1. The majority of, even the worst cases of strangulated hernia may be saved by opening the gut *en situ*.
2. The spur, the main obstacle to the closure of the resulting fistula, may be safely destroyed by Dupuytren's enterotome.
3. The fistula, if it do not spontaneously close when the spur has been removed, may be readily obliterated by operation: the gut, after closure, being either returned into the abdomen, or (if adherent) left in the sac, and the edges of the external wound being brought together over it.

When these facts are generally accepted as the basis of our rules of practice, and when the points mentioned in the early part of the paper secure the attention they deserve, the mortality after operations for strangulated hernia, I believe, will fall from the present excessive figure to something considerably under 10 per cent.

NOTES ON THREE CASES OF TUBAL PREGNANCY SUCCESSFULLY OPERATED UPON AT THE PERIOD OF RUPTURE.

By LAWSON TAIT, F.R.C.S.

Surgeon to the Birmingham and Midland Hospital for Women.

THESE cases are the seventh, eighth, and ninth of their kind which have occurred in my practice; and all of the nine save the first have recovered and continue, up to the time of writing, in good health. Such a series, though not a large one, is sufficient to prove that these cases may be treated with perfect success under the improved and bolder proceedings adopted in abdominal surgery within the last six years. In fact, they are almost of themselves sufficient, when taken with the established fact that the great bulk of such cases have a fatal termination when left alone, to determine the propriety of immediate operation in all such cases. They also confirm the views which I have already expressed, that cases of extra-uterine pregnancy are all tubal in origin, arising from a ruptured tube about the tenth or twelfth week of pregnancy, at a point which is determined by the site of the placenta. This explains the extreme fatality of the rupture. As not a single instance of extra-uterine pregnancy at the time of rupture has been discovered other than of tubal origin, we are absolutely wanting in evidence that there is any other origin for this displacement.

CASE VII.—E. D. H., aged 36, under the care of Mr. Wren, was admitted to hospital on November 24th. She had not menstruated for nearly four months, and had never had a child, although she had been married twelve years. She was seized, some time early in November, with a violent attack of abdominal pain, for which she kept her bed and was under treatment. When I saw her the uterus was fixed and a tender mass existed on the right side. I recognised this as possibly a ruptured tubal pregnancy. I operated on November 28th, and found the abdomen full of bloody serum and loose clots. The left Fallopian tube had ruptured to the extent of nearly three inches; it was adherent, and required considerable care in its removal, hæmorrhage being very free. The pedicle was tied by the Staffordshire knot, and the pelvis drained. The patient made a very rapid recovery, and went home on January 5th. The fetus in this case was not found; but the placenta occupied the dilated tube, and the rupture had taken place quite at its edge.

CASE VIII.—S. B., aged 41, married at 17, had eight children, the last being ten years old. She had what was supposed to be a miscarriage in May last. The catamenia again ceased in November, 1884. She was sent to me by Mr. Scott of Wolverhampton early in February, and I found everything in the pelvis fixed, with symptoms of acute pelvic peritonitis. I opened the abdomen on the 9th, and found a large quantity of serum and clot in the pelvis. I found the fetus lying loose, close to the ruptured right Fallopian tube, from which the placenta was extruding. The diseased organ was removed with difficulty, and the pelvis drained. The patient made an easy recovery, and returned home on March 5th.

CASE IX.—A. S., aged 26, under the care of Dr. Malins, had been married nine years, and had had four children, youngest child being 17 months old. After this confinement, she had a long and serious illness. The period again became arrested just before Christmas. About the middle of February, she was attacked by violent pelvic pain. On the 23rd, I found all the pelvic contents fixed. I opened the abdomen, and found, as usual, loose clots, bloody serum, and a largely distended and ruptured left Fallopian tube, in which there was a placenta. The fetus was not found. The Fallopian tube was removed with very great difficulty, the hæmorrhage, during the operation and after it, being very alarming. The pelvis was drained. The patient made a very admirable recovery, and left the hospital on March 11th.

NOTE ON THE USE OF PERMANGANATE OF POTASH IN CASES OF INSANITY ASSOCIATED WITH AMENORRHOEA.

Read before the South-Western Branch.

By P. MAURY DEAS, M.B., Wonford House, Exeter.

It was, I think, Dr. Sydney Ringer who, two or three years ago, first drew attention to the fact that permanganate of potash, hitherto chiefly known as a powerful oxidiser and disinfectant, had a decided effect on the uterine function, and could be used with advantage as an emmenagogue.

As I am inclined to think that this use of the drug in question has not been followed up so much as it deserves, I am anxious to lay before you a few notes as to the results of my experience of its utility.

I have chiefly employed it in obstinate cases of amenorrhœa, associated with mental derangement, either as the cause of the latter, or as a coexisting condition, both depending on a common cause, such as sudden shock, fright, etc.

The first case in which I tried the permanganate was that of a young woman, who had broken down in health from the effects of prolonged nursing of a sick relative, and the anxiety connected therewith. The catamenia were suppressed, and the patient fell into a state of general bad health. After a time, mental symptoms supervened, of the nature of melancholia, with stupor. When, after some months, she came under my care, the catamenia had been suppressed for about a year, and the general health was much below par, with constipation, anæmia, and general want of tone; the mental symptoms being obstinate taciturnity (never speaking a word), volitional power almost entirely in abeyance, and a tendency to the cataleptic condition.

Various remedies had already been tried for the amenorrhœa. She was treated on general principles for two or three months, with no change beyond some little improvement in her general health. Permanganate of potash was then prescribed in pills of one grain, one three times a day, and increased after a time to two grains three times a day. After taking them for about two months, the catamenia appeared, and almost simultaneously a rapid improvement set in in her mental condition and general health. She was watched carefully at the next period; the pills were renewed for a week before, and hot hip-baths administered. The catamenia appeared, and from that time the patient made a rapid and uninterrupted recovery.

I subsequently employed it, with equal success, in several other cases of a somewhat similar type. One important point is, not to be discouraged too soon. You may have to persevere with the remedy for months and months, though, in some ordinary cases of chlorotic amenorrhœa, uncomplicated with insanity, I have found the desired effect produced very rapidly. In cases where I have prolonged the use of the drug for a long time without the catamenia being restored, there has still been a marked improvement in the general mental and bodily condition. The permanganate, indeed, seems to act as a general and nervine tonic, assimilation being greatly promoted, and the anæmic condition improved.

Recently I have had a remarkable example both of this and of the restoration of the menstrual function after prolonged suppression. This is a young lady who has been under my care for the last seven months. When I first saw her, her general condition, both bodily and mental, was very miserable; and she had the look of confirmed amenorrhœa, from which she had suffered for a considerable period; the exact time was not known. She was given the permanganate, the use of which was continued, without apparent effect beyond a gradual but very decided improvement in her general bodily condition, until I was considering if it were worth while to continue it any longer, when, a fortnight ago, after fully six months' perseverance in the remedy, the catamenia appeared. Mentally, there is considerable improvement in the case; but it is fluctuating and uncertain. The mental derangement had, however, existed for more than eighteen months before the special treatment was begun.

I should be glad to have my experience of the permanganate as an emmenagogue checked by that of others; but at present I feel inclined to draw the following conclusions.

1. Permanganate of potash is an useful and safe emmenagogue, and free from the disadvantages which attend some other remedies of this class.

2. Its use may be continued for months without any bad effects, and success need not be despaired of even after many months.

3. Even when it fails as an emmenagogue, it acts beneficially as a general and nervine tonic.