lated pedicle outside the peritoneum; and this method was improved upon in 1858 by Mr. Jonathan Hutchinson, who devised the clamp now in common use in some form. Mr. Spencer Wells, who has had the largest experience of any ovariologist, had his first case in 1858; and since that time the operation has been performed by numerous surgeons, both in this and other countries, and is now a thoroughly established proceeding. My own experience has been comparatively small; the case you have seen being only my fifteenth; but the mortality has been small also, viz., three deaths, or one in five cases—this being, I believe, about the rate in Mr. Wells's much larger number of cases. One of my deaths was accidental, *i.e.*, it resulted from slipping of the clamp some hours after the operation, when internal hæmorrhage occurred before the pedicle could be secured. On the other hand, I have never had occasion to abandon an operation, though one or two cases have been rather desperate ones, one case having been already attempted by another operator, who gave up and closed the wound successfully; and others having been already declined on account of adhesions. In the first of these, the parts were so matted together that I unawares divided a coil of small intestine; but, by making an artificial anus, the patient recovered, and is now in perfect health, with only a small fecal fistula, which gives her no inconvenience. (The case is recorded in the *Clinical Society's Transactions*, vol. v.)

The method of treating the pedicle I adopted in this case, viz., "tying and dropping", was brought into practice by the late Dr. Tyler Smith, who had a series of most successful cases, and it appears to me to possess two great advantages—1. That it is applicable to all pedicles, whether long or short; and 2. That it admits of immediate closure of the wound in its whole length. My personal experience of the clamp is limited to the case already mentioned, in which a fatal result ensued from the slipping of the pedicle through the clamp, for I never again employed it; but I have seen it used frequently, and it does very well when the pedicle is long. But in many cases the pedicle is so short that very considerable traction upon the uterus is exercised in order to get the clamp outside the abdominal wall, thereby causing pain. Another objection is that the stump sometimes gives trouble if it become adherent to the cicatrix, a regular menstrual discharge taking place occasionally every month. Still, it is right that you should know that Mr. Wells has employed the clamp in the greater number of his cases. Mr. Baker Brown introduced the practice of dividing the pedicle with the actual cautery, and devised a cautery-clamp, which I show you here. I have employed it in several of my cases with good effect, but I do not think it so safe as the ligature; for, however careful you may be to cut the pedicle slowly with an iron not too hot, so as to sear the cut edges thoroughly, there is always the risk of some small vessel bleeding and requiring a ligature, and sometimes the burnt edges become separated and the bleeding is free. It is exactly the difference between applying torsion to a large artery and putting on a ligature; with the last, one feels perfectly safe, whilst with the former something may go wrong.

You may ask what becomes of the ligatures left in the abdomen. They become rapidly coated with lymph and buried completely, so that it is impossible to find them a few months afterwards. Possibly silk, being an animal product, may undergo partial absorption, as has been suggested; but twine ligatures do practically just as well, and are as completely hidden.

A CASE OF ALBUMINURIA WITHOUT ECLAMPSIA.

By A. E. AUST LAWRENCE, M.D.,
Physician-Accoucheur, Bristol General Hospital.

As the condition of albuminuria in pregnant women is often complicated at the time of labour with eclampsia, it is of importance, I think, that cases where the connexion does not exist should be put on record, to assist somewhat in elucidating the pathology of puerperal eclampsia. Briefly, my case is as follows.

Mrs. C. called on me last February and engaged me to attend her in her first confinement, expected in May. She did not complain of being out of health; and, except that she looked rather pale, I did not notice anything particular about her to suspect that anything was wrong.

On March 30th, I was sent for, as she was supposed to be in labour. I found her in a very nervous and restless condition, complaining of pain over the abdomen, lumbar region of the spine, and back of the head. The skin was hot and dry. Temperature 101. There was no oedema of any part of the body. The pulse was hard and wiry, 110 beats per minute. The heart-sounds were very distinct, yet normal. The lung-sounds were normal. She had no action of the bowels for three days. The quantity of urine passed in the last twenty-four

hours did not exceed two fluid ounces. It was dark in colour, of specific gravity 1025, and loaded with albumen; so much so that, on boiling with nitric acid, the contents of the test-tube became nearly solid. There were a large number of blood-corpuscles and casts. There was no uterine action. The foetus was alive.

I concluded the case to be one of congestion of the kidneys, possibly from pressure of the gravid uterus, and I feared eclampsia. The indications for treatment were to get the skin and bowels to act well, and also to allay as much as possible the nervous condition. I did not hope to obtain much benefit until after the confinement.

The bowels I kept moved daily with the compound jalap powder and calomel. For the first three days I gave her a mixture containing tartar emetic, hydrate of chloral, and bicarbonate of potash, which had the effect of promoting the action of the skin, removing the high arterial tension, and increasing the quantity of urine to about twelve ounces daily. The diet consisted of three pints of milk and two eggs daily. This treatment was continued, with the exception of omitting the tartar emetic, until April 8th, when labour came on without any convulsion and terminated naturally in about eight hours. The child was born alive. Up to this time, the urine had contained very nearly as much albumen as at first, and was very scanty, but within twenty-four hours after confinement the amount had increased to thirty-six ounces *per diem*, and three days afterwards she was passing about two pints and a half. The albumen gradually diminished, and at the end of three weeks the urine was normal.

Here was a case, then, in which one would fully expect eclampsia, if intense albuminuria were always the cause, which fortunately it is not, although the kidney condition is, no doubt, an important factor in producing it. When I first saw my patient, she was evidently suffering from slight uræmic poisoning, and, had labour come on then, I fear the results would not have been so good; although the rapid improvement after confinement would tend to show that, in the face of serious symptoms, the most likely course to benefit the patient would be to induce premature labour.

CASE OF RHEUMATIC FEVER SUCCESSFULLY ARRESTED IN FIVE DAYS BY THE USE OF SALICIN.

By KEITH NORMAN MACDONALD, M.D. Erlang,
F.R.C.P. Edin., L.R.C.P. Lond., Cupar Fife.

J. M., a printer by trade, aged 28, of dark complexion and spare habit of body, enjoyed very fair health up to September 1873, when he was seized with an attack of rheumatic fever following an eruption of boils in the axillæ, on which occasion he was confined to his bed for nine weeks with severe pain in all his joints, accompanied by shortness of breath and pain in the præcordial region, which, his then medical attendant assured him, implicated the heart. He made, however, a good recovery, and, with the exception of some dyspnoea, he resumed his occupation without suffering further inconvenience, until February 10th, 1877, when, on exposure to cold and damp after a hard day's work, he was seized with rigors, pains in the joints, and general constitutional disturbance, similar to what he experienced in his former attack. These symptoms increased on the 11th, and I was called in on the 12th, when I found him in the following condition:—Severe pain and swelling in the knee, ankle, wrist, elbow, hip, and shoulder-joints, with the head and neck immovably fixed; temperature, 102 deg.; pulse, 120; furred tongue, high-coloured urine loaded with urates, restlessness, sour-smelling sweat, suffusion of the eyes, and general malaise. I immediately put him upon ten-grain doses of salicin every four hours, and ordered a saline mixture, containing twenty grains of bicarbonate of potash, three times a day, and ten grains of Dover's powder at bedtime, the joints in the meantime being wrapped up in cotton-wool covered over with oiled silk; an aperient, and light farinaceous diet, with milk.

February 13th. He slept for two hours after taking the powder, but complained of intense headache, with little or no abatement of the other symptoms. Temperature, 101 deg.; pulse, 120 (as at yesterday's visit). The head and neck were still immovable. He felt the weight of the bed-clothes, which had been relieved by the use of a cradle to protect the knee and ankle-joints. He had pain in the region of the heart, over which a slight systolic murmur, loudest at the apex, was distinctly audible. The treatment was continued as before, with the addition of a mustard plaster over the region of the heart, followed up by hot fomentations, and two grains of calomel to be added to the powder at bed-time.

February 14th. He passed, if anything, a better night; but was

still very restless, with little abatement of the more prominent symptoms, except in the right arm, which could be moved more freely. The systolic murmur was unchanged, without dulness on percussion. Temperature, 101 deg.; pulse, 116. He had great thirst and profuse perspiration. He was ordered to continue the salicin, and to have potash-water *ad libitum*.

February 15th. He slept better last night. The pains in the joints were somewhat relieved, but were still very painful on motion, without any sensible difference in the swelling of the knee and ankle-joints. He could move the arms, which he was able to take from underneath the bed-clothes without assistance. The pain at the nape of the neck was still severe, but that in the heart had disappeared, though the systolic murmur was still audible. Temperature, 100 deg.; pulse, 112. The treatment was as before, omitting the poultices to the chest.

February 16th. He was much relieved this morning. The swelling and tenderness in the large joints were considerably abated. He could move both arms freely, and altogether felt surprised at the rapid improvement, being able to turn in bed with a little assistance. Temperature, 100 deg.; pulse, 108; bowels costive. He was ordered to have an ounce of castor-oil immediately. Chicken-soup was added to the diet, and linimentum opii was ordered to be rubbed into the affected joints morning and evening.

February 17th. There was marked improvement this morning. He could move both arms and legs freely, and was able to turn in bed without assistance. The pain in the head was gone, but there was still some stiffness in the neck. The systolic murmur was still audible—probably a permanent result of his former attack—but he felt no pain or inconvenience in the region of the heart. Temperature, 99 deg.; pulse, 96. The swelling in the joints was disappearing. A little brandy was ordered to be added to his potash-water, and diet to be increased by the addition of eggs and white fish. Convalescence having been now established, it need only be further remarked that he continued steadily to improve; was found sitting up in bed on the 20th without a vestige of pain anywhere, and resumed his occupation the last day of the month, on which date he also discontinued taking the salicin.

REMARKS.—Without entering into details, there is scarcely room for doubting that the favourable issue in this case was mainly due to the salicin, and that in it we possess a valuable therapeutic agent in this troublesome and mischievous disease.

RETROFLEXION OF THE VIRGIN UTERUS, WITH SEVERE AND ACUTE SYMPTOMS, IN A GIRL AGED 14.

By E. HOLLAND, M.D., M.R.C.P., F.R.C.S.,
Assistant-Physician to the Hospital for Women.

E. M., AGED 14, of scanty frame, with puberty advancing normally, and whose last menstruation had been somewhat profuse and attended with severe vomiting, failed, with symptoms very like the decided invasion of typhoid fever, about a week after the cessation of the flux. There were sharp pyrexia, dry brown tongue, frontal headache, and general abdominal tenderness. With these, however, there was pain of a peculiar character, severe, crampy, paroxysmal, and circumpelvic, and there was also "cutting" micturition. Poppy fomentations were ordered, with small doses of opium and acetate of ammonia; but the pain continued and was exaggerated. The mother observed that the pains were like those of labour, and came on every twenty minutes, doubling her up and occasioning wild cries of distress. At this stage, a vaginal examination disclosed retroflexion of the uterus, the retroflexed portion being hot and extremely tender; and restitution was at once effected by the sound. The paroxysmal pain did not again recur, and the next day found our patient cheerful, happy, and well.

COMMENTARY.—The case referred to occurred in private practice, in genteel life, and where its nature might have been readily overlooked or imperfectly investigated. Such cases, however, cannot be very common; for, in upwards of a thousand special cases treated by me in the Hospital for Women, I have not observed similar conditions in early puberty. It is highly probable that the flexion was occasioned by the vomiting and straining of the last period; that secretions accumulated owing to obstruction at the angle of flexion, the obstruction of flexion; and that the violent paroxysmal pains were dysmenorrhœal in character, and to be explained by an irritable uterus making futile efforts to disgorge its flooded interior. In any such case, I should advise a like procedure wherever circumstances admitted its being carried into execution.

ON A NEW FORM OF REMOVABLE PATTEN FOR SURGICAL OR GENERAL USE.

By RICHARD DAVY, F.R.C.S.,
Surgeon to the Westminster Hospital.

THERE are many working people, as well as rich, who are obliged to use a high boot for walking purposes. Hip-joint disease, fractured thighs, and arrest of development on one side, furnish examples.

I have never yet met with a cork boot that can withstand constant fair usage; the majority of them soon give way at the toe, and the cork laminæ are ground away.

From an æsthetic point of view, the steel patten is more graceful than the funereal-looking block of leather encasing the cork; for it is impossible to disguise seven by ten inches of black sole. By reason, also, of the inability of a patient to divest himself of the cork sole without taking off his boot, I have been led to invent the simple mechanism which is here engraved.

The boot should lace up high, fit well, be square in the toes, and low in the heel. The anterior elevations receive the sole at the welt; the posterior semicircle adapts itself around the heel, and a strong screw fixes the whole at the spur-box. The complete gear for a countryman, with seven inches of shortening, weighs under three pounds. The groundwork of the patten should be convex, to allow the swing of the body in progression; the patient himself being, as a rule, the best judge of the most fitting curve. I have as yet only three men wearing this mechanism, but they report very favourably on it; stating it to be convenient, clean, and serviceable. From a non-professional point of view, pattens have been going out since the introduction of goloshes; pattens are, however, yet worn in rural districts, as they were by Sairey Gamp in Pecksniff's cab; and I shall be pleased if some modification of this mechanism leads to the inducement of outdoor exercise on the part of women who object to soiled boots, wet feet, or slippery goloshes. Messrs. Blaise and Co., 67, St. James's, Street, S.W., are the mechanics.

TREATMENT OF SCABIES WITH THE FIXED OIL OF STAVESACRE.

By BALMANNO SQUIRE, M.B.,
Surgeon to the British Hospital for Diseases of the Skin.

I HAVE endeavoured in the pages of this JOURNAL to add to the number of such ascertained chief therapeutical constituents in the instance of chrysophanic acid as the active therapeutical principle of Goa powder. I now desire to make another addition in the case of the fixed oil of stavesacre. In the prosecution of an investigation as to the pathology of prurigo senilis, the details of which were published in this JOURNAL