lower extremity is kept. The limb is covered by the bed-clothes. It lies in a close, confined, and heated atmosphere. That atmosphere, moreover, is apt to become noxious from time to time, when the bed-pan is used, and under other circumstances. If there be truth in the principles that underlie antiseptic surgery, then the ill-healing of wounds of the lower extremity can be in part, at least, explained.

Since I have made a practice of keeping all open wounds of this part exposed, I have had reason to be convinced that their healing has been hastened. The non-injured part can be kept warm in the winter by cotton-wool, but I have heard of no complaint under this head.

In the case of the patella, the apparatus is always exposed to view, and the hooks are not liable to be displaced by the bed-clothes or cradle.

With regard to after-consequences, in the cases so far treated, there has been no rise of temperature, no complaint of pain, no suppuration about the punctures, no trouble in the joint. I have removed the hooks at the end of six weeks. In one case (in order to test the question of long retention of the hooks), they were maintained in position for eight weeks without any inconvenience. The union, in each instance, appeared to be firm and secure, and the interval between the fragments was not readily made out.

The treatment has not yet been adopted in a sufficiently large number of cases, or extended over a sufficiently long time, to test its ultimate value, but its immediate effects appear to justify a comparatively early notice of the matter.

SALPINGECTOMY; WOUND OF BLADDER: RECOVERY.

By JAMES MURPHY, M.A., M.D.,

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DORA W., aged 24, unmarried, was placed under chloroform at the Sunderland Infirmary, for the removal of a pyosalpinx of each side. On August 8th, 1886, no catheter was passed, as recommended by Dr. Keith; and I made the usual ovariectomy-incision through the skin and muscles, commencing an inch below the umbilicus, and terminating an inch and a half above the hair on the pubis. On reaching what appeared to be the peritoneum, I picked up a small portion of it, and nicked it through, when about fifteen ounces of clear urine escaped; and, on introducing my finger through the wound, I found I had cut into the bladder, owing to its being adherent to and reflected right in front of nearly the whole tumour. Scarcely had I done this, than the breathing, which had suddenly become stertorous, ceased altogether, and the radial pulse could not be felt. The tongue was at once forcibly drawn out by a Kœberlé's forceps, the head and shoulders lowered over the end of the table, and artificial respiration produced; but it was some minutes before natural respiration was resumed, and radial pulsation returned.

The position of affairs was not a pleasant one: a patient *in articulo mortis* from chloroform; a wound in the bladder; and, behind, two tumours, which could be felt firmly and immovably fixed in the pelvis; and I am not sure that it would have been imprudent surgery to have contented myself with closing the vesical and abdominal wounds, as I had not then opened the peritoneum. But one is loath to leave an operation unfinished; so I had ether substituted for chloroform, and at once closed the opening in the bladder by a continuous suture of fine catgut, the stitches being very close together, and the edges of the bladder slightly inverted. I then cut through the peritoneum higher up, and found two smooth and similar tumours, about the size and shape of small cocoa-nuts. On plunging the trocar into the left one, thin pus shot out through the tubing, and the tumour collapsed. The opening was quickly closed with a Nélaton's cyst-forceps, and I proceeded to enucleate the tumour, which was a matter of much difficulty; as, except for a space the size of a florin round the opening, it was adherent round its whole surface to pelvis, omentum, intestines, uterus, and bladder. No pedicle could be found; but all bleeding points were rapidly seized by Kœberlé's forceps, and afterwards secured by fine carbolised catgut. The tumour on the right side was not quite so adherent, and was removed without emptying its contents, a sort of pedicle being secured with carbolised silk. All bleeding points having been tied, the peritoneal toilet was carefully performed, and the abdominal wound closed; a drainage-tube, with India-rubber sheeting and sponge, after Keith, being used. The operation, which lasted an hour and twenty minutes, was performed with thorough Listerian precautions, including the spray playing freely over the wound.

The patient was then placed in bed, a soft red silk No. 12 catheter having been introduced, which was attached to a piece of tubing, passed underneath the patient's thigh, guarded from pressure by a firm pad of lint on each side, and of sufficient length to reach to within a couple of feet of a tray placed on the floor, and arrangements were made for a sister to watch this constantly, night and day, as long as necessary, with instructions to at once ring for the house-surgeon, should the urine cease flowing.

The patient rallied fairly well, but had widely dilated pupils, and a very anxious and jaundiced aspect, with constant vomiting for several hours. She soon complained of severe pain in the epigastric region, which was relieved by a hypodermic injection of morphine; and at 10 P.M., eleven hours after the operation, the vomiting had almost ceased, she was nearly free from pain, and had passed two ounces of urine tinged with red blood and a few small clots; her temperature was under 100°. At 2 A.M., matters were about the same. She had passed an ounce of urine, but had not slept. At 7 A.M., she looked much better, had slept a few hours; the pain and sickness were gone. The urine was more free from blood, its quantity was an ounce; temperature 100.4°. She had four injections of beef-tea during the night, each measuring an ounce, and had sipped a few teaspoonfuls of very hot water; no flatus was passed. About two ounces of red serum were removed from the drainage-tube, under the spray, which was always used when the wound was exposed. During the day, August 9th, all went on well. In the first twenty-four hours she passed eight ounces of urine, which towards evening was of natural colour and free from blood; and at night her temperature was 101.4°, and she had passed flatus freely. An ounce of serum was removed from the drainage-tube.

August 10th, morning temperature, 100°; evening temperature, 101.6°. The urine passed in twenty-four hours was ten ounces; it was clear, and straw-coloured. She vomited once. There was severe pain in the epigastric region, at noon, relieved by hypodermic injection of morphine. There was only a teaspoonful of clear serum in the drainage-tube, which was itself now removed.

All promised well up to August 18th, when, in the afternoon, while feeling remarkably well and free from pain, she told the sister something was trickling down her legs, and on my being telephoned for, I removed the dressings, and found that the portion of the wound where the drainage-tube lay had opened, and a large quantity of dark, grumous, aseptic blood, in appearance like menstrual fluid, was freely welling up through it. I removed as much as I could; but, as it continued to flow, I placed a large pad of absorbent iodoform wool over it, and secured it with a gauze bandage. There had not been, nor was there then, or subsequently, a rise in temperature or pulse, which was quiet and steady. This flow continued for three days, necessitating frequent change of dressing, and then it was followed by a small discharge of serum, which continued to a very slight amount till the following March. The small fistula then closed and remained closed.

On September 5th the catheter, which had given no trouble the whole time, was removed, and introduced frequently for the few following days, and the patient left the hospital shortly afterwards quite strong and well; she resumed her work as dressmaker, and is now in perfect health, and has never had the slightest urinary trouble. For this result I am very largely indebted to our house-surgeons, Messrs. Maitland and Maling, as also to sisters May, Carry, and Kathleen, as it would have been unattainable but for their constant and devoted care and attention in the after treatment.

ORAL INSTRUCTION OF THE DEAF AND DUMB.—The success of the system of oral instruction of the deaf and dumb, pursued under the direction of Mr. Van Praagh, at his institution in Fitzroy Square, was strikingly shown on the occasion of the annual distribution of prizes, when classes of pupils—all deaf mutes—were examined in various subjects with the greatest success. This institution consists of a school and training college for teachers; and between sixty and seventy day pupils, male and female, are now receiving instruction. The system of teaching rigidly excludes the finger-alphabet and all artificial signs, the scholars being taught to speak intelligibly, as well as to understand the spoken language of others, by means of lip-reading. This system enables them to take their place among the working members of society. The children, too, either reside at home with their parents and guardians, or are boarded out with private families selected by the director. The training of teachers has been one of the main objects of the Association, and they have been able to supply fully qualified teachers to the London School Board and other public bodies.