nightmare might depend on the obstruction to respiration thus produced, with the consequent non-aëration of the blood, and cerebral congestion. This idea was confirmed by the mother saying that she always snored loudly, and that the attacks were generally worse when she had a cold. As soon as she had recovered from the stomatitis, I removed a portion of the tonsils, and from that time until now she has never had another attack of nightmare. Since then I have seen three similar cases, all in children, in each of which, after I had removed the tonsils, no recurrence of the nightmare took place.

It is worth while, therefore, I think, when a child suffers from night-terrors, to inquire into the state of the tonsils as a possible cause. The kind of nightmare thus produced seems to differ from that having its origin in gastric irritation or dentition chiefly in this: that whereas this last kind occurs, as a rule, only once in the night (as Dr. West points out), and the child then sleeps quietly, that due to enlarged tonsils, especially when the attacks are worst, often recurs several times in the same night, and is invariably observed to be aggravated by the child catching cold.

While speaking of the removal of the tonsils, I may say that I almost always use the guillotine, which, with the addition lately made of a strong wire to keep the mouth open, seems to me the instrument by which the operation can usually be done much the most quickly, a point of especial importance with children. It is very seldom necessary to give any anæsthetic; but if a child be very resistant, it is better to give ether, and open the mouth by Mr. Smith's gag, which affords an excellent view of the parts, and is not at all in the way of the operator.

SUDDEN DEATH FROM HEART-CLOT DURING CONVALESCENCE FROM PARTURITION.

By GEORGE BOWMAN, M.B, Manchester.

MRS. W., aged 37, was safely delivered by me on February 2nd, of a full-grown child. The labour (her seventh) was in most respects straightforward and easy, as had been all her former ones. The first stage being rather tedious from inaction of the uterus, I prescribed about two scruples of powdered ergot, which in about ten minutes excited the uterus to contraction. The head was born with the third pain. The rest of the labour was in every respect natural; and the patient appeared to be making an excellent recovery, when, on the morning of the tenth day, at two o'clock, I was called up by the husband and requested to come to see his wife, with whom, to use his own expression, "it was a case of life or death." When I arrived at the house, I found my patient dead. Her husband had left her about two hours before in excellent spirits, with the anticipation of sitting up on the morrow. She had been asleep about an hour, when the nurse, who was sleeping beside her, was awakened by the baby (who was at the breast) crying. On attempting to quiet it, she spoke to Mrs. W., but received no answer. Becoming alarmed at the coldness of her limbs and fixity of countenance, she ran for the husband. Mrs. W. breathed twice or thrice before the nurse left her, but death took place before her return into the room.

My friend and neighbour Dr. Brierley assisted me in making an examination fourteen hours after death. The body was very well nourished; both the chest and abdomen were moderately covered with fat. *Post mortem* lividity had taken place to a most unusual degree at the back of the neck, and the under surface of the arms. In the latter situation, in fact, discolouration had commenced when I was called to see her in the early morning. The heart was very pale in colour, and, as the microscope showed, was undergoing fatty degeneration. The walls of both ventricles were very thin; the left ventricle was empty and firmly contracted, the right ventricle was full of blood. The valves were all healthy. In the right ventricle, and attached to the chordæ tendineæ of the tricuspid valve, was a large and straggling dark-coloured fibrinous clot. From its situation and firmness, it had evidently destroyed the competency of the valve, thus producing an obstruction to the circulation through the lungs. The pulmonary artery was perfectly free. The lungs were found to contain very little blood. Evident traces of old tubercular deposits which had undergone calcareous degeneration were found at the apex of the right lung; the left was perfectly healthy. She had a slight attack of hæmoptysis about six years since. No other organs were examined, on account of the objections of the husband.

In none of the cases of death from heart-clot which I can find reported has death come on so insidiously. The patient has generally been out of bed and slightly exerting herself. Here she was in bed and asleep. Death evidently took place without the least movement. This case in some particulars corresponds with the description given by Dr. Meigs of sudden death from heart-clot, in Sir James Simpson's *Selected Obstetrical Works*. The coagulum or fibrinous polypus attached to the auriculo-ventricular valve in this case had so increased in size, that probably portions of it would be impelled by each contraction of the right ventricle through the semilunar valves into the pulmonary artery, thus so far interfering with the healthy action of the valves as to allow regurgitation.

RARE DISLOCATION OF THE HUMERUS.*

By A. W. STOCKS, ESQ.,
Surgeon to the Salford and Pendleton Royal Hospital.

AN elderly lady, not very stout, crossing a street in a hurry, fell on her right hand and doubled her arm up, so that the hand came into contact with the upper part of her sternum; she also received a bruise on the left side of her face, on its coming into contact with the ground. It was found that she had lost the power of motion in her right arm. Medical assistance was immediately obtained, and an examination of the limb was made. No dislocation or fracture was discovered, but there was great pain down the whole limb.

Four days afterwards, I was requested by her medical attendant to see her with him, and on my first visit failed to discover any displacement of the bones of the arm. On a second consultation (next day), however, I became convinced that the head of the humerus was displaced; but, as the opinion of my friend did not coincide with mine, no attempt at reduction was allowed, and it was decided that the opinion of one of our infirmary surgeons should be obtained. He saw her on the same day, and in opinion agreed with my friend that there was no dislocation, accounting for the slight swelling by saying that there was effusion into the joint and surrounding tissues. Rest, evaporating lotions, etc., were recommended. With these remedies I was not satisfied, and a further consultation was fixed. Five days afterwards we saw her again (ten days after the accident); and, although our opinions were the same, it was resolved to complete the diagnosis by attempting, under chloroform, a reduction of the dislocation, should one exist. All doubt as to the exact nature of the case was at once done away when, on moderate extension with the heel in the axilla, the head of the humerus visibly and audibly slipped into its normal position.

It might appear that in any case, on fair examination, there could be little room for doubt as to the existence or absence of a dislocation of this humerus; but as there was in this instance such serious and persistent difference of opinion, showing how slight the distortion was, and as the case appears to be of a somewhat unusual character, I beg to give a description of it.

The shoulder, at first sight, gave no indication of any abnormal position of the head of the humerus. There was no undue prominence of the acromion, nor perceptible flattening of the deltoid muscle—conditions almost invariably present in dislocation of the humerus. The arm was capable of very extensive movements; it could be brought to the side, raised to a right angle with the chest, and extended forwards. The only motion which was restricted, and that to a slight degree, was the backward one: of course, none of these movements could be accomplished without considerable pain. The sole alteration in the figure of the joint was a slight flattening on its anterior aspect, rendering the coracoid process just perceptible to the eye, and a slight bulging under the posterior edge of the acromion.

It will be remembered that in the normal condition of the shoulder-joint, when the arm hangs perpendicularly by the side of the body, the head of the humerus projects slightly beyond the anterior edge of the acromion process, and that there is a corresponding hollow or depression under the posteror edge of that process. A condition the exact reverse of this was the whole distortion found in this case.

In describing the dislocations of the humerus, all authors, I believe, affirm that "flattening of the shoulder and the prominence of the acromion" are "common to all luxations of the humerus" (*System of Surgery*, vol. ii, p. 821; Bryant's *Practice of Surgery*, p. 791; Erichsen's *Science and Art of Surgery*, 4th edit., p. 299, etc.) If these very palpable symptoms had been present in the above case, no controversy as to its exact nature could have existed for one moment; it was the absence of these "common" signs which formed its great peculiarity. On the other hand, there can be no room for doubt that there was a dislocation, as, immediately on the bone very sensibly slipping into its place, our consultant exclaimed, "Well, if I had not seen it, I would not have believed it."

* Read before the Manchester Medical Society,