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