stump (which I always do at each dressing, so long as pus lodges in its interior). A pad placed below the heel-flap, and kept firmly applied by means of a bandage, materially prevents bagging with pus, and promotes adhesion and recovery. The two extremities of the wound should always be left open for the escape of discharge; and some of the sutures should be strong, and placed so deeply as effectually to hold the heel-flap in place. Finer wire sutures may be used between, so as carefully to adjust the edges of the flaps; and narrow stripes of adhesive plaster aid the same result. The sutures should be left in place as long as possible. I never now use a cut in the centre of the heel for drainage; as, if the plantar incision is not carried too far forwards, the open ends of the flaps will sufficiently drain the interior.

I am a strong advocate for dressing as seldom as possible. Unless the suppuration is very profuse, and the drainage bad, it is not necessary to interfere oftener than every second day; and, in fact, if the dressings applied be of the simplest and lightest kind, very little meddling will be required. I rarely make my first dressing till the third or fourth day.

In traumatic cases, a good plan is to put the stump under cold irrigation for some days after amputation. In fact, this admirable application may in many cases be most advantageously continued nearly till the close.

In cases of disease in which many sinuses have existed, it will be some time before the stump becomes firm and healthy; yet these apertures are most useful during healing, and in time, by good dressing and bandaging, close firmly. Abscesses in the course of the tendinous sheaths are occasionally troublesome, and the usual complications of wounds may have to be combated.

I have had very few cases of secondary hæmorrhage, hardly one of sloughing, when Syme's amputation was employed; and none of painful or imperfect stumps. In both cases in which, from the destruction of the soft parts, I was forced to take my flap from the dorsum of the foot, I had sloughing and most imperfect stumps; and at least one of those irregular ones I mentioned, in which the flaps were made up of shreds, as I may say, from different sides of the articulation, would, I fear, have to undergo subsequent amputation; though, having lost sight of them as they were sent to the rear, I was unable to trace their final condition.

I must apologise for detaining the meeting so long; but I hope that I may have suggested some practical points for their consideration.

SUCCESSFUL CASE OF CÆSAREAN OPERATION : MOTHER AND CHILD ALIVE.

By J. S. GAUNT, Esq., M.R.C.S., Alvechurch.

ON the morning of July 29th I received a note from Mr. Parsons of Tanworth, requesting me to meet him and Mr. Kimbell of Tanworth at a case of difficult labour at Aspbury Heath. We met at nine o'clock, when I found that Mrs. B., aged 38, a blacksmith's wife, had been in labour since the 27th. She thought the membranes ruptured on that day, with the first pains; but only a small quantity of fluid escaped. This was her fourth pregnancy. In her first labour, in 1857, she was attended by Mr. Kimbell, and more than a week passed before the child was born; it was still-born. In her second confinement, in 1860, she was attended by the late Mr. Duce of Wednesbury. She was in labour twelve hours, when a very small living child was born, which survived its birth but a few weeks. After this confinement, she suffered from pain and weakness in her back and hips. She was in the General Hospital at Birmingham for ten weeks, under the care of Dr. Russell. In 1865, she was in labour for four days, being this time again attended by Mr. Kimbell. Craniotomy was performed by this gentleman, after consultation with Mr. Smith of Redditch.

On vaginal examination, I was unable to reach the presenting part. The transverse diameter was only one inch, the antero-posterior an inch and a quarter, barely admitting my first three fingers, closed together, up to the first joint. I urged my colleagues not to delay, but to proceed at once to the performance of the Cæsarean section, as being the only hope of saving the mother's life, as well as that of the child. This was consented to. I advised forty minims of Battley's solution of opium to be administered, and we arranged to meet at three o'clock. The bowels had acted in the course of the morning; and water was passed at 2 P.M., so that it was thought unnecessary to introduce the catheter. She was placed on a bed, with her legs drawn over the bottom, the feet resting on pillows. Mr. Kimbell administered chloroform; and, when she was fully under its influence, Mr. Parsons made an incision about four inches in length in the course of the linea alba,

dividing the peritoneum on a director. An incision was then made into the upper part of the uterus, wounding at the same time the placenta, from which issued a slight gush of blood. He then introduced his finger, and upon it divided the uterine wall. I now tore through the membranes, seized the breech, and extracted a well-developed living child, which began to cry lustily. After cutting through the funis, I separated the placenta, which was attached to the anterior and superior part of the uterus. I now introduced my hand into the uterus, passing my forefinger through the os into the vagina, from which there was a slight discharge of blood, continuing to this date. I then placed the fingers of my right hand on each side of the incision, and brought the edges into apposition. With my left hand I grasped the fundus, which contracted very fairly. The wound was closed by means of hare-lip pins passed through the abdominal walls, embracing the peritoneum with intermediate silk sutures. A pledget of lint, secured by adhesive strapping, was then applied, and a bandage carefully adjusted. We agreed to give one drachm of laudanum, to be followed by a quarter of a grain of opium every four hours; the diet to consist of beef-tea and milk.

On the 30th, there was some distension of the abdomen, and an enema was given. The following day, the bowels were relaxed, and they have subsequently acted on alternate days. The catheter was introduced, but was not afterwards required. The opium was inadvertently omitted on August 1st; great depression followed; and the pulse became extremely frequent.

The sutures were removed on August 9th, when firm union was observed to have taken place. Scarcely three ounces of blood were lost at the operation. It should be noted, that a higher temperature was maintained in the chamber, and that the vagina was syringed daily with a weak solution of carbolic acid.

Her father suffered from syphilis, and died from phthisis. Her mother became an inmate of an asylum. She told us that she had been becoming shorter in stature for some time past. I have only to add, that both mother and child are quite well.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

RETENTION OF URINE WITH HÆMATURIA.

By J. BIRCHENALL, Esq., Macclesfield.

S. S., aged 63, tall, of athletic form, and robust health, actively employed as principal warehouseman in a silk-mill, had accustomed himself for some years to the occasional use of the catheter on account of prostatic enlargement. On May 17th, 1866, on going to bed, he took a strong glassful of hot whiskey-and-water; and, on the following evening, a similar potation of gin-and-water, for the purpose, as he supposed, of throwing off a recent cold. He was thereby necessitated to have recourse to the instrument more frequently than usual; but, as the relief in every instance was incomplete, and the urine highly charged with blood, he placed himself under my care. I passed a full-sized catheter without any difficulty, and drew off an ounce of bloody fluid. There was no tension or tumefaction of the bladder; but, as the uneasy straining sensation continued, I urged him to maintain the recumbent posture as far as possible, and ordered suppositories of opium. On inquiry I ascertained that, six weeks previously, he slipped upon the stairs, falling upon his elbows, that he was thereby much shaken, and that the secretion of urine for some days subsequently was of a slightly bloody hue. As the bowels were free, a mixture of nitrate of potass and carbonate of soda, in doses of five grains each, with thirty drops of tincture of hyoscyamus, was prescribed every four hours. The patient was ordered to observe a farinaceous diet, and to drink barley-water. The treatment afforded relief to the urgent symptoms, although, on every occasion when the catheter was passed, the urine was highly charged with florid blood. On the fifth day of my attendance I found that my patient had ventured to go down to business, but a cutting easterly wind superinduced an aggravation of his symptoms, of which I was not apprised for several days, when I found him in much pain with constant straining, and a sense of faintness; the pulse quick and irregular, and the tongue brown and dry. The catheter had been passed frequently, but it had given issue to slight jets only of bloody fluid. The suppositories were repeated, and port wine and infusion of roses administered at regular intervals. There was no head-ache, nor