from impossible, however, that, if the tumour had been left to itself, and the child's life had been prolonged, detached portions of bone, as in Sir B. Brodie's case, might have been formed in the semi-solid portion containing small cysts, which projected

Fig. 3.—Drawing from Harriet F. a few weeks after recovery

into the cavity of the large cyst. I would also just notice that, in some of the best marked cases of included foetation, no foetal structure has been at first visible during life. Thus I would refer to the case of a girl who, at the age of 20, had a third leg amputated, which hung down as low as her knees, terminating in a double foot with ten toes. When she was a baby nothing was perceptible except a small tumour, which burst at the age of 3 years, giving exit to a watery fluid, and then the monstrous limb began to grow (Pitha's case, to be referred to hereafter).

[To be continued.]

INVERSION OF THE UTERUS AFTER LABOUR. A woman, aged 50, was admitted into the Frederick's Hospital, in July 1865. She had, with an interval of four years, borne two children, the last thirteen years before. Both labours were easy. About eight years ago she observed that the uterus prolapsed; menstruation, regular, but scanty, had ceased during the last six months. A month ago a profuse hæmorrhage took place, attended by sacral pains. The uterus was found between the thighs, of the size of two fists, completely inverted. In several spots lacerations were observed, extending into the muscular tissue. Some days later the uterus seemed diminished in size; irritative fever set in; gangrene showed itself in the left side of the uterus. The uterus contracted more and more. At last only the orifice remained, as a scar. The woman recovered. Dr. Clemensen attributes the origin of the inversion to the altered texture of the organ, resulting from fatty regression after labour.—*Hospital Tidende*, 1865; and *British and Foreign Med.-Chir. Review*, Jan. 1867.

OBSTRUCTION IN THE URETHRA:

A PIECE OF BONE IMPACTED, TEN YEARS AFTER INJURY OF THE PELVIS.

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A LABOURING man from a country village, 30 years of age, was admitted into the Radcliffe Infirmary, Oxford, on November 20th, 1850, complaining of constant pain in the urethra, hindering sleep at night, and attended with difficulty of micturition, which was caused, as he thought, by a piece of stone lodged in the passage.

Without any previous symptom to attract his attention, he perceived, on passing urine a few days before admission, that a small light-coloured substance, which he took for a stone, was ejected forcibly with the urine, the stream becoming almost immediately narrowed by another piece, which stuck fast in the passage, and which he was not able to remove with his fingers.

On the day after admission, the orifice of the urethra was observed to be slightly contracted; and there was a slight puriform discharge. The urine passed on the morning after admission was made turbid by mucus. A metallic sound, No. 8 in size, was passed into the bladder, without detecting a calculus; but great pain was caused by the instrument stretching or twisting the urethra, about three inches from the meatus, where a foreign body was felt to be impacted.

Several ineffectual attempts were made to extract the foreign body with forceps of different kinds. Though recognised easily as a solid rough substance, it could not be moved either forwards or backwards. Great pain was produced by every kind of manipulation.

November 28th. The patient having seated himself (with some difficulty) on the edge of a table, in a convenient posture for operation, a straight staff was passed into the urethra, and an incision about half an inch long was made through the integument and corpus spongiosum into the urethra. Through the opening thus made, a rough spiculum of bone was, with some difficulty, extracted. It was about three-quarters of an inch long, pointed at each end, and eaten away at the sides, where it varied in width, being about a fifth of an inch in its greatest diameter.

In answer to further inquiries, the following history was then obtained from him. Between nine and ten years ago, he was knocked down by a horse and cart; and as he lay on the ground, with his face downwards, one of the wheels passed over his pelvis. He rested from work, and remained in bed for about three weeks or a month, without receiving medical treatment. He was then brought to the Radcliffe Infirmary, complaining of lameness, with pains in the hip, which were attributed to rheumatism. He remained eleven weeks under the care of one of the physicians (the late Dr. Wootton), and was discharged without deriving relief. A succession of abscesses afterwards formed about the left side of the perineum, and one in front of the left thigh, below the bend of the groin. He knew nothing of the escape of any pieces of bone. At the end of about eighteen months from the time of the injury, he had recovered sufficiently to be able to return to his accustomed work as a labourer on a farm, without finding any hindrance, except from stiffness in his left hip. The cicatrices of several of the abscesses

were visible—all firmly healed. The left lower extremity was about an inch and a half shorter than the right; the muscles of the buttock, the thigh, and the leg, were much wasted; and the hip-joint was firmly ankylosed by bony union, so that he could not sit in the usual position on a chair.

The obvious conclusion to be drawn from such a history was, that the two portions of bone—the only pieces which had been observed—had been detached from the pelvis, as the result of the injury (probably fracture), and, instead of being discharged externally by means of the abscesses, had passed into the bladder.

December 5th. The wound was healed. He was allowed to get up and walk about the ward. He had slept well since the operation; which, he said, had not been the case for a long time. There was still a little pain in passing urine.

He was discharged on the 9th. A small quantity of mucus was still observed in the urine.

On August 6th, 1851, he was re-admitted, complaining that there was another piece of bone, or something like it, near the seat of the former operation. The day he left the Infirmary, he passed some bloody urine; and he had been in more or less pain ever since. A full-sized bougie was passed with some difficulty, without finding any actual obstruction, and without producing pain. No foreign body could be felt by external manipulation.

August 13th. He had continued to complain so severely, especially of the straining in passing urine, that to-day I passed a director into the urethra, and cut into the canal, through the cicatrix of the former operation. The tissue of the urethra seemed to be rather hard and cartilaginous; but I did not find any foreign body.

He was completely relieved by the operation; and left the Infirmary on the 27th.

About twelve or fifteen months afterwards, he came under the observation of Mr. Dixon, of Watlington. A fresh succession of abscesses had formed about the perineum; and he died exhausted under the profuse discharge. The body was not examined after death.

REMARKS. A short notice of this case was given in the *British and Foreign Medico-Chirurgical Review* for April 1863, page 426. The further particulars now given may, perhaps, be thought worthy of attention, in connection with the case lately published by Mr. H. Thompson, in the *BRITISH MEDICAL JOURNAL* of January 5th, in which some fragments of bone formed the nucleus of a calculus in the bladder, after a succession of abscesses about the pelvis.

In this man's case, the early symptoms had been in a great measure forgotten, the patient being an uneducated labourer; his sufferings under a very severe injury not having made a very lasting impression on his memory. In the second operation—when the piece of bone which he expected to see removed was not found—it seemed to me that a tough cicatrix existed in the urethra at the seat of the first operation; and that the relief he obtained was from the free division of the hardened tissues which was made by the incision from without.

NETTLE-TEA. Dr. Vanackere, in the *Gazette des Hôpitaux*, praises highly the decoction and the liquid extract of nettles, administered internally in cases of hæmorrhage, such as epistaxis, menorrhagia, hæmatemesis, etc. The decoction is of the strength of 80 parts in 1,000 of water—a teacupful morning, midday, and evening. Occasionally it causes irritation of the stomach. To obviate this, it may be mixed with a mucilaginous substance.

Reviews and Notices.

QUAIN'S ELEMENTS OF ANATOMY. Seventh Edition. Edited by WILLIAM SHARPEY, M.D., F.R.S., ALLEN THOMSON, M.D., F.R.S., and JOHN CLELAND, M.D. In Two Volumes, illustrated by upwards of 800 Engravings on Wood. London: James Walton, 1867.

It would be almost enough to rest content with quoting the title-page of this volume, if our object were only to announce the completion of this new and more perfect edition of the great English standard work of Anatomy. *Quain's Anatomy* has not been allowed to rest upon its old reputation. The best book has been made better at each successive edition by incorporating new matter and by remodeling the old. "Quain" became "Quain and Sharpey"; and has now become "Quain, Sharpey, Allen Thomson, and Cleland." To those who years ago taught that the older anatomists were the gleaners, that they were the stubble-geese, and that the whole field must shortly be picked so bare that little, if anything, would remain for future workers, the constant additions to our knowledge of general anatomy must be not a little surprising. As research is prosecuted, fresh fields open; and at this moment there are whole tracts of undiscovered land awaiting investigation, besides those of which the records require to be verified. The structure and development of the sympathetic ganglia; the behaviour of spinal and sympathetic nerves when mixed in the same ganglion; the ultimate termination of motor nerves; the wider questions of cell-development and periplastic growth; are examples of subjects (of which many more might be hastily enumerated) inviting much further investigation.

The present state of knowledge on General Anatomy is presented with masterly clearness and precision by Dr. Sharpey, whose universal acquaintance with the researches of European savans, and unrivalled power of analysis and observation, are admirably displayed in these volumes. Drs. Thomson and Cleland are responsible for the Descriptive Anatomy, the whole of which has been revised and in great part rewritten; the chapter on Surgical Anatomy, originally written by Mr. Quain, being left unaltered. A chapter of directions for Dissection is added; and an entirely new series of wood-engravings, partly original and partly derived from the best modern authorities, and greatly superior in size and definition to the illustrations of the former editions, have been introduced. On this book may be safely rested the reputation of our British school of anatomists. It is not equalled in completeness, accuracy, and perfect adjustment of parts, by any other similar work with which we are acquainted. We commend it especially to students as the necessary text-book for their study for anatomical examinations. It is equally worthy of the careful perusal of all who wish to be on the level of present anatomical knowledge; and examiners and teachers will find it indispensable to their libraries. As models of typography and of good and abundant illustration, and by their convenient size and excellent mechanical execution, these two volumes reflect great credit upon the publisher.