pass the straight ones through the upper angle. These needles are rarely an inch in length, and are held in the ordinary Sims' forceps needle-holder, whilst the tissue is steadied with a tenaculum. Most of the American gynaecological surgeons bend the wire on a silk thread, which is placed in the eye of the needle; but for many years I have dispensed with the silk, and place the wire directly in the eye of the needle, which is purposely made larger. Great care should be exercised in passing the needle, lest it snap just at the critical moment. The needle-holder should never grasp the eye, and the needle should be placed at such an angle as to be pushed straight through. I am rather particular about these technical details, as upon their proper manipulation depends the complete success of the procedure. The trocar, or pyramid-pointed needles, penetrate without cutting; and, the body of the needle being larger than the point, somewhat of stretching takes place, and there is less oozing of blood than with any other form of needle. I have used them for fifteen years, and they have never yet disappointed me.

Before the wires are twisted, all clots should be sponged away, and the edges of the wound accurately approximated without strangulation by the sutures, which are to be bent on the flat, curved on the cervical tissue, and cut off about two lines from the wound-line.

For many years, I was in the habit of passing only as many wires as were necessary to bring the raw surfaces accurately together; latterly, I rather multiply the sutures, as the presence of good silver wire does no harm, and a surplus insures success, as well as prevents accident. The patient is kept in bed ten days or so, when the sutures are removed, provided union is perfect; otherwise, they are to be tightened, or some additional ones passed, to remain as long as it may seem proper—ten or twelve days more. During the presence of the sutures, the carbolic or thymolised hot douche should be constantly used.

In the whole range of gynaecology, there is nothing so satisfactory as the successful issue of an operation for the cure of laceration of the cervix. Symptoms of the most rebellious nature succumb to the closure of divided tissue, and reflex phenomena often disappear as the mist before the sun.

The rules I would lay down are, to close the laceration at the time of the accident, just as we do habitually for similar perineal lesion, and, in default of making the immediate restitution, to perform the plastic restorative operation as early as practicable. The stitching of the neck of the womb upon the immediate accident is not only necessary, sometimes, to stop the hæmorrhage, but it occasionally is the sole method left to us to save life; besides, it prevents septicæmic trouble pending the lying-in, and union avoids all subsequent breaking-down in health. When the woman arises from the parturition with a division of the cervix, she will, sooner or later, be subjected to more or less of menorrhagia or metrorrhagia, or she will be the prey to the inconveniences and miseries of bad health, as evidenced by leucorrhœa, neuroses of various manifestations, dyspepsia, frequently sterility, and uterine displacement. The operation for the cure of this condition, whilst it is difficult in performance, is comparatively free from danger; and now that we know there is danger of secondary hæmorrhage, not before anticipated, we can take due precautions to guard against it.

The chief deduction in the study of laceration of the cervix is, that the prophylaxis of skilled obstetrics will do much to diminish its frequency, particularly if, in the management of the pregnant woman, the accoucheur directs special attention to its histological status; and should any condition exist which is liable to impair the progress of a normally rapid labour, the hydrostatic dilator should be used, to open the cervix before there is a possibility of the production of œdema, perivascular effusion, ecchymosis, or tissue-bruising. These preventive measures are not only necessary in the scleremic cervix to save it from rupture, but the benefits to the general condition of the woman are most apparent, by saving her the additional dangers of a tedious and exhaustive labour.

The hiatus yet to be filled in obstetrical and gynaecological literature, is a thorough and complete treatise on the management of the pregnant woman, more particularly with regard to the prophylaxis of accident and disease at parturition, as preventives of subsequent pelvic trouble. The skilled accoucheur must forecast his patient's horoscope of health by common sense, and the dictates of the tenderest humanity.

CENTRES OF VISION IN THE CEREBRAL HEMISPHERES.—Dr. J. C. Dalton (*New York Medical Record*), concludes a paper on this subject thus. 1. Extirpation of the angular convolution causes loss of visual perception on the opposite side. 2. This operation is not followed by any disturbance of the intelligence, attitude, power of locomotion, or general sensibility. 3. It does not interfere with the general sensibility of the retina or conjunctiva, the reaction of the pupil to light, nor with the normal consentaneous movements of winking. Its effects are therefore confined to the exercise of visual sensibility.

CASE OF STRANGULATED CONGENITAL HERNIA IN A CHILD TWO MONTHS OLD: OPERATION: RECOVERY.

By J. M. COTTERILL, M.B., F.R.C.S.E.,
Clinical Surgery Tutor in the University of Edinburgh.

THE following case is interesting, from the extreme youth of the patient, as also the contradictory nature of the symptoms, which rendered the diagnosis more than usually difficult.

On July 2nd, 1880, a child, nine weeks old, was brought to the Royal Dispensary, Richmond Street, Edinburgh, for advice. The mother stated that the child had for ten hours been suffering great pain, which had come on suddenly after a fit of coughing. The pain was increased by pressure on the scrotum, which was swollen to about the size of an egg. The mother stated that the child had had a swelling in that position since its birth, which she could always cause to disappear gradually by continued pressure, and which gave the child no apparent discomfort, though it always filled again slowly when the pressure was removed. It was evident, from her description, that the child had suffered from a congenital hydrocele. Since the appearance of the acute symptoms, the patient had been unable to pass urine; the bowels had been freely moved, and there had been no vomiting; the chief symptoms being the apparently intense pain, and the pinched and exhausted expression of face. With these apparently conflicting symptoms in view, I put the child under the influence of chloroform, in order to make a more careful examination than was otherwise practicable. The right half of the scrotum was tense, shining, and full of fluid. Though the neck of the tumour felt somewhat thickened, I could distinguish nothing that felt like intestine, nor was there the least impulse noticeable on the child crying or coughing. Thinking it just possible that the swollen and painful state of the scrotum might be due to some blow or fall upon the previously existing hydrocele, I inquired of the mother whether the child had sustained any such injury. She assured me that such was not the case. I then concluded that the symptoms were due to a minute strangulated hernia, complicating the hydrocele; though the absence of vomiting, and the particularly free movement of the bowels since the supervention of the acute symptoms, apparently contradicted such a conclusion. Such, however, turned out to be the nature of the case; for, having failed in attempts at taxis, on making an incision over the neck of the tumour, and opening the sac, there escaped about two ounces of dark blood-stained serum, and in the uppermost part of the sac there lay a small knuckle of intestine, not much larger than a pea, and deeply congested. This was easily returned on division of the neck of the sac. Having then gathered up the funicular portion of the sac as tightly as possible round the cord, I put two deep catgut sutures through the sac and the surrounding textures, in such a way as to bind it down to the cord, and lessen as much as possible the liability to return of the hernia. I sewed up the superficial parts of the wound closely, and covered the line of incision with a thick layer of collodion.

The child made an excellent recovery, and has now dispensed with any retentive apparatus, though I recommended one to be worn for the first few months, as the child was suffering from a severe attack of whooping-cough.

In infants, where the antiseptic dressing is unsuitable, the collodion dressing will be found useful in preventing the urine from coming into contact with the wound, and thus preventing the healing process.

CASE OF CROUP TREATED BY PASSING CATHETERS INTO THE TRACHEA BY THE MOUTH.

By J. WILSON PATON, M.D., M.R.C.S., Rockferry.

IN THE BRITISH MEDICAL JOURNAL for July 24th and 31st, 1880, are two papers by Dr. Macewen, on the Value of Tracheal Tubes introduced by the Mouth in (Edema Glottidis, etc. The cases he records are all in adults. I am not aware that this treatment has been used in children; but its simplicity and advantages are so great, that a few notes of a case of croup in which catheters were used may be interesting.

H. J., aged three years and ten months, had measles, the rash appearing on February 15th, 1881. On the disappearance of the rash, a hard cough supervened, which gradually increased in severity till March 1st.

On this date, I found him, at 1.30 A.M., suffering from intense dyspnoea, quite unable to speak, and his lips of a dark livid colour. His cough was constant, brassy, and without expectoration. The respira-

tions were thirty-five per minute, the cartilages of the ribs and sternum being drawn in at every effort to breathe, and crepitation existing over both lungs. The fauces were healthy. The pulse was 144, very weak.

Having a No. 11 prostatic catheter with me, I determined to pass it into the trachea instead of performing tracheotomy. Watching an opportunity, while the tongue was depressed with a spoon, the catheter, curved a little more than usual, was passed into the trachea, during an attempted inspiration, and without the slightest difficulty. A severe struggle followed, lasting perhaps a minute or two, the face becoming purple, and the eyes staring with fully dilated pupils. The paroxysmal efforts to expel the tube being unsuccessful, a pretty full inspiration, partly through the tube and partly through the larynx, followed; about two ounces of frothy, bloody, and purulent mucus were ejected by the tube and the mouth; the livid colour disappeared, and he lay down breathing easily through the tube. The presence of the tube did not prevent his swallowing milk, although sometimes a little of this was ejected from it during a cough. The tube was retained *in situ* by a strip of plaster; and the teeth were prevented from closing on it by means of a pear-shaped piece of hard wood.

Six hours afterwards, he was much easier, and could say "Yes" and "No" distinctly. The cough continued at intervals of ten minutes, and did not seem altered in character by the presence of the tube. Crepitation still existed over both lungs, an abundant muco-purulent secretion being passed both by the tube and the mouth. Hitherto he had been kept in a warm room; but now a bronchitis-kettle maintained a moist temperature of 70° Fahr. The tube was removed without any inconvenience after it had been in the trachea for eleven hours, as he had bitten it, and no air was passing through it. Shortly after its removal, symptoms of obstruction gradually reappeared. During the same evening, another ordinary gum-elastic catheter No. 12 was introduced, only a slight momentary struggle and cough supervening. The presence of the tube led again to a very free expectoration of mucus. In the course of a few hours, the respirations and pulse became lower, and crepitation and dyspnoea ceased. When the tube had been in for forty-eight hours and a half, it was removed, and not again introduced. On March 8th, the voice and chest sounds were normal; and he was not seen after the 10th.

This case was a severe one, and would soon have ended fatally, had no operation been performed. Tracheotomy seemed inadmissible, neither the case nor the surroundings being favourable for it. *Prima facie*, it would be expected that the introduction of a tube into the trachea of a child against its will would not be so easy as in a consenting adult. That may be so; but it is certain that the operation is extremely easy and simple, and does not take more than two or three seconds from touching the tongue with the spoon till the tube is in the trachea. Had tracheotomy been performed successfully, when would the child have been out of danger? Certainly not so soon as here recorded; for, at the end of the third day, the child was so well as to be able to breathe freely without the tube, and was quite well before the tenth day after the operation.

ABDOMINAL SURGERY.—In 1876 Professor E. Porro, of Pavia, first performed the operation which now bears his name, and has become fairly established. The results were completely successful, both mother and child surviving. The operation, performed for the delivery of pregnant dwarfs with narrow pelvis, has been briefly described as follows, in a recent valuable paper by Dr. R. P. Harris. "After the evacuation of the uterus, its neck is constricted until all hæmorrhage is arrested, the organ drawn out, and cut away, and the stump secured like the pedicle in ovariectomy in the lower part of the abdominal wound. The operation has in almost all instances been performed under the spray of dilute carbolic acid, and the Lister method of dressing and management strictly carried out. Drainage-tubes through the Douglas cul-de-sac and the abdominal wound have also been employed, sometimes to the number of three or four, but in almost every case, at least one through the cul-de-sac and vagina." The Müller modification, sometimes also called the "Rein and Müller method," is thus described by Dr. Harris. "Dr. G. Rein, of St. Petersburg, Russia, proposed, in 1877, that the uterus should be ligated to avoid all hæmorrhage before it should be opened for the removal of the fetus. Müller added to this the turning out of the uterus from the abdominal cavity by a long incision, before the ligation, and then evacuating it, so as to avoid the risk of the entrance of its fluid contents into the abdomen, after which the operation is to be completed as in the Porro method." Dr. Harris, having collected a total of thirty-six cases of Porro's operation, found that in seventeen cases, the mothers, and in five cases the children, had died; the others, nineteen mothers, and twenty-six children, surviving. In the last twenty cases of his list there were twelve recoveries, and eighteen children were delivered alive.

THERAPEUTIC MEMORANDA.

ARTIFICIAL HUMAN MILK.

I SHOULD like to direct the attention of practitioners to the artificial human milk now prepared by the Aylesbury Dairy Company, at a cost little over that of the best nursery milk. This valuable method of treating cow's milk was first brought under my notice, some years ago, by Dr. Frankland, the eminent chemist, who devised it for one of his own children who was ill; and I have since used it extensively in my practice.

Its composition is absolutely identical with that of human milk; and under its use the risks and disadvantages of the bottle-feeding of infants are reduced to a minimum. I have been in the habit of instructing nurses how to prepare it at home from Dr. Frankland's recipe, but the trouble and difficulty of making it stood seriously in the way of its general adoption; and, unless the nurse happened to be exceptionally intelligent, failure very frequently followed. For this reason, I suggested its manufacture to the Aylesbury Dairy Company, and the specimens with which they have since supplied me have been perfectly satisfactory, and require no further treatment than heating to the proper temperature. I look upon it as immeasurably superior to asses' milk, than which it is much cheaper; and if this valuable preparation were more generally known and used, much illness, in the case of children who cannot be brought up at the breast, would be avoided.

W. S. PLAYFAIR, 31, George Street, Hanover Square.

ACUTE URTICARIA FROM A SINGLE DOSE OF IODIDE OF POTASSIUM.

THE following case is of unfrequent occurrence, and illustrates very well one of those peculiar idiosyncracies often met with in the administration of certain drugs.

W. K., aged 30, contracted syphilis some time about Christmas last. He was treated for seven or eight weeks by his medical attendant at Coventry, developing, during that period, a severe attack of roseola and sore-throat. At the end of this time, he was advised by a friend to take iodide of potassium in water. The quantity of the drug in each dose I have calculated as being four grains. About three hours after taking the first dose, he experienced smarting and burning pains about the face, back, neck, and arms, and soon observed a "rising up of a lot of hard lumps" in the localities named. He took no more of the medicine during the day; and by the following morning, the "lumps" had entirely disappeared. He again took the medicine, which was followed during the next day by the same train of phenomena. This occurrence took place on several occasions afterwards, the rash invariably appearing whenever he resorted to his iodide of potassium.

On April 29th, he came under my care, the roseolous rash having disappeared from the skin; he was suffering from extensive condylomatous patches about the lips and mouth, and had a few circles of rupia on the front of the chest. Without a knowledge of the previous effects of drugs upon the patient, I ordered him three-grain doses of the iodide of potassium, combined with small quantities of the perchloride of mercury, in an infusion of cinchona. I saw him about three hours after taking the first dose of the medicine, when he at once told me that he was in the same condition as when he took the iodide two months ago. He was very depressed in spirits, and complained of a burning pain in the face, neck, back, and arms. These localities were thickly covered by round and elevated indurations, varying in size from a threepenny-piece to a florin; the skin over them was faintly reddened. He had neither gastric disturbance, petechiæ, coryza, nor running from the nose. He had not eaten anything which might have brought on the rash. A discontinuance of the iodide was followed, on the next day, by an entire disappearance of the discomfort and of the rash.

JORDAN LLOYD, F.R.C.S.Eng., Birmingham.

FUMING INHALATIONS IN ASTHMA.

IN an annotation in the JOURNAL for April 23rd, reference is made, in general terms, to the composition of "the many preparations which evolve fumes when burnt", which have been recommended as palliatives in asthma; one of these, evidently a proprietary medicine, has been referred to recently in the daily press as having given relief to the late Earl of Beaconsfield. Some years ago, a very intelligent gentleman, who had long suffered from paroxysms, almost nightly, of bronchial asthma, consulted me, and informed me that he had seen many doctors and tried many remedies, but that nothing relieved him like the inhalation of the fumes of an "anti-asthmatic powder", which could only be obtained at a particular place in London. Shortly afterwards,