material for examination by dark ground. He was put on novarsenobenzol and mercury injections; the induration and ulcer quickly became much less and disappeared in the course of about three weeks.

REFERENCES.

- ¹*Proc. Roy. Soc. Med.*, Section of Dermatology, 16, 1.
²*Syphilis*, Cassell and Co., 1909.

MEDIASTINAL GROWTH WITH VENOUS THROMBOSIS.

BY

J. A. MACLAREN, M.D., CH.B.

THE following case is of interest owing to the difficulty in arriving at a definite diagnosis.

In August, 1922, a medical man began to suffer from general malaise, shortness of breath, and cyanosis of ears and nose; x-ray examination was negative.

In October, when I was called in, there was complete thrombosis of the brachial veins and partial of the external jugulars; the face was puffy and congested, and the arms enormously swollen. The superficial veins of the thorax and abdomen were engorged. The respirations were quickened and shallow; the heart apex was outside the nipple line, and the liver two inches below the costal margin. The pulse was regular, varying between 70 and 80 a minute; there was no heart murmur, and the chest was clear except for slight dullness and diminished air entry at the right base behind. A sputum test was negative for tubercle bacilli; there was no history of syphilis, but there was a history of previous thrombosis of the right leg following enteric fever and malaria some thirty years ago. Treatment consisted in iodides and podophyllum internally, with fomentations to arms and support to arms and head. The oedema and hardness of veins gradually cleared up, and the heart and liver became normal in size. The chest dullness, however, did not disappear, and later the left base behind also became dull; there were no adventitious sounds except for a few occasional coarse crepitations. The extreme bases appeared to be clear and resonant and breath sounds were audible near the spinal column. The dull patches varied in position and extent from day to day, and were influenced by dry cupping. The patient's temperature never rose above normal, and he had no discomfort apart from slight shortness of breath, sleeplessness, and some flatulence.

In February, 1923, oedema began to reappear in the arms, and later in the right leg, and the heart sounds became muffled. There was then no appreciable dullness in the front of the chest. On the chance of there being a septic focus present I now inoculated him with antiseptic vaccine (P. D. and Co.), with the result that the oedema rapidly began to disappear and the chest dullness diminished. After the third weekly dose everything cleared up except a small patch of dullness in the right axillary line of the chest. Improvement in his condition continued till the beginning of April, when suddenly cough became troublesome, cyanosis began to return, and the heart sounds became weak. At this time there was some slight dullness to percussion over the middle of the front of the chest. The patient now lost weight and daily became weaker and more cyanosed, though he stated that he felt really better in himself except for the cough. Cyanosis increased, oedema of both legs set in, he suffered from orthopnoea, and died suddenly after getting into bed on April 19th.

Post-mortem examination revealed a soft growth, cheesy and breaking down in parts, adherent to the manubrium sterni. It extended down to the pericardium and surrounded the large vessels at the base of the heart. The apices of the lungs, especially on the right side, were involved, and on cutting into the lung substance secondary deposits could be seen studded throughout both lungs. Microscopically the growth showed all the characteristics of round-celled sarcoma.

The points I wish to emphasize are: (1) X-ray examination showed no evidence of new growth. (2) Until the last week or two of the illness there was no dullness over the anterior mediastinum. (3) The dull patches behind varied daily in size and position, and were influenced by dry cupping. (4) The antiseptic vaccine produced immense temporary relief, causing the dull patches, the cyanosis, and oedema to disappear. (5) What relation, if any, had the new growth to the thrombosis? Finally, I draw attention to this point: "In all cases of venous thrombosis affecting the upper portion of the body the existence of a mediastinal new growth should be borne in mind in spite of the want of direct evidence."

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE PUERPERAL INVERSION OF THE UTERUS.

THE case here recorded is of interest on account of the serious condition of the patient when admitted to hospital, and the rapidity with which recovery followed the treatment adopted.

Mrs. M. W., aged 29, was admitted to Victoria Hospital, Southend, on April 16th, suffering from complete inversion of the uterus, following labour, which had occurred an hour previous to admission. She had been under the care of a midwife, who stated that labour had been normal but somewhat precipitate. As the placenta did not come away after half an hour she expressed it, and the "placenta and uterus came down together." The placenta was then removed. She also said that she had not pulled upon the cord, which was normal in length and was not twisted round the child. The haemorrhage was slight. Two years previously the patient had a normal labour, in which the placenta had been retained for an hour after the birth of the child.

On admission the patient was unconscious and pulseless, and in a condition of extreme shock. The shock was treated and consciousness returned in an hour, when the pulse could first be felt. The patient was lightly anaesthetized and Dr. Cleveland Smith succeeded in replacing the uterus by steady pressure for about ten minutes. Pituitrin was given intramuscularly and the uterus douched; it contracted immediately and there was no haemorrhage. For about three days following reposition she had a swinging temperature and an offensive vaginal discharge. This cleared up with douches and she was discharged from hospital three weeks later in perfect health.

The points of interest in this case were the extreme gravity of the shock, the slight amount of haemorrhage, the rapid contraction of the uterus after reposition, and the good results which followed upon early reposition with removal of the placenta as a preliminary.

I am indebted to Dr. Cleveland Smith for permission to publish this case.

ROBERT R. FOOTE, M.R.C.S., L.R.C.P.Lond.

Southend-on-Sea.

IDIOSYNCRASY TO MERCURY.

Miss K., aged 26, came to me complaining of a painful eye condition. On examination the lids were seen to be oedematous with small pearly blebs on the skin surface; there was a good deal of injection of the conjunctivae, with similar blebs on them. She complained of excessive watering of the eye, blurred vision, and photophobia. On the posterior surface of the auricle and skin adjoining were erythematous pearl-like blebs. All down one side of the neck over the distribution of the fibres of the trapezius was a distinct shotty erythema.

The case appeared a puzzle until I went into the question of occupation. The patient had lately engaged herself as a dental nurse, and I ascertained that she had been clearing up amalgam fillings, and had touched some globules of mercury. Evidently she had rubbed her eye with the finely divided metallic mercury, and set up slight mercurial poisoning. She had some slight watering of the mouth, and the parotid was very tender.

Evidently the case was one of special idiosyncrasy to mercury, and I congratulated myself that I had not ordered her a mercurial ointment as treatment for the conjunctivitis.

After using a weak solution of potassium permanganate and some cocaine drops for the eye, the rash and other symptoms disappeared in a week.

Bath.

FELIX MEINÉ, M.B., Ch.B.Edin.

IN 1922 there were 386 cases of typhus in Germany as compared with 533 in 1921. Almost all of the cases occurred among immigrants and refugees.

ACCORDING to the *Journal Officiel* the number of marriages in France during 1922 was 383,220, or 73,000 less than in 1921 and 240,000 less than in 1920. The number of divorces was 27,684, or 4,873 less than in 1921 and 1,472 less than in 1920. The excess of births over deaths has diminished on the whole, but was higher in 1921 in nine departments—namely, Pas-de-Calais, Lozère, Corrèze, Ardèche, Saône-et-Loire, Haute-Savoie, Indre, Ain, Aube.