The upper end of the ligament is then seized and dissected off the bone, and the patella removed. The subsequent steps of the operation require no comment. When the bleeding has ceased, the cut surfaces of bone are placed in close apposition, and the divided ends of the ligamentum patellæ are strongly stitched together with carbolised silk; the skin-flaps are brought together in the usual manner, and the wound closed, no drainage-tube being inserted. The limb is at once put up in plaster-of-Paris, with a back-splint of strong hoop-iron; another strong piece of iron is bent over the situation of the wound, so as to allow the application of the proper dressings; two side-splints of hoop-iron, about eighteen inches long, and slightly hollowed over the wound, are placed lengthways, across the site of the joint, and over the plaster-of-Paris, the whole being firmly secured by a bandage. A completely rigid and comfortable bed is thus secured for the injured limb. The upper and lower portions of the limb are padded with French wadding, and, close to the wound, with carbolie tow. If there be any discharge from the wound it will penetrate the tow, which can be readily removed and replaced without disturbing the limb.

I have heard a great many discussions, and read a great many elaborate articles, on the proper method of treating these cases; but, as yet, I have seen no apparatus which is so easy of application or so reliable as the plaster case I have attempted to describe, and which is coming into very general use.

The chief points which this short paper is intended to emphasise are—1, the small extent of the primary wound really necessary; 2, the preservation of the ligamentum patellæ, not by its non-division, but by the divided ends being stitched together; 3, the enormous anterior support afforded by the preservation of the ligament, and the lessened tendency to displacement; 4, the increased power given to the limb by preserving almost intact the insertion of the powerful crural muscles; 5, that stitching the patellar ligament seems quite as efficacious as the recommendation by some authors of its non-division; and that, while effecting subsequently the same purpose, it in no way hinders, or renders more difficult, excision of the joint.

In all my recent cases of amputation of the thigh, I have tied the femoral artery with a strong carbolised silk ligature, and cut off both ends short. The wound has healed, and remained healed, in every case. Thus a troublesome cause of irritation—one end of the ligature being left hanging from the flap—and a very great impediment to the healing of the flap-wound by first intention, has been effectually got rid of.

NOTE ON THE PREVENTION OF MAMMARY ABSCESS.

By ARTHUR W. EDIS, M.D., F.R.C.P.,

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INSTANCES are not unfrequently met with where the function of lactation is either not considered advisable, as in cases of syphilitic taint, marked tendency to phthisis, epilepsy, etc.; or where, from the child being stillborn, or the nipples depressed, subject to cracks, fissures, or erosions, the function of lactation is unnecessary or unable to be persisted in. Apart from these conditions, there is unquestionably a growing tendency for mothers to avoid the responsibility of suckling their offspring. Milk is secreted, and, if it be not drawn off at appropriate intervals, the breasts become engorged, and not unfrequently inflamed, mammary abscess resulting. From whatever cause it may be, we are often obliged to take steps to prevent such a contingency.

For many years, the old-fashioned methods in general vogue, if not advocated, were at least tacitly acquiesced in—such as rubbing the breasts with sweet oil; oil and extract of belladonna; glycerine and belladonna; belladonna plasters; evaporating lotions; strapping the breasts, and other like expedients.

It being believed that friction of any kind, in the large majority of cases, rather tended to produce than prevent mammary abscess, it was long since discarded. The application of a long strip of belladonna plaster, sixteen or eighteen inches long and six or eight inches deep, with round apertures, so as to leave the nipples free, tightly across the chest, the breasts being brought well up towards the median line, for many years was the only resource adopted, beyond careful regulation of the diet, abstention from fluids, gentle purgation, etc. This method never failed, but it was often found that the smell of the belladonna produced so much nausea in delicate patients as to preclude the employment of it.

Thinking that, in all probability, the pressure exerted con-

tributed greatly to the advantage derived, I was induced to rely upon a few turns of a rib-bandage, or the application of a thin towel or diaper across the chest, the breasts being brought well towards the sternum. Since adopting this method, I have never known it fail. Not a single instance of mammary abscess has occurred in a long series of cases, extending over several years. The only precaution requisite is to apply the pressure on the second day following parturition, before the breasts begin to fill, and to see that the whole of the glands are included.

It is well to elevate the shoulders somewhat more than usual, and not to allow the bed-clothes to cover the upper part of the chest, the sheet alone sufficing to prevent any risk of chill. Restriction as to the amount of fluid, for the first few days, and attention to the bowels, are all that is requisite to ensure success. Some little inconvenience, a feeling of tightness, or burning pain, is often experienced; but, if the pressure be maintained, no harm results, and, within the course of a few days, the turgescence subsides, and the difficulty is at an end.

In order to keep the bandage or towel from slipping down, a shoulder strap from back to front, or merely pinning the bandage to the night-dress, suffices.

Where the secretion of milk seems to be unusually abundant, a mixture alone of bromide and iodide of potassium may be prescribed with benefit. In only a very few instances has it been found requisite to draw off a small quantity of milk, by means of a breast-pump or exhausted soda-water bottle, and this only once or twice.

I venture to think these remarks may prove of value to many, as I not unfrequently see instances of mammary abscess brought on, I verily believe, by the old-fashioned method of rubbing and irritating the breasts.

A CASE OF FATAL ANÆMIA.

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EDWARD D., a coachbuilder, aged 47, was admitted into the Middlesex Hospital on December 24th, 1884. His family-history presented no point of particular interest, except that one sister had died of phthisis. He had himself always previously enjoyed good health, and had lived well. Five months before coming under observation he had begun to be troubled with pain in the region of the stomach, accompanied by sickness, the pain being worst after food, and this had continued more or less up to the time of admission. He had been able to continue at his work up to December 20th, and had been confined to bed for one day only before coming to the hospital.

On admission, he complained of great weakness, cough, shortness of breath, and loss of appetite. His pulse was 84, regular, but weak and compressible; respiration, 18; temperature, 102.2 Fahr.; tongue pale, coated, and tremulous. He was sparsely nourished, and the skin presented a well marked yellowish tint. The chest was of the barrel-shaped type, and was resonant over the precordial area, and over-resonant elsewhere. The breath-sounds were accompanied by sonorous and sibilant sounds on both sides, front and back. The heart's sounds were normal but feeble, and there was a venous hum in both jugulars. The abdomen was soft and flaccid; the liver-dulness extended two inches below the costal margin in the nipple-line, and the spleen could be easily felt an inch and a half below the costal margin on the left side. There was well marked œdema of both ankles and legs. The urine had a specific gravity of 1025, and was acid, and free from albumen. The evening temperature was 103.4°. Next morning, December 25th, his temperature was 102.4°, and the report was that he had slept badly. The abdomen was tympanitic, the cough slight, and there was no expectoration; there was less œdema of the legs; temperature during the day averaged about 102°.

On the following morning, December 26th, the temperature was 101.6°. He had been delirious during the night; there was still less œdema, and the tongue was clean. The highest temperature recorded during the day was 102.2°, the lowest 101°.

Next day, December 27th, there was but little cough; the tongue was dry, and slightly furred; the pulse 104, and compressible; the bronchitic sounds were rather more intense than before.

On examination with the ophthalmoscope, flame-shaped retinal hæmorrhages were seen in the fundus of the right eye, but none were detected in the left. The blood was found to have a corpuscular richness of exactly fifty per cent., the colouring-matter reaching only twenty-five per cent.; the white corpuscles were about normal; the red discs were also normal in size and shape. The spleen was further increased in size, being felt two inches and a half below the costal