have was to produce ease and sleep. There was no nausea or irritation of the bowels; the healing process in the wounds went on rapidly; and, with the exception of a crop of acne on the forehead which appeared towards the end of March, no eruption has at present resulted.

CASE OF FOREIGN BODY IMPACTED FOR TWENTY-TWO YEARS IN THE VAGINA.

By ARTHUR PEARSE, M.D., Botesdale.

On December 15th, 1872, S. T., a married woman, aged 36, requested my attendance for a severe attack of menorrhagia, from which she had suffered for ten days. It was accompanied with much hypogastric and lumbar pain, and had produced great prostration and blanching of the skin. The menstrual period had gone a week beyond the time when the attack began. Turpentine was used externally and internally.

On December 17th, the symptoms continued. On examination *per vaginam*, the index finger came into contact with a foreign body, impacted firmly, about an inch from the external labia. It was closely encircled by rigid and thickened folds of the vaginal mucous membrane, so that the tip of the finger could not be passed beyond the lower edge of the obstruction. The patient reluctantly told me that, at the age of fourteen, she, by the advice of another girl, whom she described as corrupt, introduced a cotton-reel into the vagina, where it became fixed and remained, she being unable to extricate it herself, and unwilling to mention the occurrence to any one. For the first few years of its impaction, she suffered much pain and inconvenience; but for the next twelve or fifteen years it was of but little trouble to her; however, within the last few years attacks of hæmorrhage and slight peritonitis recurred at intervals of a few months, chiefly at the menstrual periods, which were usually regular. She had on several occasions been under medical care at Glasgow and Perth for attacks of peritonitis and menorrhagia. The bowels were generally regular. She had always suffered more or less from leucorrhœa. Micturition had been frequent, especially at the menstrual periods, when there was incontinence, with pain. Up to this time she was able to attend to her domestic duties. Gallic acid was now (December 17th) given to check the hæmorrhage.

On December 19th, peritonitis had supervened. The hæmorrhage was less. Opium pill was given, and liniment of turpentine and opium was applied externally.

On the 22nd, the peritonitis was subsiding; there was much perspiration and prostration; her appetite was returning; quinine mixture was given.

On the 25th, the patient having gone to a cottage-hospital in the neighbourhood, the foreign body was removed. With the assistance of the other medical officers of the hospital, the patient was brought under the influence of ether. On placing her in the lithotomy position and dilating the thickened folds of mucous membrane, the reel could be seen, with its long axis corresponding to that of the vagina—communication with the parts above being only maintained through the central perforation of the reel. By means of a pair of lithotomy forceps I grasped the reel, and with some difficulty extracted it intact. It was much blackened, and the central canal, through which the menstrual discharges had passed for twenty-two years, was perfectly clear. There was an urethro-vaginal fistula, half an inch in length, situated near the orifice of the urethra. It had been caused, no doubt, by the pressure and friction of the lower rim of the reel, and would account for the incontinence of urine. Very little blood was lost at the operation, the knife not having been used. The patient was kept in bed, on milk-diet, and the vagina daily syringed with Condy's fluid.

On January 11th, 1873, she left the hospital much better, but weak. Since that time menstruation has been regular, prolonged, yet not excessive or painful. She does not suffer from incontinence of urine, except for a short time at the commencement of the monthly period. She feels tolerably strong, and is able to attend to her household duties.

REMARKS.—The above case presents some remarkable points of interest—viz., the size of the cotton-reel (one inch by one inch and three-quarters); the length of time of its impaction (twenty-two years, from the age of 14 to that of 36 years); the fact of its not before being discovered while under medical care years ago; also the patient's determination not to speak of the subject to any one. The most unintelligible part of her history is, that she has been twice married—first, thirteen years ago, and secondly, eighteen months since to a brother of her deceased husband (Scotchmen), both being in ignorance of the cause of her frequent ailments and her sterility.

PATHOLOGICAL MEMORANDA.

SARCOMA IN THE RAT.

FACTS like the following have at present, perhaps, but little bearing on the advance of pathological knowledge, though it may be interesting to place them together.

In February, 1869, I made an examination of a tame piebald rat. It had been kept for some time in a squirrel-cage, in which it was found, one morning, lying dead. Its abdomen was very swollen and hard; the thoracic organs were healthy; the cavity of the abdomen contained about an ounce and a half of sanious fluid. Attached to the peritoneum was a large firm mass which pushed the intestines to one side, but left them perfectly free. In the right kidney was a cyst, one-third of the size of this organ, containing a greenish-coloured fluid. Microscopic examination of the tumour showed the simple round cells of sarcoma.

In the March number of the *Archives de Physiologie*, Dr. H. Liouville describes the occurrence of general sarcoma of the serous tissues in a grey rat. The animal had been kept for three years among a number of others, for use in experiments. It had never been operated upon, and escaped, but returned after two years' absence. Soon after its return it began to pine away, and a week later died. The necropsy was made the same day. In addition to signs of pericarditis and peritonitis, there was great congestion of the brain; also "hæmorrhagic pleurisy," with false membranes on both sides. A tumour of the size of a cherry was connected with the peritoneum and perforated the diaphragm; smaller masses and granulations occupied the latter, the anterior mediastinum, the pleura and pericardium. Both suprarenal capsules were in a condition of grey degeneration and easily broken down.

This degeneration of the suprarenal bodies is not uncommon in the lower animals. I have seen them removed from a cat in a condition of hard calcification.

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CLINICAL MEMORANDA.

RARE DISLOCATION OF THE HUMERUS.

OBSERVING in the BRITISH MEDICAL JOURNAL for June 7th, an account of a case under the above heading, recorded by Mr. Storks, of the Salford and Pendleton Hospital, it occurred to me that the following case might be of sufficient interest for notice.

The patient, an elderly woman, applied to me for admission into our infirmary on account of pain and stiffness of the shoulder-joint. She stated that two or three months previously she had a fall over a piece of orange-peel, upon her elbow. Thinking she had only bruised her shoulder, she took no notice of it until coming under my care. Upon examining the shoulder, no great loss of rotundity or flattening of the deltoid was apparent, although the muscle appeared somewhat narrowed. The elbow-joint was directed somewhat outward, but neither forward nor backward; and the arm was capable of motion to a somewhat considerable degree. The patient seems to have been able to dress herself with slight assistance. The globular head of the humerus could not be detected, save imperfectly, in the axilla. I told her that she had put her shoulder out, which rather created surprise. Having a second opinion, it was suggested that it might be atrophy of the deltoid muscle, partly on account of the arm being capable of being moved to her side, also outwards, backwards, and forwards, and some elevation at the elbow-joint being admissible. The coracoid process of the scapula was by no means prominent; nor could the glenoid cavity be clearly distinguished. It being still believed that the injury was a dislocation, other opinions were had; and a more careful examination was made justifying this conclusion. Reduction was scarcely attempted; and the patient recovered with a new false joint of no small service to her. It would appear that the head of the humerus rests just under the ridge of the glenoid cavity at the under surface of the neck of the scapula, forming a bed for itself in the long head of the triceps muscle; the teres minor muscle, no doubt, contributing towards keeping it *in situ*. The arm appears to be of the same length as the sound one.

Such cases are undoubtedly interesting from the possibility of their being mistaken in the diagnosis, or even altogether overlooked. They teach the importance of careful investigation and the danger of hastily coming to conclusions.

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