stormy. I shall not attempt any description of the wonderful natural beauties, nor of the most interesting cities, seen during this holiday. Any such description would be out of place here. I will only add, that we travelled everywhere, by sea, river, or on land, with great comfort, with very little fatigue, and not at very much more expense than in European holiday-making. As some may be decided in wavering intention by the money question, I may say that my daughter, being under twelve years of age, travelled at half-price, and that the total expenditure for the party, from leaving London till our return home, amounting to £259.

As we travelled principally to see places and people, many objects of purely professional interest—especially in Canada—were passed over. But, thanks to the unbounded kindness of medical friends wherever we were able to stop, I did see a great deal which, if I could properly describe, would be of great interest here. And, though fully conscious of my inability to convey to others any such impression as was made upon me, I have here written out a few notes which may be of some professional interest, commencing with what I saw in

PHILADELPHIA,

where I arrived on September 13th, as previously arranged with Dr. Atlee and Professor Gross. Dr. Atlee had kindly arranged that I should accompany him on Saturday the 14th to see him perform ovariectomy, and on Monday the 16th to assist his brother, Dr. Atlee of Lancaster, in a similar case; returning to New York to be present on the 18th at a third case by Dr. Atlee himself. I should premise that Dr. Washington Atlee of Philadelphia is the gentleman so well known by repute in this country as one of the earliest and most experienced of American ovariectomists, and for his bold treatment of fibroid tumours of the uterus. His elder brother, Dr. John Atlee of Lancaster, a large town about eighty miles from Philadelphia, though less known here and sometimes mistaken for his brother, is also well known in America as an experienced and very successful ovariectomist. Dr. Washington Atlee told me that his ovariectomy cases amounted to 163. This number included incomplete and exploratory operations. The exact number of these he was not able to tell me without referring to note-books; but he thought about twenty. The general mortality was about thirty-five per cent.; but here, again, the precise figures will only be attainable when Dr. Atlee publishes a work on which he has long been engaged, and which he hopes to complete this year, in which he will collect together records of all his cases. Any one who has gone through such labour, will join with me in wishing the worthy Doctor a happy deliverance. His cases of fibroid tumour of the uterus will not be less interesting than his cases of ovariectomy. In his early practice, he had, in common with myself and others, excised large fibroid tumours, believing them to be ovarian; but had, after more extensive experience, become convinced that they were uterine. The results, however, had not encouraged him to repeat such operations, unless the patient was in imminent danger and not to be saved otherwise. He has also become much less willing than formerly to incise these tumours by the vagina. He has had some cases in which the combined use of ergot and incision has been followed by the death and expulsion of large tumours or of their disintegrated remnants, and by the complete recovery of the patient; but the risk of uterine phlebitis and pyæmic fever has proved to be so great, that he has become gradually less willing to interfere unless driven to do so by hæmorrhage or some other condition endangering life. And he has become more hopeful of these tumours becoming indolent as age advances, and at length undergoing a process of atrophy or spontaneous cure. As I had been led to entertain similar opinions after a much smaller experience than that of Dr. Atlee, I heard this with no common interest. As an internal remedy, he gives muriate of ammonia in ten-grain doses two or three times a day, for many weeks or months consecutively; and thinks he has seen more benefit follow its use, than after iodine, bromine, mercury, or any other medicine which he had tried. He promised to try the chloride of calcium, in the doses which have appeared to me to be so useful, by leading to atheroma or calcification of the nutrient vessels of these growths.

In the treatment of cancer of the uterus, both cancrioid and carcinoma, Dr. Atlee has great faith in the long continued use of arsenic internally, in small doses long continued, combined with the local use of a very strong solution of iodine in glycerine. A drachm of iodine and a drachm of iodide of potassium are dissolved in two drachms of glycerine, and this is applied by a brush or cotton two or three times a week all over the cervix uteri and to any part of the growth which can be seen. I saw one case of undoubted carcinoma where the patient and her husband (a medical man) fully confirmed all that Dr. Atlee said of the remarkable improvement which had followed this treatment in her case.

FIBRO-PLASTIC TUMOUR OF THE RECTUS OCULI IN A CHILD.

By J. VOSE SOLOMON, F.R.C.S.,

Surgeon to the Birmingham and Midland Eye Hospital, etc.

A LITTLE boy, aged 4, was sent to me in May 1867 by Dr. Malins of Cradley. I found a tumour of the size of a small hazel-nut, occupying the site of the external rectus muscle of the left eye, and extending under the outer wall of the orbit. It was hard, painless, smooth, and apparently adherent to the sclera. The mother's attention was first attracted to the eye some two or three months previously to her attendance at the hospital. The child's health was and had been good. Of local injury, there was no history.

On June 3rd, I proceeded to the removal of the growth, chloroform anæsthesia having been efficiently induced by Mr. Henry Denne, our house-surgeon. The tumour now proved to be free from conjunctival and scleral adhesions, yet was only slightly moveable, so tightly was it bound to the globe. It was of greater width than the rectus muscle.

Operation.—An incision was made over the centre and in the direction of the fibres of the abductor down to the surface of the swelling. Failing to discover any muscular fibres, which, had they been present, would have been carefully preserved, I at once detached the anterior insertion of the muscle, and reflected back the tumour which was contained in the sheath of the former. Rather forcible traction and curved scissors were needed to remove the end which lay under the osseous orbit. More than one-third of the rectus was involved in the mischief.

The wound in the conjunctiva having been sutured, the globe was fixed by the same agency to the outer canthus. A portion of the inner rectus was afterwards excised, with a view to balance, if possible, the shortened and enfeebled abductor.

The child returned home in nine days cured; a moderate amount of convergence, and a slight enlargement of the pupil, being the only unfavourable results of treatment. The globe could be brought to the centre, but no farther.

On section, the tumour was found to be of very firm consistence, white, and uniform in structure; near to its centre and ocular side were two cells or cysts, which contained yellow pus.

In six months after the treatment, the appearance of the eye was the same in all respects as on discharge; and the case and specimen were presented for examination to the Birmingham and Midland Counties Branch.

Fibro-plastic tumours occur at all ages, but more frequently between the twentieth and thirtieth years. The features of interest in the present example are the tender age of the subject, the particular muscle selected for the diseased manifestation, and the early period at which a disintegrating process had commenced.

Had the parents of the little patient refused from any cause surgical interference, the probability is great that the pus would have made its way to the surface and have been discharged, a fungus would have protruded, the tissues of the eye in contact with it would have inflamed, and the appearance of the growth have become so much altered as to render its real nature difficult of diagnosis, and the necessity of excision of the globe imminent.

DESTRUCTION OF THE URETHRA IN A WOMAN IN CONSEQUENCE OF A BLOW ON THE PERINEUM.

INCONTINENCE OF URINE: OPERATION THREE YEARS AFTER THE INJURY: SUCCESSFUL RESULT.

By E. L. HUSSEY,

Senior Surgeon to the Radcliffe Infirmary, Oxford.

A MARRIED woman, 33 years of age, a prisoner in one of the large establishments for convicts in London, under sentence of transportation, in good health and of well-proportioned frame, gave the following account of her malady. About three years ago, in returning from a fair, half-drunk, her husband suddenly ran behind her, and kicked her violently in the region of the perineum. The blow was sudden and severe, and she sank to the ground in a fainting fit. She subsequently walked home, a distance of some miles, but with great pain and difficulty. By the time she reached her house, the injured parts were painful and greatly swollen. She went to one of the large hospitals, but came out the next morning, against the remonstrance of the nurse, before the visit of any of the medical officers, being fearful that her husband would get into trouble upon her account. On returning home she went to bed, and