from her, and was helped back to bed, sick and faint. She was not seen by a medical man for some months afterwards.

Attempts were made repeatedly to reduce the uterus, which was found to be completely inverted; but without success. When I saw her, she was greatly emaciated, looking worn and very anæmic. This had been induced by the frequent hæmorrhage and leucorrhœal discharge, and frequent vomiting. Her health had become gravely deteriorated.

After some ineffectual attempts at reduction, I gave a dose of opium to allay irritability, and fixed Aveling's repositoir, and the uterus corrected itself during the night. I removed the instrument the next morning. The cup was in the uterus. The curious point in this case is, that two days afterwards, on examining the woman, I found the posterior wall bulging in and down; in fact, reinversion was proceeding, not, as is usually described, by the fundus becoming cup-shaped and tending to come down, but by the bulging of the posterior wall.

I was able to correct this immediately by pressure with the fingers. The uterus corrected itself with a distinct slip; and I had no further trouble with the case. I kept her in bed for a month, and fed her up; but it was three or four months before she began to feel really strong. Menstruation became regular, and normally frequent; and she has since been delivered of another child without any incident worth noting.

CASES OF PAINFUL MAMMA IN YOUNG GIRLS.¹

By JOHN H. MORGAN, M.A. Oxon., F.R.C.S. Eng.,

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F. H., a healthy, well made girl, aged 11½, was brought to see me at the Hospital for Sick Children on account of great pain in the left mamma, which had existed for nearly a twelvemonth, but had latterly become more severe. She was rather weak and overgrown, but otherwise she appeared to be in good health. There was no history of any blow or injury. The left mamma was very little larger than the right, yet there was a slight but decided swelling of the whole gland. She complained of continuous pain in this region, and the very slightest pressure caused her to wince. The mother stated that, at times, the pain was very severe, and there was no doubt, from the child's manner when seen, that this was the case. There was nothing to warrant the suggestion of hysteria. No catamenia had appeared, nor were there any other indications of their advent. It was stated, however, by the mother that two elder daughters, by a former marriage, have found the catamenia appear at 11½ years of age, and both had premonitory symptoms, the one experiencing severe headache, which ceased upon the appearance of the menses, and the other suffered from a rash upon the body, and headache. In both these children there was no appearance of any flow for two years subsequent to its first occurrence.

The painful condition of the mamma in this child continued for six weeks, notwithstanding local and general treatment, during which time no alteration in the condition of the gland was to be noticed. There was no heat or redness of the areola, and there was but little enlargement, nor was any change observed in the appearance or condition of the nipple. At the end of this period, however, the right breast became afflicted in an identical manner.

For another six weeks—during which she was treated with aloetic purgatives, with iron, and with the local application of belladonna—the condition remained much the same; but at length it began to intermit, the pain disappearing for a few days and again recurring, until, at the end of the fifth month after I first saw her, the symptoms disappeared, no catamenial show having then occurred.

In the last four years I have had several cases of this painful affection of the mamma brought to my notice. The ages of the girls varied from 10½ to 12 years, and most were tall and well formed. In five of the cases the left breast only was affected, and in one case the right, whilst both were consecutively the seats of pain in the case above detailed. Seeing this more frequent tendency of the left mamma to become affected, it occurred to me that it might be due to the pressure of the chest against a desk in writing, and in one or two of the patients this was thought a possible explanation, but in none of them did the pain cease for many weeks after they had been kept from school, or prohibited from writing.

All the cases remained under observation for many weeks, and I cannot say that they were much relieved by local or general treatment. The pain, as in the above case, became intermittent, and at

last ceased. Some nervous symptoms were present in two of the children, one having been previously under treatment for chorea, which had not entirely disappeared, and another suffered from occasional headaches, vomiting, and pain in the lower part of the abdomen.

I have been unable to meet with much information on the subject of this condition in any works on surgery, or in any special treatises on diseases of the breast, and I believe that the condition is a rare one from the few cases of its occurrence among the very large number of patients which come before me. The absence of any great heat, redness, or swelling, puts inflammatory conditions out of the question, and the age of the patients, the obstinate and chronic character of the pain, together with the slight enlargement of the gland, and its extreme tenderness on pressure, would seem to point to some developmental change in the structure of the gland, which accompanies, or may even precede, the changes which are doubtless commencing about that period of life in the ovaries and organs of generation, with which the mamma has so many sympathies.

CASE OF RUPTURE OF BLADDER: DEATH FROM HÆMORRHAGE.

By C. EMILIUS THOMPSON, M.R.C.S., L.S.A., Salisbury, South Australia.

J. W., a lad, aged 15, was brought to my house from his home, a distance of two miles, on the 19th of March last, at 9.30 A.M. I was informed by his parents that he had gone to bed on the previous evening between 10.30 and 11 P.M., after making a good supper, being then in good health and spirits. About an hour afterwards, he came to his father, and complained that he was in great pain, and unable to pass urine. He had passed urine at 10 P.M. freely. By much straining, he did pass a few drops mixed with blood. Nothing was done for him, and he continued to suffer great agony, a few drops of pure blood escaping *per urethram* in the course of the night. When I saw the patient, he presented all the symptoms of having suffered from profuse hæmorrhage. His face was blanched, pulse small and fluttering, respiration somewhat hurried, and there was intense thirst. He complained of great pain over the lower part of the abdomen, and stated that he had been unable to pass urine since the previous evening before going to bed. The hypogastric region was somewhat prominent and unyielding. Dulness on percussion extended from the symphysis pubis to the umbilicus. No sense of fluctuation could be obtained by palpation. A No. 9 catheter was passed without difficulty, and a few drops of venous blood drawn off, quite unmixed with urine. Stimulants were administered, and the boy was carefully removed to his home, where, after a delay of an hour and a half, he was placed under ether, and I performed the median operation for stone (Dr. W. P. Nesbitt assisting), with the view of exploring the bladder, and removing the blood-clot with which we supposed it was filled. On introducing the finger into the bladder as far as possible and syringing with warm water, the true nature of the case became apparent. A small quantity of partly clotted blood was washed out, but the water soon returned almost colourless. The smooth mucous membrane of the neck of the bladder could then be recognised by the finger. A catheter was introduced through the wound and tied in. The patient succumbed six hours after the operation.

A *post mortem* examination was made twenty-one hours after death. Rigor mortis was marked. There were no external marks of violence. On cutting through the abdominal wall in the median line, a firm layer of blood-clot of very dark colour was exposed, extending in a somewhat pyramidal shape from one inch below the umbilicus as far as the symphysis pubis, the apex being towards the umbilicus. The blood had infiltrated between the abdominal wall and the parietal peritoneum. There was no blood in the peritoneal cavity. The pelvis was full of venous blood, in great part clotted, especially around the bladder, the walls of which were thickened by adherent clot to the extent of three-quarters of an inch beneath the peritoneal investment. There was no odour as of urine mixed with the blood. Owing to the quantity of firmly clotted blood in the pelvic cellular tissue, it was impossible to obtain a view of the bladder *in situ*; and, in the process of removing the organ, it tore slightly with the moderate traction made on it in raising it from its attachments. It was contracted and empty. The mucous membrane was smooth, of a dusky pink colour, but otherwise healthy. The outer surface of the bladder was almost completely surrounded by firm adherent clot. There was a rent, about two and a half inches long, commencing in the base of the

¹ Read at a meeting of the Harveian Society.