sure." Mr. King says that circumstances did not admit of his examining the chest, but "I conclude that the heart sympathised in the general fatty degeneration of muscular tissue, and during life I was convinced that fatty degeneration existed". "As to the mode of death, this was unquestionably due to failure of the heart's action, which had for some time (about eighteen months) been gradually weakening; and, during the last few weeks of Miss Martineau's life, that organ had failed very markedly."

I have carefully examined, with my friend Mr. Higginson, this very large cyst, which undoubtedly had its origin in the left ovary. The surface was traversed by blood-vessels, and to it was adherent the broad ligament of the uterus with its fimbriated extremity, and the Fallopian tube, this remained pervious, and admitted a wire to be passed through to the extent of three inches, when it came into contact with the pedicle, which was attached to the fundus, or perhaps more properly to the left cornu uteri.

From these data I shall endeavour to deduce a pathological history of the case, which will reconcile the symptoms experienced by the patient with the progress of organic disease.

The first question that presents itself for solution is, How did the displaced ovary arrive at its situation near the uterine extremity of the Fallopian tube just before it entered the cornu uteri?

In answer, may it not be inferred that it had passed through the tube itself, which remains pervious? and, we know, as in cases of extra-uterine pregnancy or the formation of tuberculous matter, the Fallopian tube will admit of almost any degree of dilatation, it might easily enough admit the passage of the compressed ovary, and in process of time regain its original calibre.*

If this inference be correct, the passage of the ovary through the Fallopian tube must have been a slow process, and attended with much suffering, experienced in the early stages of disease. In this respect, it would bear some analogy to the passing of gall-stones or of calculi through the male urethra.

The dislocated ovary in the first stage of its morbid growth, by its weight and connection with the fundus uteri, dragged the uterus down into the lower part of the pelvis, and so produced the retroversion observed when Miss Martineau was at Tynemouth, and by its fixed position between the rectum and the bladder occasioned the distressing symptoms then experienced. But as the displaced ovary gained greater dimensions, it would gradually raise the uterus from its imprisonment in the lower part of the pelvis, and in this way the patient was relieved for a considerable time from the pain and discomfort it had caused. It was this temporary relief which led to the conclusion, not unnaturally, that she was cured. At this time, it is probable, that the growth of the ovarian tumour was not rapid; but, as time went on, its size became so great as to reproduce symptoms of oppression, the history of which is imperfectly known to me, and death has at length revealed the pathological condition which has been described.

In 1841, when Sir Charles Clarke saw Miss Harriet Martineau, careful examination led us to conclude that the retroverted uterus was itself enlarged, and that it would eventually gain such dimensions as to raise it from its fixed position and so afford relief to the patient. But we were convinced that no malignant disease existed in the uterus. The displaced ovary was at that time behind the fundus uteri, and probably gave the impression of abnormal enlargement of the uterus itself. Or, it is possible, that such enlargement actually existed, and that in the subsequent progress of disease the ovary might gain nourishment at the expense of the uterus, thus inducing the small size of that organ at the time of death. It is not easy to define the changes produced during the lapse of thirty-two years. Whether some years ago, while the constitution retained some vigour, and the tumour had not yet attained its great size, it might have been successfully removed by operation, so as to effect a *real cure* of the disease, I had no opportunity of judging.

Such is a brief sketch of the conclusions at which I have arrived after careful reflection on this interesting case: interesting, not only

in reference to the eminent lady who was the subject of it, but, perhaps, as affording a contribution of some value to the class of diseases of which it is a remarkable example. Perhaps, too, it may serve in some degree to explain some of the peculiarities of character which were apparent during her remarkable career.

THE ADVANTAGES OF EARLY OPERATION FOR THE CURE OF HARE-LIP.

By HENRY G. RAWDON, M.D., M.R.C.S.,

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In the following remarks, I propose advocating the practicability and desirability of operating for the cure of hare-lip very soon; I mean within a few hours after birth. It is no doubt true that this has been occasionally done; but the practice has, as yet, neither received the sanction of our surgical authorities nor has it been fairly tested by experience. As a matter of fact, most surgeons prefer postponing the operation till after the third month. This means that infants suffering from hare-lip are most frequently so feeble and imperfectly nourished, from the first ten days or so after birth till they are over three months old, that an operation cannot be undertaken without unjustifiably hazarding life.

It is perhaps not so well known as it might be, that the mortality attending the rearing of these unhappy little ones is very considerable, more particularly in large towns, where the attempts to hand-feed are too often very injudicious. If the fatality in these cases be so great as I am inclined to believe, at least among the poorer classes in towns, it is obvious that the cause is the absence of the natural nutriment: breast-milk. Consequently, we may safely conclude that if such infants, by early operation, can be placed in a position to obtain their natural nourishment, the cause of fatality will be removed. The practice of early operation, however, can only be recommended when there is a reasonable hope of the infant being afterwards able to take the breast; therefore, where there is no prospect of this end being attained, as in cases complicated with extensive cleft palate, the operation cannot be urged.

An argument in favour of the practice I propose, is the fact that infants, born with this class of deformity, are for the most part strong and in really good condition at birth, and continue so for a week or two, until the attempt to bring them up by hand, even when judiciously managed, begins to tell, and they more or less rapidly fall away, and often have a great struggle for life in the earlier weeks.

Does it not, therefore, appear a prudent thing to take advantage of the inherent vitality of the new-born infant, and operate within twenty-four or thirty-six hours after birth?

It is scarcely necessary to state that there is seldom difficulty in preventing the milk from leaving the mother, during the few days the lip will require to form a sufficiently firm union for the infant to begin to take the breast.

I have lately had two cases under my care, which tend to support the practice I recommend. In the first, which occurred in private practice, I operated, November 2nd, 1876, about twenty-three hours after birth. In this case, both hard and soft palates were completely cleft, therefore, I did not recommend operation, as sucking would necessarily be impossible; however, as it was the wish of the medical attendant, and the parents were extremely anxious it should be attempted, I operated. The fissure was on the left side, and into the nasal cavity. The intermaxillary bone projected very considerably, and required to be cut across on the right side and bent into position. The lip had also to be well freed from its bony attachments on each side. The bleeding was not excessive, and was well controlled by small pads of rolled lint pressed upon the cut surfaces for a few minutes. I used three silver sutures and one entomological pin (the hare-lip pin recommended by Mr. Stokes of Dublin). This latter I removed the following day, when I found union perfect, and in two or three days afterwards I removed the silver sutures. The child bore the operation remarkably well, and the result was extremely gratifying. I have lately been informed it is thriving as fairly well as can be expected, considering it was brought up by hand.

The second case was a feeble and imperfectly nourished infant, five weeks old, which came under my care at the Infirmary for Children, October 18th, 1876. The fissure was on the left side, exposing the nasal cavity, and the anterior half of the palate was cleft to a considerable extent. To my surprise, I found that the mother still retained her milk, and that with assistance by pressure the child was able to obtain a certain, but obviously insufficient, amount of nourishment. The cleft in the palate was very wide, and the intermaxillary bone extremely

* My friend Mr. Higginson does not quite perceive the probability of the passage of the displaced ovary through the Fallopian tube; but pathology discloses many unlooked-for facts; and the situation of the pedicle, which appears to have grown from the Fallopian tube just before its terminations in the cornu uteri—the tube being pervious to that point and no further—and the division of the pedicle having taken place at the same point, so as to leave the uterus on the one side and the tumour with the remainder of the Fallopian tube and broad ligament on the other, seems to render it highly probable that the ovary of its normal size forced its way through the Fallopian tube to its ultimate position. I can find no record of a similar process, but it may have happened in other cases without observation. But whether correct or mistaken in this conjecture, the general history of the case remains untouched in its three stages: first, of suffering; secondly, of temporary relief (supposed cure); thirdly, of renewed illness, associated with collateral symptoms and so ending in death.

prominent, necessitating its being divided on the right side and pressed down into its place. The steps and mode of operation were similar to those in the preceding one. In this case, I feared that the immediate effects of the operation, and the interference with the infant's limited supply of breast-milk, might jeopardise its recovery; but I was careful to direct that all the milk drawn from the mother should be given to the child. The result was happily very satisfactory, for on the sixth day the infant was able to suck. It now sucks perfectly, and is thriving well. The cleft in the palate, I am able to state, is quite closed, no doubt by the continuous pressure of the united lip.

The first case adds one more to the few recorded instances of newly born infants successfully operated upon for hare-lip. The second shows that, within a few days after operation, an infant is capable of sucking. Indeed, the good results attending these two cases have encouraged me to bring the question of early operation before the profession.

FAILURE OF SALICIN AND SUCCESS OF COLD PACKING IN HYPERPYREXIA, IN A CASE OF RHEUMATIC FEVER.

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IN a recent paper, by Dr. Cavalry, on the "Antipyretic Action of Salicylate of Soda", the following paragraph occurs: "I am not aware of any published cases in which salicylate acid or its soda salt has been employed in cases of fever, rheumatic or other, in which the temperature has reached or exceeded 107 deg.; but my reason for bringing the above case under the notice of the profession is, that it seems to show that we are now in possession of a most valuable remedy for hyperpyrexia, which is usually treated by the cumbersome and tiresome method of cold baths." Having had lately a case in my practice which bears upon this point, I think the occasion suitable for giving my notes of it. On October 14th last, I was called to see an out-patient, Jane L., aged 18, unmarried. I found her to be a strong well-developed young woman, of a dark complexion, complaining of agonising pains in her knees and hip-joints; hot skin, with a small amount of perspiration of slight acid reaction; and an axillary temperature of 101 deg. Fahr. She gave a history of sleeplessness, restlessness, and vomiting of food, after exposure to cold a few days previously. I diagnosed the case to be one of rheumatic fever, which was borne out by the subsequently shifting character of the pains, which afflicted all her joints in turn. Ten grains of compound ipecacuanha powder were ordered, to relieve pain and induce sleep, which she had not enjoyed for several nights; while, in addition, twenty grains of acetate of potash were ordered every four hours. On seeing the patient the following day, I found that she had slept for some hours, the pains were less acute, but the temperature and condition of the skin were much the same.

On October 16th, the temperature being still high, and the pain rather worse, I determined to try the effects of salicylate of soda, of which fifteen grains were ordered every four hours.

On October 17th, considering that the patient had had a fair trial of salicylate of soda, of which she had now taken about two drachms, with the only effect of raising the temperature, she was ordered to be removed to the hospital, where the case could be more closely watched under more favourable hygienic conditions than in her wretched home. Hot fomentations were applied to the painful swollen joints (the shoulder-joints were now the parts most affected). The salicylate of soda was continued, and a mixture of bitartrate of potash, lime-juice, and water was given as a drink, and ten grains of compound ipecacuanha powder towards evening, which had a good effect in relieving the pain and procuring sleep, as the night-nurse on duty reported a tolerably quiet night.

On October 18th, the temperature had risen this morning to 104.2 deg. Fahr. from 103.6 deg. Fahr. on the previous evening. Salicin was now tried in place of salicylate of soda, fifteen grains being given every two hours; but although benefit was hoped for from the change, the temperature stood at 103 deg. Fahr. at eight o'clock P.M., a very slight improvement on that of the previous evening. Cotton-wool had now to be substituted for the hot fomentations, as the patient could not bear even the slight movement necessary for changing them, so extremely painful were the joints.

On October 19th, the temperature was 104.6 deg. Fahr. The dose of salicin was increased to twenty grains every hour, without the slightest good effect, for at two P.M. the thermometer registered 107 deg. Fahr., while the pain was excruciating and the skin burning hot. Salicylate of soda and salicin having thus proved utterly

ineffectual in the reduction of temperature, while the state of the patient had become critical, I determined to have recourse to cold-packing. A bed was covered with a sheet of Macintosh cloth. Upon this was spread a blanket, wrung out of very cold water, in which the patient was closely enveloped; and another blanket, prepared in the same way, was laid over her. The pain seemed to be relieved almost immediately, as she said that she felt "nice", and in an hour the temperature had fallen three degrees. As the blankets had now become warm, fresh cold ones were substituted; and at 4.30 P.M., two hours after the first application, the temperature was as low as 101.6 deg.; at 5.40 P.M., it had still further fallen to 101.2 deg. The cold-pack was now discontinued, and the patient transferred to a dry warm bed, a hot bottle being applied to her feet. She soon fell into a sound sleep, and at 7.10 P.M. the temperature was 100.6 deg. At 8.40 P.M., unfortunately, it had risen to 101.6 deg., reaching 102.3 deg. at ten o'clock.

October 20th. The patient had passed a tolerably good night, and took her beef-tea and milk well, but the temperature had risen to 105.6 deg. The skin was very warm, and the joints red and swollen, but not painful. Salicin was again administered in twenty-grain doses every hour, in the hope of at least preventing any further rise in temperature; but at noon, the temperature was 105.8 deg.; and at 3.50, 106.8 deg., while the patient was imploring a reapplication of the cold. I, therefore, decided to acquiesce in her wishes; and at 4.5 P.M. the cold-pack was reapplied, with the beneficial effect of reducing the temperature to 102.2 deg. in about one hour, while at 6 P.M. it was as low as 100.6 deg. The cold pack was then discontinued. After about an hour, the temperature began to rise, and at 11.30 P.M. reached 104.4 deg., notwithstanding which, the patient felt well and free from pain, and slept well through the night.

October 21st. Temperature at 8 A.M., 104.1 deg., from which it gradually fell to 103.2 deg. at night. After this date, the case presented no special point of interest, the temperature gradually falling day by day till it reached the normal on November 2nd.

Throughout the case, there was no cardiac complication. The patient is now perfectly well.

Having had very good results in some other cases from salicin and its salts, I watched this case with special interest, as it seems to prove that the medical man must not trust to one course of treatment, but be prepared to fall back upon others which may appear too heroic for ordinary use.

THE ADVANTAGES OF ETHER AS AN ANÆSTHETIC: WITH A DESCRIPTION OF A NEW INHALER.

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THE power of various substances to produce insensibility has long been known; and in all ages certain narcotic preparations have been employed to produce a more or less unconscious state so as to lull the pain during the performance of surgical operations. It is needless here to enumerate the different anæsthetics employed; their advantages and disadvantages are all doubtless well known. But what seems to interest the profession most on the subject in the present day is the vexed question, What substance have we that combines—1. Safety to the patient; 2. Rapidity in action; 3. Ease of application and portability; 4. Economy of first cost? On each of the following heads, I would wish to make a few observations.

1. As regards the anæsthetic safest to the life of the patient, few operating surgeons cannot but be aware of the startling fact that week after week, in the columns of the various medical journals, their attention is arrested by a paragraph headed "A Death from Chloroform"; and, taking into consideration the number of deaths attributable to the use of that drug that are never recorded which occur in private practice, a high percentage of mortality must of necessity exist. And even surgeons of lengthened experience who are wedded to the use of chloroform, and who believe that there is no danger in it when properly administered, because they were fortunate enough never to be present at a fatal result during the administration of the drug, must, however, have seen hair-breadth escapes, when dangerous syncope, pallid cheeks, imperceptible respiration have resulted, and the patient only recovered from the jaws of death by the use of artificial respiration, galvanic battery, ammonia, inversion, and other means resorted to during those apprehensive moments: a time of the most painful anxiety to the surgeon, to say nothing about the delay in the operation, the appearances to the attendants, friends, etc. Such consequences,