whilst the uterus was held in normal position, pulled them out fully an inch and a half. Held in this position, the upper part of the ligaments was sutured to both sides of the wound; and, to prevent the possibility of their slipping, the loose portions were made tight by placing under them pieces of a gum-elastic catheter. Suturing other parts of the wound, and dressing with iodoform and absorbent cotton-wool, finished the operation.

The after-progress of the case, whilst in the hospital, was satisfactory. On April 5th, the wounds were all but healed, and she would then have been dismissed but for trouble arising from internal hæmorrhoids, which she was desirous of having removed. This I did, and she left for a convalescent home on May 16th.

On May 5th, the uterus was in good position, and braced up behind the symphysis.

From this date she got about in the ward, but, as a precautionary measure, a small ring-pessary was placed in position. Since her return from the convalescent home she has been engaged in all kinds of domestic work, completely relieved of her former sufferings.

On June 22nd, I found the uterus normal in position, and distinctly diminished in size.

REMARKS.—There could not possibly be a better test-case than the one narrated; and, so far, the result has been almost better than might have been anticipated. By means of a simple operation, devoid of danger, Dr. Alexander has given the profession a new method of treating aggravated cases of prolapse and retroflexion, which I hope they will try; and if, as I hope, time confirms its worth, then it will be one of the most valued means at our disposal for combating a class of cases amongst the most disappointing in our practice.

Mr. BURTON (Liverpool) had had considerable experience in Alexander's operation, having, since October last, performed it either thirteen or fourteen times. Eleven or twelve were cases of retroversion, one of prolapsus with cystocele in a young virgin, one of complete prolapsus in an elderly woman. From his observation, he was inclined to look upon the operation as one, in certain cases, that offered better prospects to the patient than any other plan of treatment. He must express his thanks to Dr. Reid for the careful manner in which the subject had been brought before the Section. He thought his (Dr. Reid's) cases were very severe ones of longstanding retroversion, in which a morbid condition had been brought about by the displacement. That could not possibly be cured in a short time, and he had little doubt that Dr. Reid's cases would still continue to improve, as, the uterus being put right as to position, the chronic and painful hyperplasia must necessarily improve in time. In regard to his own cases, he was very well satisfied with the results obtained, and thought he had seen benefits that could not have been achieved by any other method in as short a time. He had commenced operating with the spray, but had now given it up, and his results in regard to healing by first intention were not any the worse for the change. His results on this point were different from those met with by Dr. Reid, as in almost all cases union was obtained by first intention (all the cases but three). He was careful to dry the wound, and close by suture as accurately as possible, then place on a layer of Gamgee tissue smeared with about an ounce of glycerine and bichloride of mercury (1 to 1,500), and over this a larger layer of the tissue dry. He then placed over this a sponge, for the sake of pressure, and to prevent the accumulation of serum; and over all an elastic bandage. The bandage was removed in forty-eight hours. In one case, secondary hæmorrhage came on, thirty-six hours after operation, from sloughing of the cut end of the ligament, that peeped out of the lower angle of the wound; and he now took the precaution of ligaturing the ligament before cutting off the "slack."

Dr. ALEXANDER (Liverpool) desired to refer to several points in connection with the operation. 1. The ligaments were delicate structures, and difficult to find; and operations might fail, in the hands of inexperienced surgeons, from failing to catch them up properly or to separate them. 2. The ligaments must be made to adhere to the parts effectually before the patient was allowed to get up. Some had objected to the long time before the patients were allowed to get out of bed. This was intentional, not dependent on the state of the wound. To allow the patients to get up earlier would have destroyed the effects of the operation. 3. The operation was only designed to put the uterus into position, and to maintain it there, and did not promise a cure to nervous symptoms supposed to depend on the displacement. Cystocele was not cured by it; and he was very sorry it would not cure that and all other diseases, as some seemed to think it should; but he never thought or said it would.

The PRESIDENT (Dr. Godson) considered that the papers read showed clearly that the operation effected a cure of the displacement;

but whether it did good beyond this was questionable, and it required further operations, and more time to elapse since their performance, in order to form a fair opinion regarding it. For his own part, he should wait until he was more satisfied of the benefit before he undertook the operation.

ON MASTOID INFLAMMATION, AND THE TREATMENT OF OTORRHOEA WITH DRY POWDER.

By CHARLES WARDEN, M.D., F.R.C.S. EDIN.,
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I OFFER apologies for selecting so very common, well known, and well understood an affection in connection with ear-disease. My object in doing so is, first of all, its frequency; secondly, its occasional, if not generally, serious results; and thirdly, for the purpose of considering its mode of treatment.

I need not detail its symptoms; they are, of course, familiar to all, being those of ordinary inflammation in other structures, namely, heat, pain, redness, and swelling. I will, however, relate the history of a case which I select as typical, one going to abscess of the mastoid region; although the chief point I wish to advance and hope to prove is, that a vast number of cases, which indicate every evidence and threatening of suppuration, do not suppurate; but that, under appropriate treatment, the inflammation is subdued, and the ordinary and generally recognised plan, that recommended by most authors, namely, that of early and deep incision, rendered quite unnecessary and useless.

As to the causes, we may mention the various catarrhal conditions of the meatus and tympanum, in which inflammation may spread and extend to the mastoid cells and brain, in which the cerebrum and cerebellum may be attacked; especially the latter; the exanthemata, external injury, abscesses in the meatus auditorius externus, polypus, and strumous inflammation. The periostitis which accompanies them is characteristic.

The symptoms are, rigors, furred tongue, quick pulse, increased temperature and severe pain, redness and swelling of the post-auricular and supra-auricular regions; sometimes very rapid tumefaction; which is even erysipelatous, and the sterno-mastoid muscle is at times implicated. I have now an example of this condition under my care, in a patient who has had a succession of polypi, several having been removed by myself. The attack was induced, in my opinion, by the application of dry powders packed in the meatus with cotton-wool; this being one of several that have been brought under my notice, arising from the same cause.

Pus generally escapes through the meatus, and, when abscess ensues, it produces even projection of the entire auricle, great constitutional disturbance, most intense pain, strabismus, and even in many instances ptosis.

The case I have to relate is that of H. E., aged 40. He is of strumous aspect, and has strabismus of the left eye. The right ear is affected, and he has been suffering from deafness for five years; it commenced with pain inside the ear-passage; no swelling or heat. Six months before, he had a fall, and fancied he was struck falling on some bricks, but there is no evidence that the part was bruised; nor was he aware of taking cold. He had some treatment and was tolerably well for a year or more, when he again suffered pain and discharge from inside the meatus, which continued for three months. At the expiration of that time swelling began outside, at the back, behind and around the ear, accompanied by heat, pain and redness. The pain became intense beyond endurance when I was requested to see him. On arrival, I found enormous swelling of the mastoid region, with every evidence of suppuration, extending in all directions, radiating from the mastoid all over the face and head on that side. I at once made an opening, and evacuated a large quantity of pus, of a very offensive odour, to his great relief. The wound was kept open, and discharged for a month or six weeks, a drainage-tube being inserted; it afterwards healed and remained sound and well for seven or eight months, and during that period he was in good health, there being not the slightest pain or even tenderness. At the end of that time, he took cold, and all the symptoms returned. He had intense pain, so severe that he could get no sleep; it was again treated by lancing, fomentations, poultices, and opiates. In about a month he recovered from this attack, and again all was well; he then continued right for nine months, when he had another seizure, with the same treatment and result; the discharge from the meatus remained from the first attack. He then continued well for only three months, when he was visited by a fourth attack, which was even more severe than the former ones, but the wound was kept open after lancing for a shorter time, and ceased discharging sooner.

During the second attack a polypus formed in the meatus, which I extracted, and it did not grow again, but the discharge still continues.

Hearing is entirely destroyed, and the membrana tympani is perforated, but there is no evidence of necrosis. He is now (July 27th, 1883) in good health, stronger than he has been for years, and there is complete absence of pain or even tenderness on pressure.

Discharge is less under the instillation of mild astringents, and the ear has continued in a perfectly quiet condition for some months. He occasionally feels a little stiffness in mastication, but not amounting to pain; when, however, the acute disorder is going on, his jaw is entirely fixed, and he can only live by suction.

This is about the usual history and course that morbid abscess runs, but there are vast numbers of cases of inflammation of the mastoid region, which do not go on to suppuration, and which ought not, if properly treated:

My plan of treatment, on detecting pain and tenderness over the mastoid and around the ear, is first to paint with a tolerably strong solution of nitrate of silver (gr. 40 to ℥i), or I often try first the liniment of iodide of potassium with soap, having previously applied two or three leeches, if there be much redness and swelling, followed by fomentation. Sometimes threatening symptoms are entirely averted by a liniment of opium and belladonna; if, however, the symptoms be not thus mitigated, of course the treatment by poultices, fomentations, and opiates, has to be resorted to; but I have found, from considerable experience, that, in nine cases out of ten, those remedies are sufficient to cut short the periostitis, and to check the progress of inflammation, and also prevent suppuration, avoiding thereby any necessity for incision of the periosteum, and the patient also escaping what I take to be a severe mode of treatment.

Treatment of Otorrhœa by the Aid of Dry Powders.—My late lamented and much respected colleague at the Birmingham Ear and Throat Infirmary (Dr. Hunt), some time ago wrote a very elaborate and original paper on this subject, which appeared in the *Medical Review*. The plan he adopted and therein described was to cleanse the ear and well dry it with cotton-wool; then, with an inflator, to introduce into the meatus a little of whatever powder he considered most suitable to the particular case under treatment; he then simply placed, loosely and lightly, a small quantity of cotton-wool in the meatus to prevent the powder from falling out, and this was cleared out every other day and renewed. Now, this system of treating otorrhœa has been adopted and carried out by myself since, and even before that period, and has proved serviceable and very useful in my hands, and it is also perfectly free from danger; but there is a practice followed by some surgeons, of stuffing the meatus with various powerful astringent powders, and closely packing them with cotton-wool, ramming them down and leaving them there for a long period, which I consider fraught with the greatest danger. During the last year I have had three sad illustrations of the serious results arising therefrom, where the discharges, failing to find a free exit externally, have extended to the mastoid cells, producing severe inflammation, caries and necrosis of bone, burrowing onwards, carrying destruction in its course, and at length ulcerating through the dura mater to the brain, ending in cerebral abscess and death. The powders generally employed are boracic acid, tannic acid, gallic acid, talc, alum, zinc, copper, lead, iron, iron-alum, etc.

CLINICAL MEMORANDA.

LACERATION OF THE TRACHEA.

THE following case is interesting as an example of a less severe rupture of the trachea than that recorded in the *JOURNAL* of November 8th.

F. S., aged 22, a strongly built young gentleman, received, whilst playing football, on October 4th, a violent backward blow on the neck from the elbow of an opponent, which knocked him down. On examination, half an hour afterwards, there was found to be considerable swelling of the neck, chiefly at the lower part on the left side, but extending, so as almost to obliterate the outlines of the trachea and larynx. It was soft, crepitant, and manifestly due to emphysema. There was some dyspnoea, considerable pain, especially with any movement of the windpipe, as in swallowing or coughing, constant expectoration of blood-tinged froth, and almost complete aphonia. Examination was necessarily very limited, but it seemed probable that the laceration was situated on the left side, about an inch below the cricoid cartilage. The skin was not injured, and scarcely discoloured.

Absolute rest was imperatively enjoined, an ice-bag kept constantly applied to the neck, the head supported on either side, all attempts at

talking prohibited, and, as far as possible, swallowing. For the first twelve hours, only a little food was given, containing (every hour) minims-doses of tincture of acacia, with five minims of liquor ergotæ and three minims of liquor morphiæ, to allay the constant desire for cough.

October 5th. He had a very restless night; there was almost constant bloody expectoration. The emphysema was chiefly on the left side of the neck, from the clavicle to the lower jaw, and also behind the sterno-mastoid to a less extent. Temperature 101°.

October 6th. The cough and expectoration were less; the swelling was unaltered. Temperature 101°.

After this day, the symptoms gradually subsided, the sputum got less and less blood-tinged, the emphysema diminished day by day.

On October 18th, fourteen days after the injury, there was neither swelling nor tenderness on pressure; the voice was still very husky. The latter symptom had very considerably improved on November 4th.

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THERAPEUTIC MEMORANDA.

THE TREATMENT OF RINGWORM OF THE SCALP.

I AM glad to think that Dr. Alder Smith has discovered that chloroform is the vehicle which penetrates most deeply into the hair-follicles, as stated by him in the *JOURNAL* of November 8th.

This is a fact to which I called attention in 1881, and several times subsequently. I have used various drugs, such as thymol, salicylic acid, boracic acid, perchloride of mercury, etc., in chloroform, in ether, and in spirits of wine; and I believe, that cases of ringworm of the scalp have yielded more readily to this treatment than to any other I have tried.

There is, however, one point to which I specially wish to refer, and that is the practice of washing the scalp during treatment. Dr. Alder Smith, and almost all authorities, recommend washing with hot soap and water. In many instances, I have found that such treatment has conduced to the spreading of the disease. For the last year or more, I have always given strict injunctions that the scalp is not to be touched with water or soap. It is easy to understand that the spores can be carried from one part of the head to another in the soap and water, where, when dried, they will take root in the epidermis, and so propagate and extend the disease.

MALCOLM MORRIS,
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SURGICAL MEMORANDA.

IRREDUCIBLE HERNIA: ASPIRATION: RECOVERY.

THE following notes of a case treated in this manner may be interesting.

Mrs. B., aged 68, having double inguinal hernia, and being under my treatment for cardiac disease and dropsy, was seized, on September 17th, with colicky pains, nausea, and vomiting; and on visiting her at 9 P.M., I found a femoral hernia, on the left side, about the size of a French walnut. It defied my efforts at reduction, and I ordered an icebag, and saw her early on the 18th. She had passed a very restless night, the symptoms having continued, and the hernia had increased to double its former size. There was no stercoraceous vomiting. I tried again to reduce the hernia, but failed, and the patient was in a very prostrate condition. My partner, Dr. Fuller, very kindly saw her with me, about noon, when he gave the taxis a good trial, but this also failed. He, likewise, expressed his opinion that the patient was sinking fast, and was too weak to undergo operation; and, as neither the patient nor her friends would consent to it, I suggested, that possibly by introducing a hypodermic needle, and allowing the flatus to escape, the reduction might be effected. Accordingly, about 4 P.M., taking with me a hypodermic needle, and making the tumour quite tense with the left hand, I plunged the needle in. The flatus rushed out, which reduced the tumour by about two-thirds in size; after which, by careful manipulation, in about ten minutes the hernia went back. The patient passed a good night under the influence of opium. The bowels acted on the third day, and she has not had a bad symptom since. I should be pleased to hear the results of any other cases treated on a similar plan in future.

Since writing the above, I find, from Erichsen's *Science and Art of Surgery* and Neale's *Medical Digest*, that the operation has been performed before; but I was not aware of this when I met with my case. I have read with interest the paper of Mr. Jessett in the *JOURNAL* of November 1st.

Aldington, West Brighton.

C. B. RICHARDSON, M.D.