Maccall's experience as the one most nearly approaching the truth. Cases which only come once to the hospital during the first week of the disease become classed with those which have no ulcer, although many of them no doubt have it developed later; indeed, as a matter of fact, the ulcer does not appear until the paroxysmal stage has existed for some days. The average length of attendance at the hospital of those having the ulcer was 6.5 weeks; but, among those not having it, it was 4.8 weeks.

The following table shows the numbers having the ulcer at different ages.

During first year ..	No. having Ulcers.	
.. .. .	..	0 out of 10
.. second year ..	..	4 " 14
.. third year ..	..	7 " 16
.. fourth year ..	..	5 " 14
.. fifth year ..	..	7 " 15
.. sixth year ..	..	2 " 5
.. seventh year ..	..	2 " 8
.. eighth year ..	..	0 " 2

Among the 84 cases, 45 were females and 39 males, and the ulcer of the frænum was present in 16 out of the 45 females, and in 11 out of the 39 males.

From the foregoing table it would appear, that the third, fourth, and fifth years are the ones during which the ulcer most frequently occurs.

That the cause of the ulceration is due entirely to the friction of the soft parts against the teeth I have myself little doubt, and can entirely indorse what Dr. Maccall says on this point. I have never seen the ulcer in a child before the lower incisors were cut, and, in two cases, where the lower incisors had entirely disappeared in children of three or four years respectively, the ulcer never appeared, although repeatedly looked for.

The manner in which children cough is a very important point in the production of the ulcer. Some children instinctively protrude their tongues as far as possible—especially is this the case in those of three or four years old, in whom the pharynx is small; but with older children the necessity for the protrusion of the tongue is not so urgent, and they have also, in one sense, a greater command over it; hence, in these latter, the ulcer is not so frequently formed. The time, also, at which the ulcer usually first appears, viz., during the second and third weeks, and its coincident disappearance with the spasmodic stage, is exactly what the mechanical theory requires.

Perhaps the inflamed and swollen orifices of Wharton's ducts, opening as they do on each side of the frænum near the central line, have been mistaken for the commencement of a follicular ulcer; but this condition, I take it, results also from mechanical irritation. That the symptom is an important diagnostic one I think all are agreed, and its simple explanation does not detract one whit from its value.

THE TREATMENT OF ANKYLOSIS OF THE KNEE.

By SAMPSON GAMGEE, F.R.S.E.,

Surgeon to the Queen's Hospital, Birmingham; Fellow of the Royal Society of Edinburgh, of the Society of Surgery of Paris, and of the Academy of Medicine of Rome.

In consultation with Mr. E. P. Turner, I was requested on the 4th inst. to visit a delicate youth, aged 15, whose left knee had been immovable for many months. The leg was at a right angle with the thigh, and the head of the tibia slightly displaced backwards. The joint could not be moved in any direction. Two days afterwards, while the patient was under ether, I attempted forcible extension, with the only effect, at first, of making very tight all the tendinous structures about the joint. With a tenotome I successively divided all the hamstrings, including the ilio-femoral ligament, and, with the assistance of Mr. Turner and my dresser Mr. E. Johnston, at once straightened the limb. To judge from the force employed, and from the successive loud cracks, the adhesions must have been in great part bony. The joint was wrapped in cotton-wool, and a plaster of Paris case applied. I did not interfere until the tenth day, when we found the wounds all healed, and the straightened knee cool and painless.

This plan of treatment, with the occasional addition of section of the rectus femoris, is one which I have repeatedly adopted in similar cases, since I first saw it practised at Naples in 1852 by my distinguished friend Senator Professor Palasciano.* As a general proposi-

* *Memorie ed Osservazioni di Chirurgia pratica sulle Anchilosi* del Dr. F. Palasciano. Un volume con dieci figure incise in rame. Napoli, Stabilimento Tipografico di G. Gléja. See also *Rapporto sul Metodo di Cura delle Anchilosi del Ginocchio* del Dottor Palasciano fatto da una Commissione dell' *Accademia Medico-Chirurgica di Napoli. Rendiconto dell' Accademia*, tom. v. Febbrajo, 1851.

tion, it may be safely laid down—that forcible extension of ankylosed joints, immediately after subcutaneous division of contracted muscles and tendons, is a method of treatment which admits of much wider application than it has yet received.

THE OMISSION OF SODA-SALTS AND ALCOHOL IN THE TREATMENT OF GOUT AND RHEUMATIC GOUT.

By JOSEPH DREW, M.B.Lond., Beckenham.

THE following observations in the treatment of gout and rheumatic gout are given by one who has suffered much during the past twenty years from these diseases; and since, by the measures adopted, he has been free from any attack for more than a year, not to mention the great improvement in general health both of mind and body, he hopes some of the readers of the BRITISH MEDICAL JOURNAL may be induced to test on their patients, or on themselves if necessary, the decided efficacy of the treatment recommended.

The writer, born of parents free from gout, was seized with his first attack in the right ankle-joint at the age of thirty, and then suffered recurrences, at unequal intervals, in the right or left great toe and foot. As time passed on, the disease returned more frequently, until in some seasons it appeared as though the *materies morbi* was formed as fast as it was eliminated; and it became evident that a constitution otherwise healthy, although perhaps never one of the strongest, was fast losing its powers of life.

It will not be necessary to give the preceding and accompanying symptoms of each paroxysm, as they have been so truly and eloquently described by Watson and other classical medical writers; but one sign is unique according to the reporter's experience, and probably deserves a note in the history of this troublesome complaint. As soon as an attack became imminent, sudden congestion of the glottis and larynx occurred, with necessarily difficult breathing. If sleep supervened only for a few minutes, inspiration became so noisy (chiefly whistling) that it awoke the patient and alarmed the attendants. This disagreeable symptom continued until local inflammation was established in either foot, and the mucous membrane, relieved by derivation, was allowed to resume its proper function.

As in most cases of gout, rheumatism soon came to assist in the crippling process; the hands became so stiff and the joints so prominent, that the fist could with difficulty be closed, or a firm grip given. There was not only interstitial extravasation of urate of soda, but also considerable thickening of the phalangeal bones from repeated periarthritis.

Neither will it be necessary to report all the remedies taken during this long period, for a man who can truly say, "*in hæc re, plus scio quam vellem*," would be sure to try every agent that had ever been recommended or suggested.

And now the interest of the case begins, for the resolution was taken to give up completely the use of every alcoholic beverage. In former years, malt liquor had been relinquished, and with good results for a time; then wines too were added to the list; and last of all, in August 1877, spirits were suddenly and entirely banished. After a week or two of purgatory, the good work began, and has continued without intermission up to the present moment; so that the patient not only has been free from any attack of gout, but has felt and still feels better in himself than he has been for the long period of twenty years or more.

After waiting patiently for all that recuperation which the *vis insita natura* was able to accomplish, there still remained the stiffness of the hands and the periosteal thickening of the phalanges, which nature, unassisted, could not entirely overcome. Suddenly, about five weeks ago, whilst eating a morsel bountifully seasoned with salt, the thought occurred, "Can chloride of sodium be right for a gouty system, when cakes or biscuits or tea made with soda, or even soda-water (when containing that alkali), will produce an attack of this disease?" Certainly not, theoretically; for an atom of oxygen united with the sodium will present to the uric acid of the blood the worst poison it could possibly encounter.

The idea once started, it was, of course, immediately carried into practice, and chloride of sodium was placed in the *Index Expurgatorius*. Salt was omitted as an article of diet, not merely as a condiment, but avoided in salted meat or any other suspected comestible. The result in four or five weeks has been astonishing: most of the stiffness has passed away; rings that had been laid aside can be worn; and the phalangeal bones have almost returned to their primitive size and shape.

If further observation should prove the truth of these personal experiments, a great advance will be made in the treatment of gout, rheumatic gout, and perhaps also rheumatism; for the permanent cure of such patients will be ensured by eliminating, as far as possible, all articles of diet into the composition of which soda-salts enter in any considerable quantity.

The theoretical action of alcohol in the production of uric acid and gout is more clearly understood than the extraordinary effects of the omission of a few grains of salt; for the former interferes with function, whilst the latter is so universally spread throughout the body that it appears to be one of its most healthy constituents. Still, as certain effects have been carefully noted and felt by the writer, he deems it a duty to make them as patent and reasonable as possible.

In birds, reptiles, serpents, etc., the unnecessarily ingested and effete azotised matters of the body are got rid of in the form of uric acid and its salts, for in these creatures there are no long urinary tracts to be either blocked up or inflamed by these comparatively insoluble substances; but as we rise in the scale of being matters are not so simple, and a complicated secretory apparatus is found, consisting of kidneys, ureters, bladder, and excretory ducts; and it has been wisely ordered that the nitrogenous *débris* which, in the form of uric acid, would doubtless be dangerous to life, shall suffer further oxidation and become converted into the more soluble urea. Any agent, therefore, that interferes with this oxidising process, such as cold, nervous prostration, excessive nitrogenous diet, over-exertion, or alcohol, will, in the gouty diathesis, produce gout, and in different constitutions other diseases, which need not now be particularly specified.

The injurious effects of salt in a gouty habit of body may be accounted for in two ways: either by its interfering with blood-formation, and so indirectly preventing the circulation of oxygen, necessary for the conversion of uric acid into urea; or, by its superabundance in the blood, compelling the formation of more urate of soda than can be conveniently got rid of by the ordinary channels of the body.

The phenomena of life remain still as wonderful as ever, and the action of remedies is often as mysterious as in the early ages of medicine. What Celsus wrote nearly nineteen centuries ago might with equal truth have been penned yesterday and sent to the present number of the BRITISH MEDICAL JOURNAL: "*Repertis deinde jam remediis, homines de rationibus eorum disserere coepisse; nec post rationem, medicinam esse inventam; sed post inventam medicinam, rationem esse quaesitam.*"

OBSTETRIC MEMORANDA.

THE OBSTETRIC FORCEPS.

IN his comments upon my paper on "The Effects of Forceps-Delivery on the Infant", Dr. Radford states that I do not mention the kind of forceps with which I effected delivery. I therefore beg to supply this omission; although I do not think that, in my list of forceps cases, the kind of instrument had much to do with any undue pressure that was made on the infant's head. In the 153 cases which I recorded, the short forceps was used in 132 and the long forceps in 21. Before 1853, I have recorded only 7 forceps cases; of these, 6 were delivered with Denman's short forceps and 1 with Davis's. After 1853, I have notes of 125 short forceps cases, all of which were (with one exception, in which Denman's was used) delivered with Simpson's short forceps. This instrument has very short handles (as Dr. Radford recommends), and the blades do not approach very closely. It is not, therefore, calculated to exert powerful pressure on the child's head. The chief objection I have to it is, that it is very apt to slip if the head be much elongated from previous pressure. Of my 21 cases delivered by the long forceps, 6 occurred before 1872; and in these Ramsbotham's long forceps was employed. In the remaining 15, after 1872, Simpson's long forceps was used once and Barnes's fourteen times. This is the instrument which I now almost invariably use, and which I prefer to any other.

J. G. SWAYNE, Clifton.

ON INJECTION OF HOT WATER IN POST PARTUM HÆMORRHAGE.

ON reading a communication on the above subject, written by Dr. Athill, some time about the beginning of the present year, I determined that, on the first opportunity that presented, I would act on his suggestion; viz., to inject hot water into the uterus in case of hæmorrhage.

A. B. sent for me on the night of August 17th. I must add that I had noted in my case-book that she was a "flooder". I found, on arrival, that she had lost a large quantity of blood; the os was freely

dilating, with vertex presentation. The case was carefully watched, and she was delivered early next morning. Immediately following the birth of the child, violent flooding set in. I had previously given two drachms of tincture of ergot. I immediately removed the placenta, using equable pressure outside, and applied a very firm binder; but, as I anticipated, gushes of blood continued, until the woman became quite blanched. Feeling alarmed at the condition of the patient, I ordered the terrified nurse (who, I may say, was almost useless), to pour into a hand-basin some hot water, which I had previously ordered to be kept ready, and with a bath-thermometer, which I took with me, having ascertained the temperature to be 110 deg. Fahr., I injected a pint and a half into the uterus with Higginson's syringe. To my delight, I soon found that the uterus had firmly contracted. I remained with my patient for two hours; no further hæmorrhage ensued. She states she had a better time than she ever had before. This was her fifth child.

L. HERBERT JONES, M.R.C.S., etc., London.

THERAPEUTIC MEMORANDA.

DIURETIC EFFECT OF RESIN OF COPAIBA.

M. D., AGED 48, who had served in the army in India for eighteen years and had been a free spirit-drinker, but who had enjoyed good health till lately, was seized with abdominal pain and swelling early in July. He was admitted into Charing Cross Hospital, under my care, on August 19th. There was then marked ascites, the girth of the abdomen being 40½ inches. The quantity of urine passed daily was 45 ounces; it was free from albumen. On August 22nd, the abdomen measured 41 inches, and the quantity of urine was diminishing. He was ordered to have a scruple of acetate of potash and a drachm and a half of infusion of digitalis, in an ounce of infusion of scoparius, three times a day. On the 24th, the abdomen had increased in size to 41½ inches, and there was much pain from distension. The urine was still decreasing in quantity, now only 23 ounces being passed. Paracentesis was performed; 20 pints of fluid were removed, and the girth of the abdomen was reduced to 39 inches. The amount of urine passed rose to the normal standard.

In three days, the abdomen had again reached 40½ inches, and the urine again diminished to 35 ounces. The bowels were opened regularly. He was now ordered fifteen grains of resin of copiba, in an ounce of almond mixture, three times a day. The quantity of urine rose immediately. The amount passed during the first day on which the copaiba resin was taken was no less than 139 ounces—four times as much as on the previous day. For the next four days, the amount was upwards of 112 ounces daily; and, for the next five days, the average amount was 85 ounces daily. Coincidentally with this diuresis, the girth of the abdomen continuously diminished. At the end of ten days, it measured only 38¾ inches, or five-eighths of an inch less than after the operation, and the patient was very comfortable.

Unfortunately, however, a severe attack of hæmatemesis came on, and he rapidly sank. On *post mortem* examination, the liver was found to be exceedingly shrunken and hard, weighing only 37 ounces, very fibrous, and with little, if any, healthy tissue remaining. The spleen was large and hard. The kidneys were healthy.

DAVID B. LEES, M.D., M.R.C.P., 2, Thurloe Houses, S.W.

ALCOHOL IN DISEASE.

AS any facts in relation to the question of the treatment of disease by alcoholic remedies are at the present time specially interesting, I beg to forward the following as worthy of attention and of some significance. In 1872, the Leek Improvement Commissioners erected a temporary hospital for the reception of cases of infectious disease, and, up till the end of July last, one hundred and twenty-six persons had been admitted, suffering from small-pox, scarlet fever, typhoid fever, measles, and diphtheria. Each patient was attended by his or her own medical man, and thirty-six had alcohol in some form administered to them, while ninety were treated without it. Of these cases, forty-nine were scarlet fever, of which thirty-nine had no alcohol given, and amongst them two deaths occurred; the other ten had alcohol prescribed, and amongst these five deaths happened. There were forty-two cases of typhoid fever; of these, twenty-one were treated with alcohol, and the deaths were three; twenty-one had no alcohol, and one death occurred. The general results were these. Each patient taking alcoholic beverages remained in the hospital twenty-five days, on the average, and the mortality was 30.5 per cent. Each patient treated without alcohol remained in the hospital, on the average, seventeen days, and the mortality was only 3.3 per cent.

J. J. RITCHIE, Medical Officer of Health, Leek.