

legs, and at the same time lost control over urine and fæces. The bladder had to be emptied by the catheter. Two weeks later there was a slight improvement; the bladder and rectum were again under control of the patient, and the urine previously cloudy became clearer. In the last few days he has been able to move his toes a little.

Status before the operation. Head and trunk normal. Axillary and cubital glands somewhat swelled.

Lower extremities. On the skin of the shin are several flat, partially pigmented, not retracted, silver white scars. Edge of tibia is somewhat rough. Right lower extremity completely paralyzed. Of the left, can move the toes. Sensibility decidedly lessened, especially on plantar surface of toes. Complete absence of tendon and skin reflexes.

Urine passed spontaneously, slightly cloudy. Slight constipation. Patient remained in the hospital eighteen days, during which there was a slight improvement in motion, followed by a return to the former state of paralysis, with an increase in the reflexes.

The pupils were at this time unaffected by light, but contracted with the effort of accommodation.

The sciatic nerves were now stretched at the wish of the patient. The details of the operation were the same as in the previous case.

First day after operation general condition bad, micturition difficult. Bandage changed on the third day, and the stitches removed. On the sixth day the antiseptic dressing was discontinued. Eleventh day, complete motor paralysis of lower extremities; sensibility somewhat improved, that to pain has returned; skin reflexes in slight degree present; tendon reflex fails entirely; sphincter ani parietic; catarrh of bladder better, some dripping of urine. Twenty-second day after the operation, wounds healed excepting the points of drainage; condition of the patient not in the least improved by the operation.

CASE III. F. R., coachman, forty-nine years old, tabes dorsalis. No history of syphilis; no genital disturbance.

Twenty years ago began to suffer from lancinating pains in the lower extremities. For thirteen years had no farther symptoms. During the past seven years the pains have been more severe, and patient has noticed a weakness in the legs, and an irregularity in his gait, especially in the dark. Sphincters have been paralyzed; has had girdle pains around the abdomen, and frequent pollutions. The last coitus, seven years ago, was normal. Within the past three years the sphincter paralysis has disappeared. The lancinating pains have attacked the region of the sacrum, both arms, and face. The pupils are alike, of middle size, and contract on accommodation, but not to light; ataxic movements in arms; sensibility to touch and pain normal; in lower extremities pressure sense lost, pain sense present, but delayed; temperature sense lessened; sense of position good; patella reflex wanting on both sides; marked ataxic movements of lower extremities; no incontinence, but patient has to press hard in micturating.

At the request of the patient the sciatic nerves were stretched. The left wound was treated with powdered iodoform, and sewed without drainage. The right was treated with antiseptic precautions and a fine drainage tube was inserted.

This patient had considerable fever after the operation, and pain in the wounds, which healed slowly,

especially the left one. This at the end of six weeks presented a large, deep cavity with flabby, shining granulations. At this time the wound on the right side was nearly healed.

The sensibility seems to have improved slightly after the operation as well as the tabetic symptoms, which were, however, at the end of four months at their former standpoint. The tendon reflex was possibly temporarily improved, but if so it disappeared again.

During the patient's stay in the hospital the lancinating and constricting pains recurred at intervals.

CASE IV. This was a typical case of tabes dorsalis, not very advanced, in a man of middle age. The disease was probably of syphilitic origin. The principal symptoms were girdling and lancinating pains, slight ataxia, diminished pressure and muscle sense. Tendon reflexes failed; the pupils reacted sluggishly to light; no paralysis of bladder or rectum. The lancinating pains, which were of unusual severity, constituted the most troublesome symptom.

Various methods of treatment, including a thorough course of mercurial inunction, having been tried without result, the patient requested that the nerves should be stretched. The operation was performed under Lister. The wounds healed very slowly, and the patient was much reduced.

For a short time after the operation there seemed to be a slight return of sensation in the feet, and through this an improvement in the ataxia. The improvement was, however, temporary, and when the patient was discharged his condition was in no respect better than when he entered the hospital.

It is particularly worthy of note that the pains in this, as well as in the other case of tabes, were not in the slightest degree lessened in frequency or intensity by the operation.

Hospital Practice and Clinical Memoranda.

A CASE OF RETAINED PLACENTA; PROTRACTED CONVALESCENCE; REPEATED CHILLS AND FEVER ALTERNATING WITH DAYS OF COMFORT WITH NORMAL TEMPERATURE.¹

BY W. W. WELLINGTON, M. D.

ON April 13th I attended Mrs. H. in her first confinement; she was in labor eight hours; natural, with the exception that the placenta was retained by an irregular contraction of womb, making it necessary to pass the hand through the contracted portion in order to deliver it. It was necessary also to pass the hand into the womb twice in order to remove coagula and to secure contraction. After labor, the patient was comfortable, bright, took nourishment, and had no after pains.

April 14th, A. M. Slept well last night, and bright this morning. At noon had a severe chill, followed by heat and sweating, and accompanied by headache, pulse 130; temperature 105° F.; no abdominal tenderness or swelling; womb well contracted; a quart or more of urine drawn by catheter. At evening pulse 100; temperature 103° F.

April 15th, A. M. Pulse 120; temperature 102.5° F.

¹ Read before the Obstetrical Society of Boston, November 12, 1881.

Only complaint was of weariness, and a feeling as though she had been pounded. The night had been restless; she was thirsty; no abdominal pain, tenderness, or swelling; can move in bed easily; tongue moist; there was no albumen in the urine, and the quantity secreted was normal; drinks milk freely; not much flowing; lochia slightly offensive. In evening, pulse 106; temperature 104° F.

April 16th, A. M. Symptoms all relieved; pulse 96; temperature 101.5° F.: had a good night; less pain in head; no pain or soreness in abdomen; lochia slightly offensive. P. M. Another chill, not very severe; pulse 100; temperature 105° F. Abdomen a little tender and swollen; bad feeling in the head; breasts full, with a fair secretion of milk; two spontaneous dejections.

April 17th. Pulse 92; temperature 102.3°; had a good night; better every way; breasts full; a small spot of tenderness in the abdomen. (Its exact position is not stated in my notes.) Lochia less offensive.

April 18th. Very comfortable. 19th. Comfortable; pulse 88; temperature 99° F. 20th. Pulse 90; temperature 99° F.; frequent desire to urinate.

April 21st. (Ninth day.) Chill at midnight. In morning, pulse 120; temperature 105° F.; severe headache; heavy and somewhat stupid; no appetite; thirst; secretion of milk nearly arrested; no abdominal tenderness. In evening, temperature 103° F.; feeling better generally.

April 22d. Pulse 96; temperature 98.5° F.; bad symptoms have passed off; slight dysuria.

April 23d. At morning visit, all right; in evening fever, but no chill; pulse 112; temperature 104° F. worried in mind and unable to sleep; vaginal examination reveals nothing; os uteri closed; no tenderness about womb; lochia slight; no offensive odor.

April 24th. (Twelfth day.) At morning visit, pulse 100; temperature 103° F. feeling better, but had not slept well. In evening, pulse and temperature normal; sitting up in bed and eating her supper, consisting of bread and milk. Says she feels "first rate."

April 25th. Pulse and temperature normal; feels well.

April 27th. (Fifteenth day.) Last evening, had a fever turn of considerable severity without a chill; this was attended with headache, pain in back, and sleeplessness, and was followed by perspiration lasting all night. At one time both arms and hands were rigid for a few minutes, suggesting convulsions; breasts became soft, and milk thin and watery. This morning, pulse 104; temperature 101.5° F.; a tender spot in left iliac region; sleepy and stupid. P. M. Had slept well all day and was feeling better.

April 28th. Pulse 96; temperature 100.4° F. Feeling well; milk has returned; has slept well; can move in bed without pain; headache and abdominal tenderness have departed.

April 29th. Pulse 90; temperature 100.2° F.; comfortable.

April 30th. Pulse 90; temperature 99.8° F.; comfortable.

May 1st, A. M. Pulse 90; temperature 99.8° F.; with exception of pulse and temperature seems perfectly well.

April 26th. Pulse and temperature normal; feels well.

May 2d. Pulse 80; temperature 100° F. Yesterday, P. M., had a nervous hysteric turn, lasting a

couple of hours, during which the head was hot, and there was much mental worryment. To-day, professes to feel well and really seems so. Lochia slight and a little offensive.

May 3d. Pulse 96; temperature 100° F.; comfortable.

May 4th. Pulse 90; temperature 100° F. Slight fever turn yesterday P. M.; comfortable to-day.

May 6th. Pulse 96; temperature 100.4° F. A small clot passed from vagina, with some offensive discharge; reports herself as perfectly well. Sits up two hours at a time.

May 7th. (Twenty-fourth day.) Yesterday, after "sitting upon her feet" in bed (a peculiarity of hers) had a pain in right leg, which has continued. This evening leg is painful and swollen; cannot lift it up; tenderness in groin, along inside of thigh, and in calf of leg. No chill; pulse 100; temperature 102° F.; no pain; appetite fair.

The inflammation of the leg continued for a few days, and on the 16th of May (the thirty-third day after her confinement) I made my last visit. The lady has been well ever since.

The changes from grave to gay were in this case sudden, numerous, and irregular. The first chill occurred within twenty-four hours of the end of the labor. The febrile symptoms (temperature 105° F.) passed off in two days. Immediately another chill (temperature 105° F.) and the bad symptoms departing the next day. The third chill, four days after (temperature 105° F.), the fever subsiding the next day. On the day following, fever without chills (temperature 104° F.), subsiding the next day. Three days after, fever without chill (temperature 101.5° F.), subsiding the next day. Four days after, the nervous or hysteric turn; relieved the next day. Four days after, the phlebitis of the leg, continuing ten days. The uterus was after labor supposed to be thoroughly emptied, and during the whole time there was no abdominal inflammation of any considerable amount.

Reports of Societies.

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. W. SWAN, M. D., SECRETARY.

At the meeting of November 12, 1881, DR. HALL CURTIS read a paper on Tumor Formations in Acute Pelvic Inflammation, which will be published hereafter.

THE CHIN ON THE PUBES AFTER VERSION; CRANIOTOMY.

DR. FORSTER read the following case:—

The following is briefly reported as being of interest, as the operation performed is one which the general practitioner is seldom called upon to undertake.

Last Wednesday evening I was summoned to meet two of my professional friends and bring my cranioclast, or instruments for craniotomy. I answered the summons taking with me my Smellie's scissors, fork, etc.

I found a colored woman in bed in her second pregnancy, labor having begun twenty-four hours previously. The antero-posterior diameter was very much diminished. Efforts at delivery with forceps having failed version had been performed and the child delivered with the exception of the head, which