tion of a shallow groove, all the wound consolidated without a drop of matter, so that if it had been a clean cut, it would have been regarded as a good example of primary union. The small granulating surface soon healed, and at present a linear cicatrix alone tells of the injury he has sustained, while his thumb has all its movements and his hand a firm grasp.

If the severest forms of contused and lacerated wounds heal thus kindly under the antiseptic treatment, it is obvious that its application to simple incised wounds must be merely a matter of detail. I have devoted a good deal of attention to this class, but I have not as yet pleased myself altogether with any of the methods I have employed. I am, however, prepared to go so far as to say that a solution of carbolic acid in twenty parts of water, while a mild and cleanly application, may be relied on for destroying any septic germs that may fall upon the wound during the performance of an operation; and also that, for preventing the subsequent introduction of others, the paste above described, applied as for compound fractures, gives excellent results. Thus I have had a case of strangulated inguinal hernia in which it was necessary to take away half-a-pound of thickened omentum, heal without any deep-seated suppuration or any tenderness of the sac or any fever; and amputations, including one immediately below the knee, have remained absolutely free from constitutional symptoms.

Further, I have found that when the antiseptic treatment is efficiently conducted, ligatures may be safely cut short and left to be disposed of by absorption or otherwise. Should this particular branch of the subject yield all that it promises, should it turn out on further trial that when the knot is applied on the antiseptic principle, we may calculate as securely as if it were absent on the occurrence of healing without any deep-seated suppuration, the deligation of main arteries in their continuity will be deprived of the two dangers that now attend it, viz., those of secondary hæmorrhage and an unhealthy state of the wound. Further, it seems not unlikely that the present objection to tying an artery in the immediate vicinity of a large branch may be done away with; and that even the inordinate, which has lately been the subject of an ingenious experiment by one of the Dublin surgeons, on account of its well-known fatality under the ligature from secondary hæmorrhage, may cease to have this unhappy character when the tissues in the vicinity of the thread, instead of becoming softened through the influence of an irritating decomposing substance, are left at liberty to consolidate firmly near an unoffending though foreign body.

It would carry me far beyond the limited time which, by the rules of the Association, is alone at my disposal, were I to enter into the various applications of the antiseptic principle in the several special departments of surgery.

There is, however, one point more that I cannot but advert to, viz., the influence of this mode of treatment upon the general healthiness of an hospital. Previously to its introduction the two large wards in which most of my cases of accident and of operation are treated were among the unhealthiest in the whole surgical division of the Glasgow Royal Infirmary, in consequence apparently of those wards being unfavourably placed with reference to the supply of fresh air; and I have felt ashamed when recording the results of my practice, to have so often to allude to hospital gangrene or pyæmia. It was interesting, though melancholy, to observe that whenever all or nearly all the beds contained cases with open sores, these grievous complications were pretty sure to show themselves; so that I came to welcome simple fractures, though in themselves of little interest either for myself or the students, because their presence diminished the proportion of open sores among the patients. But since the antiseptic treatment has been brought into full operation, and wounds and abscesses no longer poison the atmosphere with putrid exhalations, my wards, though in other respects under precisely the same circumstances as before, have completely changed their character; so that during the last nine months not a single instance of pyæmia, hospital gangrene or erysipelas has occurred in them.

As there appears to be no doubt regarding the cause of this change, the importance of the fact can hardly be exaggerated.

BEQUESTS.—The late Captain Edward William Harris, of Her Majesty's Indian Navy, has directed that, after the death of his wife, a sum of £8,000 is to be divided in equal shares to certain charities mentioned in his will, amongst which are the following medical institutions: the Small-pox Hospital, Islington; the Metropolitan Free Hospital; the Brompton Consumption Hospital; the Orthopædic Hospital, Oxford Street; the Fever Hospital, Islington; the Ophthalmic Hospital, St. George's, Southwark; the Hospital for Diseases of the Chest, Victoria Park; St. Mark's Hospital for Fistula; Hospital for the Paralysed and Epileptic; the Ophthalmic Hospital, Gray's Inn Road; Hospital for Stone; the Cancer Hospital; the Asylum for Idiots; and the Lock Hospital.

EXTRAUTERINE FŒTATION: ATTEMPT AT CURE BY THE VIS MEDICATRIX NATURÆ.

By CHARLES TERRY, Esq., Newport Pagnell.

I WAS sent for in March 1867 to see Mrs. W., who, I was told, was suffering from a violent attack of diarrhoea of long standing. On reaching her house, I found that she had been confined four months before; and one month afterwards she had been seized with violent purging, attended with pain in the left hypogastric region, which was but very little increased by pressure. The motions were entirely liquid, very offensive, and voided constantly day and night. This state of things had continued for three months before my seeing her. The patient was extremely emaciated, and presented the appearance of one suffering from phthisis; but auscultation and percussion gave no certain signs of its presence. The other organs of the body were healthy.

I administered aperients; but under this plan the motions became more offensive, and she became very low, nervous, and depressed. I then, though I must confess with misgiving, gave astringents; but still the diarrhoea very little abated, the motions became *horribly offensive*, and the pain increased. I left off astringing, convinced that it was evidently locking up some unknown source of irritation. The diarrhoea might have been accounted for in various ways; but I was certainly at a loss to account for the appearance of the motions, which resembled nothing I had ever seen before, and were of a whitish purulent appearance, smelling strongly of putrefying matter.

I now simply devoted myself to keeping up the patient's strength; but, notwithstanding all the means adopted, the symptoms of prostration gained ground, the diarrhoea still continued much the same, and pectoriloquy was audible in both lungs. In the early part of June, a bone was passed with the motions, which, on examination, proved to be the femur of a fœtus. It had no apophyses; and the foramina for the medullary vessels were well marked. This threw light upon the case; and I made out the following history.

My patient informed me she was confined with her first child in 1858—a natural labour. Two years after this, she entertained no doubt that she was again pregnant; and she went, as she thought, her full time, the whole of the period being marked by great pain in the chest and bowels. She was unable to move about, and was constantly obliged to be propped up; and lying on her back caused pain and a sense of weight. At the end of her time, she passed without any pain what, according to her, resembled a mass of congealed blood, followed by a considerable discharge of liquid blood. After this, she decreased gradually in size; and, notwithstanding her friends considered her pregnancy must have been a delusion, she never entertained any doubt herself but that she had been really pregnant. She recovered her health, and suffered no further pain. In two years more, she again became pregnant; and was delivered, at the full time, of a child, having had a short labour, with little pain. Eighteen months after this, whilst still suckling, she was attacked by great pain in the stomach and left hypogastric region; and shortly afterwards passed, *per rectum*, about a pint of blood, when the pain ceased, and she soon recovered. Four years after this, she was again confined; and a month after this the present history commenced.

On examining the patient after this statement, in conjunction with my friend Mr. Hailey, a sensation of a hard moveable body was communicated to the finger in the left hypogastric region, close to the descending colon; and it seemed clear that a considerable portion of the fœtus remained in the sac communicating with the bowel. The patient's state was such as utterly to preclude the idea of any operation. About six weeks from this time, at the wish of her friends, she was taken to London (no more bones having passed); and death put an end to her sufferings about three weeks after her removal.

Shortly before death, a large mass of bones was passed *per rectum*. Amongst them was the inferior maxillary bone, which gave great pain in its passage, and had to be removed with the fingers.

The relations unfortunately appear to have objected to an autopsy, which would have been of a most interesting character; but I think there can be no doubt that an examination would have shown a communication between the sac containing the fœtus and the descending colon; and this was, in all probability, established after the discharge of blood *per rectum*. No special symptoms appear to have been experienced between this period and her last confinement, the pains of which would appear to have pressed some portion of the fœtus into the bowel through the opening. The efforts of Nature to do this, and the exhaustion caused thereby, appear to have been the sole cause of death, as otherwise there seemed no reason why the fœtus should not have remained in the abdominal cavity for a great length of time, as in the case published in the JOURNAL a short time ago by my friend Mr. Watkins of Towcester.