FACTS like the following have at present, perhaps, but little bearing on the advance of pathological knowledge, though it may be interesting to place them together.

In February, 1869, I made an examination of a tame piebald rat. It had been kept for some time in a squirrel-cage, in which it was found, one morning, lying dead. Its abdomen was very swollen and hard; the thoracic organs were healthy; the cavity of the abdomen contained about an ounce and a half of sanious fluid. Attached to the peritoneum was a large firm mass which pushed the intestines to one side, but left them perfectly free. In the right kidney was a cyst, one-third of the size of this organ, containing a greenish-coloured fluid. Microscopic examination of the tumour showed the simple round cells of sarcoma.

In the March number of the *Archives de Physiologie*, Dr. H. Liouville describes the occurrence of general sarcoma of the serous tissues in a grey rat. The animal had been kept for three years among a number of others, for use in experiments. It had never been operated upon, and escaped, but returned after two years' absence. Soon after its return it began to pine away, and a week later died. The necropsy was made the same day. In addition to signs of pericarditis and peritonitis, there was great congestion of the brain; also "hæmorrhagic pleurisy," with false membranes on both sides. A tumour of the size of a cherry was connected with the peritoneum and perforated the diaphragm; smaller masses and granulations occupied the latter, the anterior mediastinum, the pleura and pericardium. Both suprarenal capsules were in a condition of grey degeneration and easily broken down.

This degeneration of the suprarenal bodies is not uncommon in the lower animals. I have seen them removed from a cat in a condition of hard calcification.

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to St. Mary's Hospital, etc.

CLINICAL MEMORANDA.

RARE DISLOCATION OF THE HUMERUS.

OBSERVING in the BRITISH MEDICAL JOURNAL for June 7th, an account of a case under the above heading, recorded by Mr. Storks, of the Salford and Pendleton Hospital, it occurred to me that the following case might be of sufficient interest for notice.

The patient, an elderly woman, applied to me for admission into our infirmary on account of pain and stiffness of the shoulder-joint. She stated that two or three months previously she had a fall over a piece of orange-peel, upon her elbow. Thinking she had only bruised her shoulder, she took no notice of it until coming under my care. Upon examining the shoulder, no great loss of rotundity or flattening of the deltoid was apparent, although the muscle appeared somewhat narrowed. The elbow-joint was directed somewhat outward, but neither forward nor backward; and the arm was capable of motion to a somewhat considerable degree. The patient seems to have been able to dress herself with slight assistance. The globular head of the humerus could not be detected, save imperfectly, in the axilla. I told her that she had put her shoulder out, which rather created surprise. Having a second opinion, it was suggested that it might be atrophy of the deltoid muscle, partly on account of the arm being capable of being moved to her side, also outwards, backwards, and forwards, and some elevation at the elbow-joint being admissible. The coracoid process of the scapula was by no means prominent; nor could the glenoid cavity be clearly distinguished. It being still believed that the injury was a dislocation, other opinions were had; and a more careful examination was made justifying this conclusion. Reduction was scarcely attempted; and the patient recovered with a new false joint of no small service to her. It would appear that the head of the humerus rests just under the ridge of the glenoid cavity at the under surface of the neck of the scapula, forming a bed for itself in the long head of the triceps muscle; the teres minor muscle, no doubt, contributing towards keeping it *in situ*. The arm appears to be of the same length as the sound one.

Such cases are undoubtedly interesting from the possibility of their being mistaken in the diagnosis, or even altogether overlooked. They teach the importance of careful investigation and the danger of hastily coming to conclusions.

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