

sible. At the same time, the recovery is very much quickened by the use of acetate of potash. In my patient's case this salt had a marked effect in diminishing the albuminuria. Allow me also to say, that in complicated cases of this nature, where there is much manipulating with sharp and powerful instruments, in so confined a space as the vagina, and where, owing to convulsive movements, there would be great difficulty and danger in their application and use, we see the value of the use of chloroform; for, besides adding to the safety of the patient, it must also necessarily give greater facilities and confidence to the operator.

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CASE OF INTRA-UTERINE FRACTURE OF THE THIGH.

BY DR JAMES YOUNG.

DECEMBER 11, 1872.

DR YOUNG stated that injury of the cranial bones was not uncommon from strong expulsive pains when the brim of the pelvis was contracted. Fracture of the bones of the arm was also more or less frequent from the operation of turning, and even fracture of the bones of the leg had occurred more than once during delivery, but he had failed to find any record of such an accident having taken place before birth.

Mrs B., a primipara, aged thirty-two, was confined of a male child on the 5th July 1872. She began to complain of slight pains on the morning of the 4th while at breakfast, when the liquor amnii escaped and continued to drain all day. The bowels had been relieved, and the patient felt well. She had all along experienced strong foetal movements. I visited her at 11 A.M.; the os was about the size of a sixpence. I was sent for again in the evening, and at 10 P.M. the pains were slight, but the os was thin and relaxed, and about the size of half-a-crown piece. As the patient resided in the country, I remained all night. Was roused at 3 A.M. The child was born under the influence of chloroform, after a short but severe labour, at 5 A.M., face presenting, and seemed strong, healthy,

and well-proportioned. The mother made a good recovery, but never could nurse. The paternal grandfather died at seventy-two, and paternal grandmother is living, aged eighty. The maternal grandfather died at fifty-three of pneumonia, and the maternal grandmother is sixty-two at present, and healthy. Rheumatism, however, has been a prevailing disease in the mother's family. The child's father has never had any disease but gastric fever, and the mother has always been remarkably healthy. As I have already said, the child looked very well and healthy, but very soon after birth cried very much, and seemed to cry more bitterly when bathed. I felt no concern for the child, and ascribed the crying to one of the mere ordinary causes of infantile pain, and treated it accordingly, but without any apparent benefit. The nurse was experienced—trained under the late Sir James Simpson,—and could be trusted to look after and attend to the baby. I carefully looked at the child, and all appeared right, but he cried more or less in fits for two weeks. On the 23d July, at midnight, a messenger arrived to say that the child was crying more than ever. I found that a hot bath had been given, but as I felt fully persuaded that a cause must exist for such indications of pain, I examined the spine and lower limbs, and found the left femur fractured at its upper end. After communicating the cause to the child's parents, I forthwith temporarily set the limb, with several pieces of pasteboard and a bandage. Happily, the child ceased to cry almost immediately, and went to sleep. On the 24th Mr Spence visited the child, and he put the thigh-bone more tightly up, with a piece of cardboard, wadding and bandage. From that day—the 23d—the infant throve well, and scarcely ever cried, except during the changing and dressing. It need scarcely be added, that the application of the bandage was very difficult and troublesome, as it had to be kept dry, and the skin, if possible, had to be preserved from a constant risk of intertrigo. Various plans were adopted; but the most effectual was by spreading the bandage over with melted paraffine. The splints were kept on until the end of August, when the bone seemed to have united firmly. A bandage, however, was kept on for two weeks longer as a

precaution. Both thigh-bones, I may mention, were thicker than usual, but otherwise the child seems perfectly healthy, and is now a very strong infant of five months. He had been wet-nursed.

Dr Young said he was much indebted to Drs Charles Bell and Peel Ritchie for their kind assistance in the management of this rare and most troublesome case. We propose the following questions, "How was the leg fractured? and when?"

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NOTE OF A CASE OF SECONDARY SYPHILIS COMMUNICATED BY AN INFANT TO ITS NURSE.

By DR ANGUS MACDONALD.

JANUARY 8, 1873.

THE present communication makes no pretence to being a paper in the ordinary sense of the term, but is simply a note upon a case of considerable merit, as bearing upon a class of diseases which are interesting alike to the physician and the obstetrician. It is shortly as follows:—

Mr D., residing in Edinburgh, and aged 26, married, in July 1870, a woman about his own age, and who was up to this period perfectly healthy. Mr D. had about eighteen months previously to his marriage contracted a venereal affection which he believed to be a gonorrhœa, which was followed by an eruption like measles, and by falling out of his hair. But he was unaware, or at least states that he was unaware, of any primary sore. At the time of his marriage, and ever since, he was and has been perfectly well, and has never exposed himself to the possibility of contagion. About three months after marriage, his wife began to suffer from sore throat, and at the same time her skin became covered with an eruption. She likewise caught a severe attack of bronchitis in December of 1870, for which I was called in to attend her. This illness proved of an exceedingly severe character, and continued, though with abated intensity, till after she gave birth to a putrid child on 5th March 1871. So far as appearances and