of Mr. Baker, of sloughing ulcer of the foot, which had required amputation, and had returned in the stump. The patient was a woman 22 years of age: five years before admission, she noticed an ulcer on the second joint of the great toe, which extended until it involved the greater part of the first and second digits, extending to the bones. The affected toes were removed, but ulceration of the same character set in again before the cicatrix had fully healed. Some time afterwards, it was found necessary to perform Syme's amputation. The parts healed and remained well for about two months, when the disease again appeared both in the cicatrix and in the skin. When we saw her, she had two large moderately deep ulcers on the stump—one circular, the other oval. Their surfaces were covered with an adherent spongy slough, and there was not much discharge. Every kind of local destructive treatment, including the actual cautery, had been tried, and the whole list of antisyphilitic remedies administered, but with only transient and partial benefit.

Eruption caused by a Blister.—Under the care of Mr. Baker, we saw a man who had been the subject of a general eruption of erythema and swelling of the skin, followed by copious branny desquamation of cuticle. The rash became eczematous in places where, probably, he had scratched it. The man's account was not very clear; but we gathered from what he said that the eruption had spread upwards from the blistered part (the knee) until it covered even the ears and scalp.

Chronic Oedema of one Leg since Infancy.—The patient, a boy about 17 years of age, was under Mr. Pemberton's care. He stated that he had some abscesses in the right groin when about five months old, and that since then his right lower extremity had been gradually getting more and more swollen. When we saw him, the whole thigh and leg was very much swollen, and somewhat oedematous, and the skin and subcutaneous tissues seemed hypertrophied; at the groin were the scars of the former abscesses; the femoral glands were moderately enlarged, and seemed somewhat adherent to the deep structures, but there was no obvious cause of pressure on the femoral vein that could be detected. The limb had lessened in size somewhat since he had lain in bed.

Suppurative Disease of Knee-joint.—Mr. Bartleet showed us a young man, 20 years old, suffering from acute suppurative synovitis. Mr. Bartleet had treated the case by free incisions, and the application of a new form of splint devised independently by himself and by an Edinburgh surgeon. The apparatus consists of an interrupted splint with a foot-piece, applied to the *front of the limb* instead of the back, a short back-splint being generally placed below the knee to prevent undue pressure of bandages. Mr. Bartleet considers that this splint has two advantages over all forms of back-splint; it secures accurate contact between the sawn end of the bones by raising the foot and removing all pressure from the back of the knee; and it greatly facilitates cleanliness in dressing the wound. Mr. Pemberton also employs this apparatus, and thinks highly of its advantages.

Double Inguinal Hernia: Wood's Operation.—Mr. Goodall called attention to a boy aged 4½ years, on whom he had performed Wood's operation for radical cure on both sides. The herniæ were large, so that the penis was almost buried, and the boy could not have worn a truss. The operations have been successful so far as the immediate cure of the herniæ is concerned; but, from the extremely weak condition of the child's abdominal walls, Mr. Goodall did not think it at all safe to dispense with a double truss. The second operation had been done about three weeks at the time of our visit.

Syphilis.—There are no lock-wards, but cases of syphilis are admitted as occasion requires. Venereal diseases are not so abundant among the out-patients as might be expected—perhaps from the fact that many of the patients are admitted only by subscribers' letters.

Lithotomy.—Until lately, no surgeon at this Hospital did the median operation; but Mr. Pemberton has preferred this method for his last dozen cases, and has, so far, met with uniform success. The other surgeons perform the lateral operation. A cannula is often used for adults, but not for children.

Ovariectomy was performed on four patients last year; two of them, under the care of Mr. Goodall, recovered; in one we believe the operation was not completed.

Strangulated Hernia.—A considerable number of cases are operated on in the course of the year. Mr. Bartleet informed us that he preferred to operate without opening the sac when the strangulation is of only a few hours' duration, and the case uncomplicated.

Mr. F. R. FISHER.—The following Resolution has been passed at a Special Court of the Governors of the Salisbury Infirmary:—"That the thanks of this Court be given to Mr. F. R. Fisher, for his past services as House-Surgeon to the Infirmary; and the Court regret that he should, on account of his health, have considered it advisable to resign that appointment."

CLINICAL LECTURE ON VARIOUS SUBJECTS.

By MR. PAGET, F.R.S.

MR. PAGET lectured this morning (Wednesday) on cases illustrating *Contusion of the Hip, Severe Sprains, and Recurrent Hemorrhage.*

The first case was that of a man who fell, about a month ago, on his great trochanter, receiving no other injury than a severe bruise. Mr. Paget insisted on the importance of treating such cases by prolonged rest in bed as the best means known for averting the acute atrophy of the head and neck of the femur, which too often follows an injury apparently so trivial. After mentioning the ordinary signs of fracture of the neck of the femur, Mr. Paget stated that some of these, viz. pain on pressure about the hip, and inability to raise the heel from the horizontal position, are also generally present in cases of severe bruise of the hip. In the case of contusion, however, it was stated that this inability to raise the limb generally disappeared in a few days. On the important point of deformity, Mr. Paget said that it was of great consequence, both for the patient's sake and the surgeon's reputation, to distinguish between the shortening of fracture, which comes on either immediately or at most, as in some cases of impaction, a few days after the accident, and that which occurs weeks or months after a contusion of the hip; the latter depending on atrophy of the head and neck of the femur, and the assumption of a too horizontal direction by the latter part. Mr. Paget remarked, that in young patients simple atrophy of bone was the only change observed, but that, in old persons, wasting of articular cartilage and the formation of nodules of bone about the margins of the joint generally occurred in addition.

Rupture of the External Lateral Ligament of the Knee-Joint.—In connection with this case Mr. Paget made some remarks on sprains in general, on their importance, and the necessity of treating them seriously, and often with all the attention which would be bestowed on a fracture, both to prevent the deformity arising from rupture of ligaments, and to ward off severe inflammation. Mr. Paget remarked that in every sprain there are two injuries to be considered—the *stretching* of the ligaments on one side of the joint, and the necessary *crushing* of the cartilage and bone to a corresponding extent on the other; and that, in his opinion, the latter injury, although commonly left out of consideration, is often really of major importance. In illustration of this opinion, Mr. Paget drew a comparison between the results of *dislocation* of the shoulder and ankle, in which there is extensive rupture of ligamentous structures, and *sprains*, in which there is, in addition, the crushing of bone and cartilage; and stated that suppurative inflammation of these joints is much more frequent after sprains than after dislocations, the difference, in his opinion, being due to the bruising or crushing before referred to.

Recurrent Hemorrhage.—Mr. Paget applied this term to the bleeding which sometimes comes on within the first day or two of an operation, as distinguished from true secondary hemorrhage, coming on after about the fifth day. The patient upon whose case Mr. Paget lectured was a man for whom he performed Pirogoff's amputation last June, on account of disease of the ankle-joint, accompanied by extreme pain. The pain returned in the stump soon after the operation, and this induced Mr. Paget to remove the remains of the os calcis in the following October; still the man suffered in a most unusual degree from persistent pain in the part, which was unrelieved by all sorts of local and general anodynes; and on the 9th inst. Mr. Paget, therefore, amputated the leg at the lower third. An unusually large number of vessels required ligature, but bleeding had quite ceased when the patient was removed to the ward. Mr. Paget illustrated the general treatment to be pursued in cases of recurrent hemorrhage by the plan adopted in this instance. Anticipating the probability of bleeding, Mr. Paget had the limb slung, and the stump covered with a piece of lint and exposed to the air. About an hour after the operation, blood began to drip from the stump, because, the lecturer said, the muscular coats of the small arteries, which had contracted at the time of the operation, had become "tired" before time had elapsed for the formation of a clot or the adhesion of the flaps. Mr. Paget said that the first indications of treatment were to expose the stump thoroughly to the air and raise the limb, and these were carried out; still bleeding continued, and the next method, artificial cold by applying ice, was tried; this failed to arrest the hemorrhage for more than a very short time; and the third resource, compression of the main artery by a tourniquet, was employed, in order, as Mr. Paget observed, that, pressure being removed from the weakened vessels, they might again contract. The tourniquet was removed at the end of an hour on account of the pain caused by it; but,

as renewed bleeding set in, the instrument was again applied, and the fourth plan of treatment, mentioned by the lecturer, was employed; viz., opening the flaps and tying the bleeding vessels. The flaps were then sponged with a disinfectant lotion; and thus, Mr. Paget said, another important indication was fulfilled—that of preventing putrefaction of any blood-clot that may remain or form subsequently in the stump, and thus warding off the occurrence of blood-poisoning. In mentioning pressure on the main artery, Mr. Paget reminded his hearers of the necessity, before proceeding to such an extreme measure as ligature of the main vessel, of ascertaining whether pressure on it does really stop the bleeding.

Mr. Paget remarked that recurrent hæmorrhage is essentially the hæmorrhage of reaction, coming on, as it does, not only when the small vessels are “tired”, but at the time when the patient is recovering from the shock of the operation and his heart regaining power; coming on, therefore, quickly in robust patients, and tardily in those who are feeble and recover slowly from shock. In connexion with the last point, Mr. Paget deprecated the plan of overstimulating patients after operations with the intention of quickly bringing on the stage of reaction, such a practice being very likely to be followed by recurrent bleeding. In noticing the conditions under which copious bleeding is to be expected at amputations, Mr. Paget mentioned the presence of morbid, especially cancerous, growths, the existence of acute inflammation in the part, and, lastly, the previous history of severe pain in the diseased limb or stump; and considered that the liability to abundant hæmorrhage might be considered to vary directly, in such cases, with the severity of the pain.

REVIEWS AND NOTICES.

THE JOURNAL OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON.
Boston: James Campbell. New York: L. W. Schmidt. London:
C. J. Cazenove. 1870.

THE Gynæcological Society of Boston, of which this is at the same time the official journal and the record of its transactions, was founded on January 22nd, 1869. The first number appeared in July of the same year, and five of them have been sent to us for review. Each number consists of about sixty-four pages octavo, in large type, on fine paper, and with occasional illustrations; and bears on its cover a *fac-simile* of the seal of the Society, with its motto, “Propter uterum est mulier.”* There are three editors, the senior of whom is Dr. Winslow Lewis, said to be a veteran of seventy years; and the others, Dr. Horatio R. Storer (known as joint editor with Dr. Priestley of Sir James Simpson’s obstetric works), and Dr. G. H. Bixby. Both the Journal and the Society propose to leave obstetrics or operative midwifery, and also the diseases of children, to other societies and organs, and to concern themselves chiefly with the physiology, pathology, and therapeutics of the female generative organs.

If we say that the whole is intensely *American*, we are simply stating a fact which our readers will discover almost as soon as they open its pages. The English reader will perhaps be somewhat amused to find the first number commence with highly laudatory biographical notices of the editors, and, a little further on, to discover the *Society* engaged in a correspondence with Mrs. Dall, who takes a prominent part in the Woman’s Rights movement. It seems that this lady had made the somewhat startling announcement, that the mere presence of a man in the same room with any member of her own sex necessarily excited undesirable sexual emotions! She afterwards endeavours to excuse herself by averring that she made this extraordinary announcement merely to provoke discussion, and because she had heard it affirmed by some medical men! But, in spite of a good deal of what we cannot but consider as ephemeral and extraneous matter, there is much in these pages of considerable interest.

As we propose to make some excerpts from the work, it will suffice to briefly enumerate some of the most interesting papers.

The first number contains the proceedings of the first regular meeting of the Society.† Dr. Storer contributes a case of Obstinate Eroto-

mania—the patient, *wearing a mask*, being shown to the Society; and a paper on the Frequency and Causation of Uterine Disease in America; besides one on the Diagnosis of Rectal Diseases. The same number contains a paper by Dr. Gerould of Ohio, on the Bromide of Iodine in Uterine Disease; and by Dr. Pinkerton, on an Uterine Scarificator.

In the second number are papers by the editors on several interesting topics; and one by Professor A. Breisky of Berne, in Switzerland, on the Normal Position of the Female Pelvic Organs; and an Account of Passage of (probably foetal) Hairs from the Bladder.

The third number, besides other matters of interest, contains an instance of Precocious Puberty, a case of Hernia of the Bladder in Gestation, and of Treatment of Ovarian Tumour by Retention of Cannula; and a paper on the Pathology of Phlegmasia Dolens, by Dr. Pinkerton.

The fourth and fifth numbers, in addition to the transactions of the Society, contain accounts of Extirpation of the Puerperal Uterus (Dr. Bixby), of a Placenta retained for Three Weeks, of Supplementary Nipples; a paper on Dr. Protheroe Smith’s Back-supporters (by himself); and an outline of American Gynæcology, by Dr. Storer.

It is pleasant to observe the friendly way in which British obstetricians and their works are mentioned. Dr. Graily Hewitt’s pessaries appear to be held in high estimation by the society.

NOTES ON BOOKS.

A Clinical Note-Book for Hospital and Private Practice has been sent to us by Dr. FAIRBANK of Lynton. It is published, at Dr. Fairbank’s request, by Messrs. Smith of Long Acre. Its great recommendation is its portability. It is small enough to be carried in the side-pocket without the slightest inconvenience. The pages are ruled in columns, and will much facilitate stated records of pulse, temperature, etc. Although it is obviously not large enough to permit of detailed notes, yet its regular use at the bedside would certainly much assist note-taking afterwards, and in many instances would afford sufficient records for the purposes of the practitioner. A perforated outline plate, for making sketches of the chest and abdomen, is enclosed with it.

Chemistry for Schools: an Introduction to the Practical Study of Chemistry. By C. HAUGHTON GILL. Pp. 315. London: James Walton. 1869.—Whether this is the sort of book to be placed in the hands of a junior schoolboy to whom it is desired to impart some rudimentary knowledge of chemistry, is a question on which there may be differences of opinion. For such a pupil, something more simple may be preferable. But, as a guide in chemistry for boys of the higher classes, the book is extremely good. Those, especially, who are preparing for the Matriculation Examination of the University of London, will find here just what they want: indeed, the author has noted in the table of contents those chapters which it is necessary to read in preparing for that examination. The author is a teacher of chemistry in University College School; and the book is written in accordance with the modern nomenclature and notation. The utility of the work is increased by series of questions appended to the chapters.

On Polypus of the Rectum. By A. G. MILLER, M.D., F.R.C.S.E., Edinburgh, 1870.—The author’s attention to the matter seems to have been roused by a case of fibrous polypus in the rectum, which occurred in his practice. Polypi of the rectum are divided by Dr. Miller into three groups, mucous or glandular, fibrous, and malignant. A list of thirty-nine recorded cases of polypus in the rectum is given, from which it appears that the glandular form is commonest in children, the other varieties in adults, and that the fibrous is the least common kind. The author considers it is always necessary to ligature the pedicle of a polypus in the rectum, before removing the growth.

The Cure of the Great Social Evil, with Special Reference to Recent Laws, delusively called Contagious Diseases’ Acts. By FRANCIS W. NEWMAN.—If Professor Newman were not so very respectable an authority, when he keeps within the limits of his knowledge, we should, we fear, have been tempted to put him down as a blusterer on sensational topics. This pamphlet is, however, worth reading as an instance of earnestness, for which we must feel great respect, minute insight into the phenomena and results of human passions, which ex-

the world of science; it is for the members of this and kindred societies to make the position the (*sic*) more permanent.”—“10. And were there no other reason, the fact that every man owes to woman for her love in his infancy, in his childhood, and in his manhood, a debt that no devotion can ever repay; and when, as physicians, we reflect that her special diseases are manifold more in number, worse in severity, and more dangerous to physical and mental integrity, than any affliction we ourselves are called to suffer, *we should offer no less a sacrifice to the other sex than a life’s work.*” [The italics are ours.]

* We hope it is not hypercritical to remark that the physiology or philosophy of this motto appears to us to lag a little behind the received notions of the day, inasmuch as the ovaries are scarcely less important to the female than the uterus; and there are several authentic instances of beings in whom no uterus could be discovered, who appeared to possess all the other attributes of their sex, and to whom it would be hard to deny the title of woman.

† From the thirteen resolutions passed on that occasion, we extract the following. “9. That many of the great improvements that have been made are American. (Successful ovariectomy, by McDowell; treatment of vesico-vaginal fistula, by Marion Sims; and of uterine flexions, by Emmett; adduced as examples.) American gynæcologists have already secured for this country a pre-eminent position in