1. The majority of, even the worst cases of strangulated hernia may be saved by opening the gut *in 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.

NOTE.—Since writing the above, I have noticed, in the JOURNAL of February 7th, a letter from Dr. F. Simms on the internal use of permanganate of potash. In regard to the statement that this drug, "administered in tablets of the strength of one grain, gives rise at once to ulceration of the parts it comes in contact with," I have had no experience of any such effects; nor have I ever found any symptoms of gastric or intestinal irritation produced even after three to six grains have been taken daily for weeks. But I have never used the drug in tablets, but in pills. That the latter, if properly made, should pass unchanged through the length of the intestinal canal, must be, it seems to me, a very rare occurrence.

Kaolin ointment, it may be mentioned, is the best excipient for making the pills; and saccharine ingredients should be carefully avoided, as being liable to cause decomposition, and even spontaneous combustion. Possibly this may be the secret of the caustic action produced by the tablets.

AN OPERATION FOR DISPLACED SEMILUNAR CARTILAGE.

By THOMAS ANNANDALE, F.R.S.E.,

Regius Professor of Clinical Surgery, University of Edinburgh.

THE pathology of the condition called by that wise old surgeon Hey, of Leeds, "internal derangement of the knee-joint," by Sir Astley Cooper, "partial luxation of the thigh-bone from the semilunar cartilages," and which is now by some authors termed dislocation or displacement of the semilunar cartilages, has not yet been thoroughly worked out, as few opportunities occur for the dissection of a joint so affected. It is, however, a clinical fact that one of the semilunar cartilages, usually the internal one, does occasionally become loosened from its attachments; and, in consequence, this body is liable to be displaced either forwards or backwards, and so to interfere with the proper movements of the knee-joint.

Two classes of this displacement are met with; one in which the condition takes place suddenly, as a result of a twist or wrench of the knee; and the other in which the displacement is not so sudden, but appears to depend upon a gradual stretching of the attachments of the cartilage, owing to some effusion into the joints, or owing to some continued strain upon the joint, as is illustrated in connection with certain occupations.

When the displacement has once occurred in either case, it is liable to occur again; but from my experience, I judge that in cases, the result of a sudden rupture of the ligamentous attachments, which are promptly and carefully treated, the displacement is less likely to recur than in the more chronic ones.

If the condition be not permanently relieved, the displacement of the cartilage takes place more or less frequently in different cases; and sometimes in connection with the slightest movements of the joint.

The symptoms of this accident, as is well known, also vary in degree in different cases. The movements of the joints may be merely stiffened in one direction, or the joint itself may be firmly locked, and remain so until manipulation returns the displaced cartilage. Two patients have come to me from considerable distances suffering from this condition, and in both the knee-joint had been firmly locked in a flexed position for many hours. Manipulation easily replaced the cartilage, and the movements of the joint were at once re-established.

In all cases of this affection, some effusion into the joint follows the displacement.

The ordinary treatment of a displaced semilunar cartilage is to reduce it by flexion, extension, and manipulation; to apply a splint of elastic bandage, in order to keep the joint at rest, and prevent the displacement from recurring; and, if effusion be present, to employ the usual remedies to promote its absorption. When the accident is recent, I would strongly urge the importance of keeping the affected joint absolutely at rest for two or three weeks, so as to promote the union of the ruptured attachments.

This affection may become so troublesome, owing to the constant recurrence of the displacement, that a patient's occupation and comfort are seriously interfered with; and I relate the following example of such a condition in order to illustrate a new method of procedure which I successfully adopted in connection with it. The excellent result obtained in this case encourages me to express the opinion that this, or some similar proceeding, may now become an established

means of treatment, when the more simple methods fail to give relief, and to obtain for the patient an useful limb.

CASE.—Thomas M., aged 30, miner, was sent to me from the north of England, on November 1st, 1883, with the following history. About ten months before his admission, he was working in a kneeling position, when he felt something give way in his right knee. He suffered sharp pains, but continued at his work for a few hours. Great swelling of the joint followed, and the pain became much aggravated, so that he could not return to his work, and he had not since worked at his occupation. The condition was treated by rest, blistering, the application of iodine, and various liniments, with the result of reducing the swelling; but the pain still continued, and the movements of the joint were interfered with by something "slipping" in the knee.

On admission, the joint was slightly swollen, and there was a small amount of effusion into its cavity. The patient complained of acute pain in certain movements of the joint, which frequently became locked in the flexed position. He was able, by a little manipulation, to unlock the joint, but the frequency of this symptom made him quite unfit to follow his employment as a miner. On careful examination of the joint, there was a well marked hollow over the anterior border and position of the internal semilunar cartilage. This hollow was most marked when the knee was flexed. Having decided that the case was one of displaced semilunar cartilage, and one not likely to be cured by any ordinary treatment, I, on November 16th, performed this operation. An incision was made along the upper and inner border of the tibia, parallel with the anterior margin of the internal semilunar cartilage, and the few superficial vessels having been secured, the joint was opened. It was then seen that this semilunar cartilage was completely separated from its anterior attachments, and was displaced backwards about half an inch. The anterior edge of this cartilage was now seized by a pair of artery-catch forceps, and it was drawn forwards into its natural position, and held there until three stitches of chromic catgut were passed through it and through the fascia and periosteum covering the margin of the tibia. The forceps were then withdrawn, the cartilage remaining securely stitched in position. The wound in the synovial membrane and soft textures having been closed with catgut stitches, a splint and plaster of Paris bandage were applied, so as to keep the joint at rest. The progress of the patient, after the operation, was perfect, the temperature never rising above 99° Fahr. Seven weeks after the operation, the splint and bandages were removed, and gentle movements of the joint practised.

On January 25th, 1884, the patient was dismissed cured, the movements of the joint being good, and the limb steadily gaining strength. In April of the same year, the patient returned to show the result. He was then seen and examined by many of our distinguished guests at the tercentenary, who all expressed the opinion that the result was everything that could be desired. He had perfect movement in the joint, and had never had the slightest stiffness or locking of the joint since he commenced to go about after the operation.

HOW TO PREVENT SEPTICÆMIA IN CASES OF MORBIDLY ADHERENT PLACENTA.

By KEITH NORMAN MACDONALD, F.R.C.P. Edin.,
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WITH the exception of *post partum* hæmorrhage, adherent placenta is one of the most troublesome after-consequences of the lying-in state. It is, moreover, much dreaded by many practitioners, owing to the probability of septic matter finding its way into the circulation; but that an ordinary case need not give rise to any extraordinary alarm, the following history well illustrates.

Mrs. S., aged 38, six years married, and mother of one child, five years having elapsed since her last confinement, which was a forceps case, with partial placental adhesion, was taken in labour at midnight of December 29th, 1884. The pains were moderate and regular; and I was sent for at 7 A.M. in the morning. The case was apparently natural; the second stage was rather prolonged, owing to the head resting for more than an hour on the perineum, but was completed at nine o'clock, two hours after my arrival at the house, there being nothing unusual about it, except that the child, a female, appeared feeble, and the cord was unusually small.

During twenty minutes she retched several times, though firm compression was applied externally: she said that she had done so during the entire period of her pregnancy, and also had a "pain in her side." After this interval, I tried to remove the placenta,