admitted into Swansea Hospital, under Mr. Thomas, on December 26th, 1879. "The operation was carried out in all its details on January 12th, under the carbolic spray, and the whole instruments and wounds covered with a pad of gauze, secured by a bandage. The patient once vomited during the night, and the following morning complained of pain and tenderness over the lower part of the abdomen; no tympanites. Temperature, A.M., 102°; P.M., 100.4°. Liquor morphine (Mx) relieved him, and the next day this had disappeared.—January 14th. Temperature, A.M., 102°; P.M., 100.4°. As the gauze was saturated with blood and serous oozing, the parts were dressed under spray. Looked well; tender; no redness; a little œdema of scrotum, and orchitis.—January 19th. The temperature gradually went down, until it reached normal on this day. The wound was dressed as before: slight suppuration; induration along canal well marked. Soap-and-water enema caused good evacuation, the patient feeling no pain or inconvenience. The left testis was still swollen.—January 23rd. The screw was removed; there was no suppuration; the wound was dressed as before. There was good induration along the course of the inguinal canal. The bowels acted naturally.—January 26th. The bowels have continued to act daily naturally.—January 28th. The dressings were removed. The wounds were healed. *The canal was occupied by a good firm elongated plug, to which no impulse was imparted on coughing.*—February 12th. He was discharged cured."

CASE XXV.—Mr. Thomas writes: "The second case, in a child nine years and a half old, ran a similar course to the first, with equally good results." "I saw my first case a few days ago, and found the inguinal canal quite obliterated; and there was no impulse imparted to the induration which occupies its site."

It would be difficult, I think, to adduce stronger testimony than this of the practicability and efficiency of the operation.

A NOTE ON THE ALUMINOUS CHALYBEATE WELL OF HARROGATE.

By GEORGE OLIVER, M.D.Lond., M.R.C.P.

THE publication, in the JOURNAL of December 18th, of the recent analysis of the ancient alum-well at Harrogate by my friend Mr. R. H. Davis, F.C.S., suggests, in the absence of published experience, a note on some therapeutical applications of it.

My observations have been mainly directed to the external use of this powerfully astringent water; and during the past season it afforded gratifying results in the following classes of cases.

1. *Relaxation and loss of tone of pharynx and larynx; chronic congestion of pharynx.* This water was administered as a spray-inhalation.

2. *Profuse phthisical perspiration.* The undiluted water sponged, or, what was more grateful, and perhaps more efficacious, sprayed over the skin, surpassed all other remedies in one extreme case.

3. *Leucorrhœa; relaxation of vagina and mucifarious glands.*

Other applications, promisingly useful, may be further noted. In relaxed and debilitated conditions of the skin, the addition of this strong aluminous chalybeate to the bath-water—e.g., the spray or needle-bath, or the ordinary sponge-bath—may prove adjuvant to the valuable chalybeate and other courses of treatment prescribed at Harrogate; and, as a dressing or lotion in certain obstinate skin-diseases (e.g., chronic eczema, the vegetal parasitic diseases) and chronic ulcers, this stimulating and astringent water may play an useful part in the local treatment.

My limited experience of the internal use of the water does not enable me to draw any definite conclusions as to its therapeutic force or range. I am, however, persuaded that it may prove beneficial in some cases of chronic diarrhœa and dysentery, and other chronic discharges, whether hemorrhagic, mucous, or purulent. My few observations suggest that the commencing dose should be small—a tablespoonful, or even less; that it should be well diluted, and should not be taken on an empty stomach, but an hour after meals.

Such medicinal virtues as the water possesses appear to depend mainly on the acid and astringent properties of the persulphates (which exist in the large proportion of one grain to the ounce), and the rich charge of iron salts (proto- and per-sulphates). It may be noted that, unlike some allied waters—e.g., Sandrock, Isle of Wight; Vicar's Bridge, near Dollar; strong chalybeate of Moffat—it is not too concentrated for convenience; and, though a very strong chalybeate, its constituents are in perfect solution, and not in suspension, like some of the muddy mine-washes which have been dignified as mineral waters.

Among the well-known rich and varied resources of Harrogate, this sulphated chalybeate may be easily passed over, as it has been for more than a hundred and fifty years. But, though its range of application

as a curative agent is undoubtedly limited, it cannot be supplied by any member of the unexampled series of medicinal waters which Harrogate possesses, and should not, therefore, be ignored. Among its richly endowed fellows, it will doubtless hold its own, whatever the shape ultimately given to its province of usefulness by observation and experience.

A CASE OF CÆSAREAN SECTION, IN WHICH BOTH THE MOTHER AND CHILD WERE SAVED.*

By WILLIAM WALTER, M.A., M.D.,

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My paper consists of an abstract of some notes which I took of a case of Cæsarean section that occurred four years ago in the North Staffordshire Infirmary, under the care of Mr. Alcock; and I am much indebted to that gentleman for his kind permission to make use of the case on the present occasion.

During the last four years, Porro's operation has become known, and laparo-elytotomy has, through the exertions of Dr. Gaillard Thomas, been so much improved, that both are now fully recognised as rival operations to the Cæsarean section. Time and experience are yet needed before we can arrive at accurate conclusions as to the relative merits of these various operations over one another; but much can be done towards the solution of this difficult and important problem if the profession will search for and record all those cases of Cæsarean section which still remain unpublished. In Manchester, our veteran and highly esteemed obstetrician, Dr. Radford, has during the last two months collected from various sources upwards of a dozen cases of the Cæsarean operation that have never been published; and he has mentioned these cases in a second edition of his *Observations on the Cæsarean Section*, which is now going through the press.

On June 23rd, 1876, K. T., a dwarf, in labour, was sent into the North Staffordshire Infirmary by Mr. Alcock, who, a few hours before, had seen the case in consultation with Mr. Taylor of Burslem. The patient, a primipara, twenty-eight years of age, was of remarkably low stature, being only three feet six-and-a-half inches in height. This diminution in stature was mainly owing to the shortness of her lower extremities, which scarcely equalled one-third the length of her body. Notwithstanding this, she could walk very well, and on many occasions accomplished a distance of three or four miles without fatigue. The expression of her countenance did not betoken a high mental development, and her general disposition was decidedly apathetic. Her health was good, and her body well nourished. The catamenia commenced when she was seventeen, and rarely showed any irregularity. She told me that she had been married more than a year, and had come on the previous day to the Burslem Wakes, to be exhibited with her husband, whose height was an inch and a half less than her own. He was forty years of age, and, from his conversation, seemed fairly intellectual. She stated that, for several successive days, she had been driving in a caravan through the country; and the jolting she sustained had induced labour three weeks before the proper time. The pains had commenced twenty-four hours before her admission, and for the last six hours there had been but a short interval between them.

Her face wore no appearance of anxiety; nor did she seem to have suffered much constitutionally from the somewhat protracted period of her labour. Her pulse was good, 100 in the minute, and showed no perceptible alteration during the continuance of a pain. The temperature was normal, and there was no abdominal tenderness. On passing my hand over the uterus, I perceived that its long axis corresponded to a line drawn from the centre of Poupart's ligament on the left side to the floating ribs on the right side. The placental *bruit* was audible over most of the anterior right aspect of the uterus; while the foetal heart was only distinctly heard over a small area at the upper half of the same side. The vagina was not too hot, and was well moistened with a slimy discharge. The membranes had been ruptured five or six hours. The os uteri was of the size of a shilling, quite soft, and responded feebly to the pains, which were coming on every ten minutes; it was situated very high, and in close proximity to the bladder. The promontory of the sacrum was very large, and certainly did not leave more than one inch and a half for the antero-posterior diameter of the inlet; the transverse diameter was below the normal; and the diameters of the outlet were not appreciably altered. The presentation was a knee; but, in addition, part of a foot could be felt very high up and near the pubes.

A consultation of the staff was held soon after her admission into the

* Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Cambridge, August 1880.