the wounded peritoneum and abdominal walls were accurately closed with wire sutures; a drainage-tube was inserted at the lower angle of the wound; carbolio gauze-dressings were applied; and a binder completed the operation. The vagina was washed out with carbolised water, and a tube fixed in the uterine cavity. The hands of the operator and those assisting, as well as the instruments used, were all washed in carbolio water. A full opiate with ergot was given. At 4 P.M., the pulse was 130, regular; no vomiting. She rallied during the evening, and passed a fairly good night, taking fluid nourishment; but tympanites and prostration came on towards the afternoon of the second day, after the administration, contrary to all orders, of solid food by the nurse at the patient's urgent request; and, although there was no vomiting nor complaint of pain, she gradually sank and died comatose on the morning of the 12th, thirty-nine hours after the operation.

Necropsy, thirty hours after death. The body was fat. The left leg was two inches shorter than the right. On opening the wound, there were no signs of inflammation; the edges were in close approximation, and showed signs of healing. About half a pint of serous fluid was found in the cavity of the abdomen, having no foetid odour. The uterine wound was closely approximated, and the body well contracted; it contained a clot of the size of a small apple, quite free from fœtor. There were one or two small lacerations on the cervix. On removal of the pelvic viscera, the malformation became very apparent. The right ilium was higher than the left; the bodies of the third and fourth lumbar vertebrae projected forwards to a remarkable degree, the intervertebral substance being three quarters of an inch thick, and the whole line of the true pelvis very irregular. The distance from the promontory of the sacrum to the pubes was two inches and a quarter; the transverse diameter hardly four inches, the right oblique being four inches and a quarter, and the left oblique half an inch less. At page 25 of Churchill's *Midwifery*, fifth edition, fig. 13 represents very much what we met with.

This case illustrates, if the operation is to be successful, it should be performed early. We certainly should have operated earlier, were it not for one of the Poor-law orders, which provides that, in all major operations, there must be a consultation with an independent medical man.

ON THE INDIA-RUBBER DRAINAGE-ANCHORS, FOR THE TREATMENT OF ABSCESS.

By RICHARD DAVY, M.B., F.R.C.S.,
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IN surgery, as well as in agricultural improvements, no principle is more thoroughly admitted than that of good drainage, for the reformation of boggy areas; any improvement, therefore, in the neatness and facility of practically carrying out such a principle is worthy of the attention of practitioners. At page 3 of *New Inventions*, 1872, I have illustrated some retentive drainage-wires and a hastate knife, for the treatment of abscesses; the drainage-anchors that are now under consideration are but modified drainage-wires. Experience proves that the projecting wire causes some inconvenience to patients, by reason of its non-flexibility, and by its catching in the dress, or causing pain on inadvertent motion. All the benefits of the wire, and none of its inconveniences, are secured by the use of India-rubber anchors.

The diagrams show well the India-rubber anchor expanded, and the wings depressed by the sides of the silver introducing cylinder. The whole appliances may be bought at Messrs. Wright and Co.'s, 108, New Bond Street, W.

Any abscess-sac may be laid open by the hastate knife, and the anchor immediately introduced inside the silver cannula; directly the wings reach the sac they expand, and the cannula withdraws itself from the India-rubber shank; leaving the anchor dropped, removable or not, at the surgeon's discretion. The wings must be clipped proportionately to the size of the abscess-sac.

The pliability of the rubber shank gives no trouble; the pus drains

by its side freely; I am sure that in my own practice no mishap has ever occurred through its use. I have seen many hundreds of these anchors in abscess-cavities—in the face, neck, and other exposed quarters; the cicatrix that results is almost unnoticeable.*

Repeatedly have these anchors lain at rest, acting as drainage agents, for one, ten, to twenty-one days; a quick pull of the surgeon's hand on the shank, with a finger on either side of the wound, as counter-resistants, will weigh the anchor, and allow the wound to readily close.

ON THE USE OF IODOFORM IN THE TREATMENT OF DISEASES OF THE SKIN, AND OF CROTON- OIL FOR PORRIGO DECALVANS.

By W. FRAZER, F.R.C.S.I., M.R.I.A., Dublin.

THE favourable results obtainable from using iodoform, as an external application in the treatment of cutaneous diseases, attended with excessive secretions, are so decided, that I feel convinced it will soon come into general use. It has been employed by me extensively, in private practice, for upwards of a year; and I am assured, by continued observation, of its safety, and the great advantages resulting from its action. It may be easily applied in ointment of any desired strength, mixed with either lard or vaseline; and it appears impossible to claim for either a decided preference. The strength of the ointment made use of has ranged usually from ten to thirty grains of iodoform to the ounce of cerate, but double this quantity can be applied. It has proved a most useful remedy in healing local eczematous eruptions, occurring in strumous children and young people, and in cases of impetigo; and I have also treated with it several unhealthy ulcers with fair success. The strong peculiar odour of the iodoform is seldom objected to, by some even liked; and in only one instance, that of a young lad attending school, was any obvious dislike shown to its continued application. He said he did not wish to use it during school-hours, on account of playing with his schoolfellows, who remarked the strong scent; but he admitted it was healing his eruption, and was quite willing to continue it if permitted to apply the remedy when at home in the evening.

I feel also desirous of directing special attention to the properties it possesses of promoting the cure of that very troublesome affection, porrigo decalvans. The best results that I have, as yet, obtained in this disease, have followed the application of vesicating collodion over the affected spot, and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot; and, when the blister is healing, the ointment of iodoform should be applied night and morning, or oftener; and, by this treatment, the hair soon reappears in a healthy condition. A few weeks since, a case came under my charge, where croton-oil had been applied with exceptionally disastrous results, and which may serve as a caution against its use. The little sufferer, a strumous child of about six years of age, had some diluted croton-oil rubbed into the spots of porrigo scattered over her head; it produced violent local irritation, which extended over the entire scalp and the face, where confluent patches of exudation formed, and much of the back of the neck was also affected, the glands of the neck becoming swollen. The entire body and limbs became of a deep red colour, like scarlatina or erysipelas, and studding this were numerous suppurating points. This affection may have originated through the child applying its hands to the scalp saturated with the croton-oil, and then transferring the irritant to the rest of the body; but I am inclined to think this would only explain some of the results, and that there was an outbreak of cutaneous rash, like what we see in acute eczema. At all events, the condition was one of extreme misery; and the poor sufferer was equally distressed in mind, declaring she would go "mad" with the constant burning pain, tingling, and irritation. I applied vaseline over all the body, as in a case of extensive burn; and, after a fortnight, the attack subsided, the cuticle desquamating. The ointment of iodoform was then used for the eruption of porrigo, which, it may be stated, was still increased and extending, dispersed through the hair in scattered patches; the result, after a time, was all that could be desired. It is needless to describe the constitutional treatment which was employed at the same time. It is well to be cautious in applying croton-oil, unless with great care and discrimination; some skins possess an exceptional degree of sensibility to the action of this irritant, which is quite capable not only of affecting the special parts to which it is applied, but, in such individuals, of originating an acute dermatitis over the entire body, as it did in this girl.

* In the wards of the Westminster Hospital at present is a case of submaxillary abscesses; two anchors are introduced, within two and a half inches of each other, for the perfect drainage of two distinct sacs.