be correctly diagnosed in these cases, this is sufficient for every practical purpose. But ovarian abscess or cystoma of the ovary in an early stage, the associated tube remaining normal, needs rather careful differential diagnosis from a distended tube. I have found the chief point of difference to be this; that, in cyst or abscess of the ovary, a space can be found between the tumour and the uterus unoccupied by any swelling; in distension of the Fallopian tube, the tumour is continuous with the uterus. By this means I have on two or three occasions diagnosed a cystic condition of the ovary only, when tubal disease has been expected: a diagnosis which has been confirmed by operation.

THE IMMEDIATE REDUCTION OF DEFORMITIES.

By NOBLE SMITH, F.R.C.S. Ed.,
Surgeon to All Saints' Children's Hospital.

IN the JOURNAL of April 10th, reference is made to experiments lately performed, as proving that "the rapid method of treatment of orthopaedic deformities" will be followed by good results. I am able to verify the fact, inasmuch as I have adopted this plan of treatment, in operating upon patients for the last five years, and have, upon several occasions, advocated the complete, or nearly complete, restoration of the parts to their normal position, directly after subcutaneous tenotomy.

This plan not only simplifies the after-treatment, to an immense extent, but the results are more satisfactory. For instance, I have not met with a single case of relapse, a result which not unfrequently occurs when the usual plan of allowing the tendon to unite, while the parts remain in the deformed, or nearly deformed, position is followed. The apparatus for after-treatment, in cases thus dealt with, need not be so complicated or expensive as is usually thought requisite, and, in most cases of wryneck, no apparatus whatever, except a stiff collar, is required.

Caution, however, is necessary that actual union is obtained. Care must be taken not to apply too much pressure upon the place of separation, and the tendon must be examined from time to time, and the parts brought nearer together, if the separation seem too wide. This supervision cannot take place when plaster-of-Paris bandage is used, and I have seen disastrous results from thus fixing the foot in the natural position, after tenotomy for talipes equinus. Severe talipes calcaneus resulted from excessive lengthening of the tendo Achillis. There need be no fear of such an unfortunate effect, if moveable splints be used, and the progress carefully watched.

This plan of immediate reduction of deformity, after tenotomy, is surely deserving of much greater attention than it has at present received. The results are excellent, and, in cases of club-foot and wryneck, the tediousness of after-treatment is very materially lessened, or entirely removed.

A CASE OF IMPERFECT ABORTION: SAPRÆMIA: RECOVERY.

By W. S. A. GRIFFITH, M.B., F.R.C.S.,
Physician to Out-patients at the Samaritan Hospital; Obstetric Tutor,
St. Bartholomew's Hospital.

THE following case illustrates the dangers of imperfect abortion, and the satisfactory results to be obtained when the usual method of treatment is thoroughly carried out.

M. A., aged 45, the mother of thirteen children, the last five years old, came to the out-patient room at the Samaritan Hospital, complaining that she had not been well since her last miscarriage, twelve months previously; since then, she had suffered from profuse menorrhagia, and, for the last two months, a continuous bloody discharge, now fetid, with bearing-down pains, which had obliged her to give up work, much against her will.

On vaginal examination, the uterus was found much enlarged, retroflexed, and the cavity so open as easily to admit a finger to the fundus. The cavity was occupied by blood-clot and a mass of decidua, which was adherent only to the anterior wall and the fundus. The hæmorrhage after this examination was so considerable, that it was determined to remove the mass immediately; and, without much difficulty, this was done, the anterior lip of the cervix being seized by a vulsellum-forceps. The uterus was then gently irrigated with hot water, to which a little tincture of iodine was added, and the patient sent to the ward at the Dorset House branch.

Two hours later, the patient, who had had rigors, was found to have

a temperature of 105°, and a large-volumed pulse of 128; the skin was very hot, and she complained of intense thirst.

The uterus was still patulous, and contained blood-clot, which, with two minute fragments of decidua, was removed; the uterus was again thoroughly irrigated, and a tampon of wool, smeared with iodiform and eucalyptus-vaseline, inserted into it. Six grains of quinine were given; and a draught containing a drachm of the liquid extract of ergot, and two grains of quinine, was ordered to be given twice that evening, and three times a day afterwards. Two hours later, the temperature had fallen to 102°, and, an hour after, to 101°, and the pulse to 100; she was sweating profusely, and was much more comfortable.

The following morning the temperature was 99°, and the pulse 84; the tampon was removed from the uterus, and another inserted into the vagina.

From this time, convalescence proceeded uninterruptedly, and involution of the uterus, which had been delayed for twelve months, rapidly took place; the uterus became rigid, and was no longer retroflexed, and, on the fourth day, its cavity measured barely three inches. There was no hæmorrhage after the uterus was once completely emptied.

The rapidity with which involution took place precludes the probability of there having been any chronic metritis set up by the prolonged retention of decidua; and, except at the seat of attachment, the mucous membrane of the uterus appeared to be natural, and free from inflammation.

Sapræmia is believed to be a septic condition produced by the absorption of septic material, which, unlike that causing septicæmia or pyæmia, has no power of growth and propagation in the blood, and, therefore, produces effects only in proportion to its amount; and when, as in this case, its source is easily within reach, and the septic matter can be readily and completely removed, it is most amenable to antiseptic treatment.

PHYSIOLOGICAL MEMORANDA.

THE VOICE AS A STRINGED INSTRUMENT.

To Mr. Stoker belongs the merit of having restated the theory put forth by Ferrein, in 1741, and since refuted and exploded by the most eminent investigators, that the human vocal organ is a stringed instrument.

The "reasons—*anatomical, pathological, and vocal*"—which Mr. Stoker adduces in support of his opinion, are all exceedingly weak. It will be sufficient to contravene a few of them under each of his headings.

ANATOMICAL.—"The vocal cords are two strings of yellow elastic tissue, etc."

Answer.—The vocal cords—otherwise called vocal bands, lips, or ligaments—are not of the nature of strings at all, in the general acceptation of the word, that is, slender cords or ropes, attached, in the case of a violin, at each end, and free all round; but, as every student should know, they are triangular ledges attached, not only at each end, but exteriorly, where they are broadest, to the thyroid cartilage, along their whole length, and free only at their thin inner and approximating edges.

2. "They are covered with extremely fine and closely adherent mucous membrane, without any submucous tissue, and which is incapable of being thrown into wrinkles or folds, that would interfere with perfect vibration."

Answer to this "reason" is best afforded by asking, What would become of the vibrations of the string of a violin or violoncello if it were brought into contact along the whole of its length with some substance, as is the free inner edge of the vocal ligament with the thyroarytænoideus muscle?

PATHOLOGICAL.—1. "When the cords cannot approximate from the interposition of mucus, tumours, etc., huskiness or loss of voice ensues; it is analogous to pressing the fiddle-string with the finger, without applying the bow."

Answer.—It appears almost needless to point out that the "huskiness, or loss of voice," in such a case, is not apparent until, and in spite of, application of the motive power, that is, the breath; on the others hand, "pressing the fiddle-string with the finger," does not in the least interfere with the production of tone, so soon as the motive power thereof—the bow, is applied; it merely affects the pitch.

Again: "In case of paralysis of one cord, there is loss of volume or power, though weak notes can be correctly produced."

Answer.—While absolutely denying the accuracy of this statement, as applied to musical voice, I would ask, where, if true, is the