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.,
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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,
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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