individual case, care being taken that, while a certain amount of irritation is set up in the hair-follicle, the irritation shall not be allowed to pass certain limits.

LICHEN RUBER.—I cannot conclude without referring to Unna's treatment of lichen ruber by external remedies.² For some time past, it has been considered that the only valuable treatment in lichen ruber was that by the internal administration of arsenic. Unna, however, has found that this disease can be cured without arsenic, by the application of an ointment containing bichloride of mercury and carbolic acid. His formula is: Unguenti zinci benzoati, 500; acidi carbolic, 20; hydrargyri bichloridi, 0.5 to 1.

Dr. Unna reports that he had cured six cases of lichen ruber by this treatment. It evidently requires, however, to be practised with a certain degree of caution. He states that carbolic acid appeared in the urine on the second, and that there was slight transitory depression on the third or fourth day of the treatment. He recommends this treatment in severe cases, which are attended with much itching and depression, as being the speediest means of procuring alleviation and cure.

That lichen ruber can be cured by external remedies alone, is a fact which has a more than merely therapeutic value, as it can hardly fail to suggest that the disease has more of a local character than has been hitherto considered to be the case. Lately, I had under my care a case which I could only consider as being an example of lichen planus of the glans penis. There was a horseshoe-shaped patch on the top of the glans, involving, at the corona (which corresponded to the base of the horseshoe) about half the circumference. The eruption was formed by flattened papules, slightly darker in colour than the rest of the glans. There was no pain; the irritation was exceedingly slight; and the affection chronic. There was no breaking down, and no hardness, and nothing to justify the idea that the affection was syphilitic. Arsenic was prescribed, but had to be discontinued, as it set up an irritation of the prostate, which had been quiescent for five years, and caused a slight urethral discharge, and pain—these symptoms disappearing with the cessation of the arsenic. Actuated by my knowledge of Unna's experience in lichen ruber, I prescribed frictions of soft soap, and the application of white precipitate ointment—a treatment which led to the gradual disappearance of the papules.

It is worth noting how in this case the stimulating, may we not say destructive, influence of arsenic upon epithelium was shown by the inflammation which it set up in the prostatic portion of the urethra.

THE OPERATION OF SHORTENING THE ROUND LIGAMENTS FOR REMEDYING UTERINE DISPLACEMENTS.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,

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ON looking over some back numbers of the JOURNAL in 1884, which I had failed to peruse, I lighted on papers by Dr. Lediard, Dr. Reid, and Dr. Elder, on the "Alexander-Adams" procedure of shortening the round ligaments for uterine displacements. Dr. Lediard referred to a paper by Dr. Alexander in the *Medical Times and Gazette* for April 1st, 1882; and, on turning to the paper, I find that Dr. Alexander observes: "It seems to me rather surprising that such a simple, rational, and effectual operation had not been thought of before." The fact is, that the operation was thought of and suggested by myself about fifteen years ago, and I have been advised that I ought to unearth a demonstration on the dead subject which I made in 1869, and published in the *Medical Press and Circular* in 1872. In the course of anatomical teaching and lecturing, it had occurred to me that relaxation of the round ligaments must be an important factor in uterine displacement, and especially in prolapse; and in describing the structures, I always insisted upon their value in retaining and replacing the uterus in its normal position. An opportunity presented itself for testing my views.

A woman, 45 years of age, was admitted into the London Hospital on May 12th, 1869, in a very exhausted state, with a strangulated left femoral hernia; and, though there was small prospect of her recovery, I was obliged to relieve the constriction. The gut was found to be perforated and gangrenous, and the operation, as I anticipated, did not succeed in rescuing her from death. Apart from the condition of the intestine, the patient was very stout, and an unfavourable subject for surmounting so serious a lesion. In reporting her case in the

Medical Press and Circular in 1872, I appended the following remarks. "The patient was afflicted with prolapsus uteri, and the womb, having descended nearly to the vulva, Mr. Rivington thought it a good opportunity to test the share taken in prolapsus uteri by loss of power and stretching of the round ligaments. It had previously occurred to him that their relaxation might be an efficient factor in the causation of the complaint. Exposing the round ligaments in their canals, he found that, by drawing on them simultaneously at the external rings, the uterus returned readily to its place. There are some who deny the existence of prolapsus uteri, maintaining that the affection so designated is an elongation of the cervix; but there could be no doubt here of the reality of the prolapse, nor of the effect of shortening the round ligaments on the position of the uterus."

As the subjects of prolapse rarely come into the surgical wards, but congregate in the obstetrical out-patient department, I brought the matter under the notice of the assistant obstetric physician, now deceased, and suggested to him that the operation might be found useful in certain cases not amenable to simpler treatment. He was not favourably impressed with the proposal, and I abstained from taking further steps to promulgate my suggested operation, solely for fear that it might be attended at that time with more harm than good. These were times when Listerian principles and practice had not taken root in the metropolis, and when the fear of peritonitis oppressed the surgeon far more heavily than it does now. I was afraid that cases would be met with in which it would be difficult to find the ligaments, others in which the canal of Nuck might be patent; and that, in such cases, there would be risk of wounding the peritoneum, and perhaps inducing fatal peritonitis. That this fear was not chimerical, is shown by Dr. Alexander's testimony. "Experiments on the dead subject," he observes in the paper above quoted, "have shown me that danger may arise from incautious operators."

Since I became a disciple of Professor Lister, I have waited in vain for a case in which I could put my suggestion into practice; and while I have been waiting, others have stepped down before me. The irony of fate is in the habit of supplying cases before the times are ripe for dealing with them, and carefully withholding them when the physician or surgeon is anxious to introduce some new and feasible method of procedure. Experience of this kind is, doubtless, as familiar to others as it has been here and in other instances to myself. When Esmarch's bandage was introduced, it at once occurred to me that it might be employed in the treatment of aneurysm of the limbs, but no case was forthcoming till long after it had been employed successfully for this purpose. I suggested its use to a colleague, but he at once decided that it would be a very disastrous procedure.

On the present occasion, I am consoled by the circumstance that there is a record of the conception and suggestion in printers' ink on which the finger can be laid, and which can be accepted as evidence of truth. In calling attention to it, I have not the smallest wish to detract from the merits either of Dr. Alexander or Dr. Adams of Glasgow in planning and introducing the operation. The success which has attended it is gratifying, and I am glad that the idea sprang up in the minds of those who had opportunities for proving its efficacy. But very possibly some prior claimant may yet appear on the scene; for it is the lot of man to make observations and discoveries which have previously been made by somebody else. Dr. Gowers aptly observes: "There are very few observations in medicine regarding which it is not obvious that they would have been made by some one other than the actual observer; that it was very much of an accident that they were made by certain individuals." (*Diagnosis of Diseases of the Spinal Cord*, p. 11.)

In times of feverish activity and competition like these, delays in publication are essentially dangerous; and, if I may poach on the domains of my colleague Mr. Jonathan Hutchinson—or, as he would put it, "plough with his heifer"—I would strongly inculcate the wisdom of the sacred proverb, "The slothful man roasteth not the meat which he took in hunting, but the substance of the diligent man is precious."

REQUESTS AND DONATIONS.—The Worcester Infirmary has received £1,098 19s. 11d. under the will of Mr. J. Green, of Halesowen, and £100 under that of Mr. Martin Howse, of Wyre Piddle.—The Rev. William Albemarle Bertie Cator, Rector of Carshalton, has bequeathed £1,000 to the City of London Truss Society, in order that his parishioners may receive benefit from that institution, and £1,000 to the Croydon General Hospital, in the hope that his parishioners may benefit thereby.—University College Hospital has received £115, additional, from the People's Contribution Fund, making £500 for the year.—Mr. George Sturges has given £250 to the New Hospital for Women, Marylebone, to form a Samaritan Fund.