often readily slips into the bladder; at the same time, its free and easy movement in the urethra, together with the sensations experienced by the patient, clearly indicate to the surgeon that the stricture has been overcome, and the catheter coaxed to move on in the right direction. The discharge of a little urine now takes place, the distended bladder is soon relieved, the urethral spasm subsides, and the power of expulsion is re-established. The urine soon flows in successive jets through the tube, and also by its side, and, within a few minutes, the patient is delivered from the torments of retention. In some cases, the flow may be accelerated by fixing to the end of the catheter an ordinary glass-bottle, fitted with a two-way cork and a hand-ball air-exhauster, and the bladder thus evacuated by pneumatic aspiration. After the operation is over, the little tube may be retained for a few hours, or it can be removed, and again introduced in a day or two, and utilised as a guide for a tunneled catheter.

Before all other methods, it is now my plan to give the capillary catheter a fair trial, and I hope other surgeons will consider a preliminary effort to relieve retention associated with organic stricture by this simple proceeding worthy of some consideration. The operation is painless, and the slender instrument, assisted by plenty of warm oil, excites very little straining or spasmodic contraction; at the same time, it cannot injure or lacerate the canal.

The capillary catheter is made by Messrs. Maw, Son, and Thompson, and is supplied in a little case, which can be conveniently carried in the waistcoat-pocket.

NINE CASES OF SUCCESSFUL OPERATIONS FOR RUPTURED TUBAL PREGNANCY.

By LAWSON TAIT, F.R.C.S.,

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SINCE the publication of my last paper on this subject, I have had nine more successful operations, performed for rupture of the Fallopian tube due to pregnancy—an accident which has had in the past, according to all authorities, a terrible mortality. The fact that, out of twenty-three cases, only one, the first, died, and that all the others have recovered and remain well, is quite sufficient proof that this terrible accident is within the curative power of the surgeon, provided that the fatal delay, which has hitherto been the rule in dealing with abdominal and pelvic disease, be eliminated.

The leading features of all the cases in this series have been already described so completely in detail in my previous papers, that I need not do more than recapitulate them here. The history of nearly all is, that the patients have either never been pregnant before, or that a long interval has elapsed since the last pregnancy; that menstruation has been, as a rule, before the occurrence of the tubal pregnancy, of such a character as to lead to the inference that there was some tubal disease; that menstruation has been arrested for a period of ten or twelve weeks before the incidence of the serious symptoms which led to interference; and that, during that time, more or less discomfort, or even serious distress, was felt. Thus, in the case in which I was associated with my friend, Mr. Vickers Whitby, we had, after careful consideration, determined to open the abdomen some days before the catastrophe of the rupture occurred. The tubal rupture took place some few hours before the operation was performed. The symptoms were suddenly and intensely increased in severity; and, when the abdomen was opened, we found it full of blood-clot and serum.

In all of the operations, the hæmorrhage during the proceeding was extremely severe; and, from the lesson which I learned in the first case, that in which I failed, I am quite satisfied that rapidity in performing the necessary manipulations is an essential factor in success. In that case of failure, I was so alarmed by the amount of bleeding, that I did not act with sufficient energy; for I have since found that, as soon as the detachment of the adhesions is complete, a very small amount of sponge-pressure will arrest the bleeding. In this unfortunate case, I proceeded hesitatingly; and the result was, that the patient hardly survived the performance of the operation—certainly never rallied from it; and yet it was not, in its details, in any way different from the other cases. These adhesions occur to everyone of the pelvic viscera; and there can be little doubt that, for success in dealing with them, very considerable experience with the finger-tips will always be necessary, for it can only be after prolonged acquaintance with the sensations which are conveyed by different structures to the fingers, that the adherent tube and placenta can be recognised from coils of intestine, broad ligament, and uterus.

The recoveries of all these cases have been complete and easy, and

no class of operation in which I am concerned has given me so much satisfaction as this. The appearances on the operation-table so forcibly remind me of my old experiences of these cases in the post mortem room, that I can hardly doubt that most of them, if not all, are examples of the advantage of the modern doctrine of opening the abdomen promptly in times of serious trouble.

Name.	Age.	Residence.	Medical Attendant.	Operation.	Result.
E. W.	30	Birmingham	Dr. Annie Clark	April 2, 1885	Recovery
E. R.	25	"	Mr. Whitcombe	May 11, "	"
S. S.	34	"	Mr. Vickers Whitby	July 2, "	"
E. W.	42	"	L. T.	" 11, "	"
E. S.	31	Wolverhampton	Mr. Watts	Sept. 2, "	"
N.	26	Manchester	Dr. William Walter	" 6, "	"
E. J.	28	Birmingham	L. T.	" 19, "	"
H. P.	42	"	"	Oct. 23, "	"
C. H.	37	Coventry	Dr. Davidson	" 31, "	"

CLINICAL MEMORANDA.

A CASE OF SEVERE HICCUGH TREATED BY PILOCARPINE AND SCUTELLARIA.

Mrs. D., aged 25, of middle height, ten stone in weight, hair and complexion of a yellowish red, was seen on July 29th, 1884, with Mr. Cane, of Leeds. She had extremely severe and rapid hiccough; it was impossible for her to take any food or to breathe properly. Only during sleep or under chloroform was a single ordinary respiratory act performed. There was no decisive evidence as to immediate causation, but her constitution was neurotic. Her father, who drank much, died at 45; her mother was of emotional and excitable temper, and the patient was the only survivor of several children. Her teeth were very defective. A fortnight before our consultation, she had dyspepsia and palpitation; in a week, the hiccough began. Married at 18, she had had one child. Prolapse of the uterus followed, but had improved, and now gave her no sensible inconvenience. Under treatment by morphia hypodermically, occasional inhalations of chloroform, and nutrient enemata, the hiccough gradually subsided in ten days. After a week, it returned, and lasted eleven days. In a few days more, it again returned, and resisted the treatment. I now suggested the use of pilocarpine. One-fourth of a grain of the hydrochlorate was injected; in ten minutes, the hiccough ceased. It recurred at intervals of a few days; on every occasion, pilocarpine checked it. From October 9th to 19th, the patient slept very much. Previously, periods of insensibility had alternated with periods of excitement. At the end of December, she became delirious, and continued to be so for six weeks, talking almost incessantly about a theatrical performance which she had recently seen. She also refused food, and gave much trouble in this respect. Soon after the delirium had passed off, the hiccough again appeared. As a test, Mr. Cane injected warm water subcutaneously, but without result. After thirty minutes, he injected pilocarpine; the hiccough ceased in ten minutes. A subsequent attack, caused by a fit of laughter, was similarly checked.

In April, 1885, the spasms returned suddenly, without discoverable cause. Pilocarpine now failed to relieve her; one-third of a grain subcutaneously had little effect of any kind. She was then admitted into the infirmary. The spasms were not so violent as before; only 26 in a minute, and, as formerly, perfectly rhythmic. She felt quite well in every other way, and her face, though slightly livid, wore a cheerful and even smiling expression. Pilocarpine was again tried, but again failed. Morphine caused only a short sleep. Sixty minims of tincture of scutellaria were therefore given every two hours. After the eighth dose, she slept four hours; the spasms next day were much diminished in strength, though not in number. After further diminution, on the fourth day, they ceased suddenly.

So far (December, 1885) there has been no recurrence of them. During the last attack, she had conjunctivitis in the right eye; and she has frequently had it since that time. She has also upon one occasion slept almost constantly for three days.

In another case of hiccough, occurring in a neurotic woman whom I saw with Mr. B. Gray Heald, scutellaria checked the spasms. But from cases of this kind, it is not safe to argue as to the real power of drugs. Scutellaria has seemed to be distinctly useful in some cases of epilepsy, non-rheumatic chorea of moderate severity, insomnia, and of excitability bordering on delirium. In two cases of very severe chorea, however, scutellaria failed entirely; but conium-juce in six-