difficulty. The mother again had a convulsive seizure, which was again controlled with chloroform. Two placentae were delivered half an hour after the birth of the third child.

There was considerable haemorrhage, but not more than might have been expected after such distension of the uterine walls and consequent atony. Two injections of ernutin and continued massage were successful in arresting this and getting fair contraction of the uterus. The patient had no more fits, and made an uninterrupted recovery, the temperature never rising above 99.8°. The children all survived, and continue to do well.

The patient had a large ventral hernia, and subsequent inquiry into her past history revealed the fact that five years previously she had undergone ventral fixation of the uterus for prolapse. Unfortunately I had no opportunity of examining the urine previous to labour, but a catheter specimen taken afterwards contained a trace of albumen; this entirely disappeared by the sixth day.

The occurrence of the convulsions is interesting, and, as they can hardly have been eclamptic in nature, were possibly due to the fixed position of the uterus. The patient's previous confinements were quite normal, and she has never suffered from fits of any description previous to this.

FREDERICK J. C. BLACKMORE, M.R.C.S., L.R.C.P.
Hereford.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

BLAENAVON COTTAGE HOSPITAL.

EXTENSIVE FRACTURE OF SKULL.

(By A. H. JAMES, M.D.Edin., Senior Surgeon.)

R. L., a collier, aged 47, received injuries in a coalpit by a fall of roof at 11 a.m. He was brought into hospital at 2 p.m.

He was suffering from a severe horseshoe-shaped scalp wound, which, except at its base, was completely torn off from the skull at the top of the head. It measured 12½ in. The skull was uninjured. Haemorrhage from the left ear indicated fractured base. There was a lacerated wound posteriorly over the occipital bone, a fissured fracture of the skull 3 in. in length, and a lacerated wound of the scalp over the right eye extending through the upper eyelid along the zygoma backwards to the ear. On raising the flap it was found that the patient had a depressed comminuted fracture involving the frontal, parietal, and temporal bones. His back was severely bruised and cut; he complained of great pain in the right chest when breathing.

The patient took the anaesthetic badly. His pupils were pin-point; pulse weak and irregular, and breathing caused great anxiety. I considered that the best method of raising the depressed fracture was by trephining above over the frontal bone, so as to raise the pieces *en bloc*, in preference to raising them piecemeal, thereby giving them a better chance of keeping in their respective positions.

An icebag was applied to the head; purgatives were given freely. As no action resulted, an enema was given on the second morning; afterwards the purgative acted satisfactorily. On the second morning it was found that the patient was suffering from traumatic pleurisy over the sixth, seventh, and eighth ribs on the right side. On the fifth day he suffered from retention of urine for thirty-six hours, and a catheter had to be used. Haemorrhage from the ear continued until the fifth day. On the third day facial paralysis developed on the left side and the left pupil became very dilated. For the first ten days the patient seemed to have great difficulty in swallowing and all his slop diet had to be given him with his head reclining to the right side. Stitches were removed on the ninth day, the parts having healed by first intention, except the posterior wound over the occiput, which suppurated. On the ninth evening he developed a sharp, continuous, pneumonic cough, due to hypostatic congestion. The temperature, which had varied from 99° to 100°, was 101°. The icebag was removed, the patient raised in bed, and brandy (ʒss) given every four hours. A mixture, containing digitalis tincture ɱviij and vinum ipecac. ɱxij, was given at 10 p.m., 2 a.m., and 6 a.m. each night until the congestion passed off on the thirteenth day. He became very delirious, especially at night, from the ninth day, and on the fourteenth day the delirium was replaced by illusions, especially in the evenings. These gradually became less severe, and on the eighteenth day his mind was quite clear. The patient appears to be making a rapid and perfect recovery, but the facial paralysis and dilatation of the pupil on the left side remain.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF SURGERY.

Tuesday, March 14th, 1911.

Mr. RICKMAN J. GODLEE, President, in the Chair.

Traumatic Myositis Ossificans.

MR. MAKINS, in a paper on myositis ossificans of traumatic origin, said this condition was more frequent than had been supposed; 233 cases were recently collected from German army records. His paper dealt with two typical, and a few collateral, cases. The injury was usually single; although multiple or repeated traumata were alleged as causes, the determining factor was generally of greater severity. The masses most frequently were found in the quadriceps or brachialis, muscles arising from flat, plane surface of bone. Histologically they were of the cancellous type, without marrow, and embedded in fibrous tissue; the muscle proper was unaffected, and the process was in no sense a myositis. He believed they had little in common with the ossification of tendons, of which "rider's bone" was an example, or with the osseous plates met with in the fascial planes about joints in certain conditions, but were due to detachment of periosteal fibres. It was possible that there was some individual peculiarity of the tissues comparable with that "ossific diathesis" alleged in the occurrence of exuberant callus. The point he wished to emphasize was that with rest the tendency was towards reabsorption. Skiagrams illustrated the gradual disappearance of bony deposits, even of considerable size. Mr. BOWLBY described two cases affecting the elbow region, in one of which there was no blow, but severe wrenching of the muscles, whilst in the other there was a dislocation. In both the bone disappeared with rest. Most cases were met with in young people. Mr. GODLEE described a case due to a kick upon the thigh. Speaking of two others that had been operated upon by him, he said the results confirmed the opinion that they should be left alone for at least a year. At the same time operation might be necessary to remedy limitation of movement, and in most cases had at any rate done no harm. He exhibited several bones from museums at late or intermediate stages of absorption. He deprecated the use of the term "myositis." Mr. HEATH exhibited a specimen removed in a similar case, to permit free flexion of the knee, which had been seriously hampered by a mass in the quadriceps. Mr. SYMONDS referred to two cases affecting the soleus muscle, in one of which operation was performed, and was not a complete success. Some were certainly the results of sprains. Mr. CARLING exhibited radiograms of two cases.

Congenital Diverticulum of the Bladder.

Mr. BERRY detailed the history of a large congenital diverticulum of the bladder operated upon at the age of 21. The interesting feature of the case was that the left ureter entered the sac 2½ in. from the bladder proper. There was no case precisely like it in the literature. Mr. JOLY exhibited the specimen, and described a case very similar to that of Mr. Berry, except that the ureter