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.,

Assistant-Surgeon to the Charing Cross Hospital; Assistant-Surgeon to the Hospital for Sick Children, Great Ormond Street.

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.

organ near the neck and extending upwards and to the left. The rest of the organs of the body were anæmic, but otherwise healthy.

REMARKS.—The case was one of unusual difficulty of diagnosis, owing to the absence of any history, either of violence or previous illness. Both the boy and his parents denied all knowledge of any cause for his condition. The singular direction taken by the extravasated blood gave rise to physical signs compatible with the supposition that the bladder was distended with clotted blood, while the history of the previous eleven hours, of a constant desire and inability to micturate, together with gradually increasing faintness and pain in the hypogastrium and at the end of the penis, and the results of catheterisation, were not incompatible with such a condition. On the other hand, it was difficult to imagine a natural cause for such a hæmorrhage occurring into the bladder of a lad of 15 without any previous warning or ailment whatever. Though it was impossible to obtain legal evidence of the fact at the inquest, it is practically certain that the boy was knocked down by a man with whom he was quarrelling, immediately before he retired to rest; and the presumption is, therefore, that he received a blow or kick in the belly, or fell upon a stone or a log of wood. The close relationship of his assailant affords ample reason for the boy's persistent denial of his having received any injury. It is to be regretted that the exact measurement of the original rent could not be ascertained, but I am of opinion that it was not enlarged to any great extent at the *post mortem* examination. Such profuse hæmorrhage is probably unusual in the rare accident of rupture of the bladder, and, with so much internal injury, the complete absence of external marks of violence is noteworthy, even bearing in mind the yielding nature of the abdominal wall; and this absence is rendered further remarkable from the fact that the injury must have been sustained at a time when the bladder was comparatively empty.

CLINICAL MEMORANDA.

MOLLUSCUM FIBROSUM SEU SIMPLEX.

MARGARET D., aged 71, when seen by me in 1883, was the subject of the rare disorder named as above by Mr. Hutchinson. She was a strong looking woman. When first examined, she told me that the tumours on her head, face, neck, and arms commenced about twenty-five years ago. Subsequently, however, she said that she understood that she had a few of those tumours from birth.

She has had several children and grandchildren, none of whom presented any tendency to tumours, nor had any other of her relations suffered from the affection. She suffered no pain nor inconvenience from the tumours, some of which were over three-quarters of an inch in length and quite pendulous. They were mostly, however, very small; the smaller were, as a rule, sessile, and the larger pendulous.

The present case bore some points of resemblance to that recorded by Mr. Jonathan Hutchinson as having been at Blackfriars Hospital in 1866. The tumours were not, however, nearly so numerous as in the case referred to.

Mr. Hutchinson alludes to the not unfrequent occurrence of solitary tumours of the same kind. Some such cases, in which the tumours attained a considerable size, have come under the writer's notice, one especially, growing on the thigh of an aged woman, was only discovered after her decease. Another, on another female, also very advanced in years, was situated between the mammae. In each of these, as in D.'s case, the fibrous and fatty nature of the tumours was highly probable. There seems to be also not necessarily any connection between the sebaceous follicles and those tumours.

The non-contagious nature of molluscum simplex was shown by the case under consideration, as D. was the only member of her family similarly affected, as she stated, and as far as was known to me. This point is also borne out, to a considerable extent, by the circumstance that, of the large number of practitioners to whom I was able to show the case at the Academy of Medicine of Ireland, some time since, not one knew of any other case of the kind in Dublin at the time.

The diagnosis between the molluscum simplex and molluscum contagiosum, is clearly seen in the case under consideration by the absence of a central aperture, or of an umbilicated appearance, and by the comparative laxity of the structure or tissue in the former, as, even on the back of the hand, where the tumours are less pendulous than on the neck, chest, etc., the nature of these tumours is evidently distinct from those of the contagious affection.

The very chronic character of fibroma, as it has been named by Dr. Tilbury Fox, is well illustrated in D.'s case, as, though now advanced in years, she latterly admitted that she had a few of the tumours when a very young child, if not at birth.

It has been a matter of regret that the patient would not submit to any treatment or operation whatever for the tumours; indeed, she was unwilling to submit to much examination, and refused to allow herself to be shown a second time to the profession, and it was with much difficulty that her objection to being sketched was overcome.

This case was represented in a sketch exhibited at the Belfast meeting of the British Medical Association. She complained of no inconvenience from the tumours, nor did they appear in any way to have affected her health. CHARLES FREDERICK MOORE, Dublin.

HERPES FOLLOWING THE EXTERNAL USE OF BELLADONNA AND ATROPINE.

G. A., aged 40, was the subject of chronic rheumatism. Two months ago, he was ordered belladonna-liniment, for application to a painful knee-joint. The use of this was followed by an eruption of herpes, with a good deal of swelling over the seat of application of the liniment. Last week, he had an attack of iritis in the right eye, for which a solution of atropine was used to dilate the pupil. Some of the solution ran over the cheek; and was, in a few hours, followed by an herpetic eruption of exactly the same character as had followed the use of the belladonna-liniment. The swelling was so great that the eye was completely closed. M. MACKINTOSH, M.B. Lavender Hill, S.W.

THERAPEUTIC MEMORANDA.

NITRITE OF AMYL AN ELIMINATOR OF URIC ACID.

I MAY be allowed to report that the patient suffering from gout, whose case I referred to in my article on this subject in the JOURNAL of May 23rd last, still remains well. He has been taking an inhalation of the nitrite fortnightly since then, and has mentioned to me that he feels the better for it.

I am pleased to observe that Dr. Mortimer Granville finds nitrite of sodium beneficial in "gout-epilepsy," partly on elimination grounds. Nitrite of amyl has long been given in epilepsy; but, where there is also an incoordination between the manufacture in, and elimination from, the system of uric acid, I have no doubt but that the nitrites are specially beneficial. I know of no other agents which eliminate uric acid as such.

Dr. Handford, of Nottingham, in a Therapeutic Memorandum (June 20th), endeavoured to point out that I had not supported my paper referred to by sufficient evidence. I have again to ask him to produce the exact quantitative analytical experimental proof which is possible to him—for or against my position. He might now do good service to truth, by overturning or confirming the basis of the observations of Signori Giuseppe and Sansoni, Dr. Mortimer Granville, and myself. ARCHIBALD MACDONALD, M.D. Edin., Liverpool.

A REMEDY FOR THE GALVANIC TASTE.

ONE of the material inconveniences of galvanisation of the head and neck complained of by patients is the persistence of the galvanic taste. Although its duration becomes evanescent as "tolerance" to the current is established, at first it lasts many hours, frequently all day, and spoils the taste of all food. A patient whom I, in conjunction with Dr. Saundby, am treating with galvanism, tells us that a little pinch of coffee chewed from time to time is an efficient antidote to this disagreeable sensation.

LESLIE PHILLIPS, M.D. Brux., Lincoln's Inn, Birmingham.

OBSTETRIC MEMORANDA.

POST PARTUM RETROVERSION OF UTERUS: PENT-UP LOCHIA: PROLONGED RETCHING: RECOVERY.

ON December 9th, 1884, Mrs. Kate E. was confined of her second child, and had quite an easy time, all going on well. She kept her bed for nine days, and got up and sat in a chair with a blanket over her for two days. On December 17th, the lochia entirely ceased. She first sat up in a chair, with a blanket over her, on December 19th, when she complained to her nurse that she felt weak over her "stomach," as if something had "gone." She found relief, whilst sitting, bending over with her chest approaching her knees, and her hands pressing her abdomen. On December 22nd, she first came downstairs. On the 24th, she was seized with retching; this continued for several