weeks in the Northampton Infirmary, with considerable, though temporary, benefit. A boy in a western county, whom I knew many years ago, suffering from porrigo favosa of the scalp, having exhausted the medical skill of the local infirmary and of the local surgeons, was submitted, by a vote of the board of guardians, as a *dernier ressort*, to a female quack, whose fee was three pounds! Whether it was "no cure, no pay", I cannot, after this lapse of time, recall. At all events, the lady was not more successful than her predecessors.

My patient, a young woman, aged about 20, and belonging to the lowest class, came under my care in the Bedford Workhouse in November 1866. The disease then covered all the space which you see has been denuded of hair, nearly three-fourths of the scalp, with the exception of a portion of skin on the summit of the head.

I had not seen so remarkable a specimen for very many years, and made up my mind for a photograph as soon as I could make arrangements. In the meantime, having been much struck when reading the Third Report of the Cattle Plague Commissioners, by Mr. Crookes's experiments on the use of carbolic acid, and its remarkable hostility to lower forms of animal and vegetable life, I resolved to make use of it as a lotion, one part to six of water, applied by means of a little mop daily to the fungoid eruption. The effect was remarkable. In one day my photograph was spoilt; in two days, irremediably so; and the crust, in less than a week, began to come off in large flakes. I should say that, within a fortnight, nine-tenths of the disease was obliterated, though in places the lotion appeared rather too strong for the delicate new skin, and produced vesication. In future, I would recommend, and mean to employ, a rather weaker lotion—perhaps ten parts to one of commercial carbolic acid; or the glycerinum acidi carbolici of the *British Pharmacopœia*.

I entertain no doubt that, with epilation, and without any poultice or remedy other than the lotion I have mentioned, this disease may be thoroughly cured in two months. I do not believe in a much shorter period of treatment; the mycelium penetrates the surrounding tissues; the skin at the edges of the eruption is elevated; and, as remarked by Küchenmeister, small tubercular elevations occur in the skin at a little distance owing to the presence of favous matter underneath, which, after a time, makes its way to the surface, and is only then open to treatment. We may get rid of nineteen-twentieths of the disease; but it requires time to ensure the destruction of the whole, and one neglected spot may rapidly extend it over the entire scalp again.

Let me remark also, in this place, the truth of another observation of Küchenmeister—the non-extension of the disease to a strip of skin on the front of the head and back part of the neck, and its peculiar inveteracy on the occipital region.

In the present case, the disease gradually receded to that region. The applications of carbolic lotion—the head being every now and then washed with soap and water—became less and less frequent, till at last it was difficult, under a less interval than four or five days, to find a follicle with the peculiar brimstone yellow appearance from favous matter, which I have endeavoured to draw for you.

Had epilation been resorted to, no doubt the disease would have been utterly removed. As it was, the patient left the house after four months in March 1867, with just a suspicious follicle now and then coming to light, a minute sulphur-yellow crust surrounding the hair. I saw her a fortnight after going out, and found that the disease was creeping up the back of the head again. It was purposely left without treatment, that I might obtain the photographs (taken May 17th, after two months of non-treatment) which I now submit to you. You will here observe all the characteristics of the complaint, and about half its extent when it first came under my care.

Having obtained these, I resumed the carbolic lotion, with the same confidence with which one orders sulphur in itch, or with which a commercial microscopist destroys the remaining specimens of diatoms when he has made the most of his find in some unfrequented stream. The disease is now about one-tenth of what it was; but the treatment of the last stages of it requires a degree of assiduous attention which the poor will not exercise; and I venture to assert that it cannot be carried out unless in a public institution, or under the immediate eye of a medical man.

Carbolic acid lotion appears to me the safest and surest parasiticide for Achiorion Schönleini that we possess. I have met with no mention of it by authors. No cruel Jew's nightcap of pitch plaster is needed; no poultice; no salivation is to be apprehended, and no copper poisoning. The crusts appear to me, unless where accidentally mixed with blood or epidermic scales, an integral part of the fungus. My patient attributes the origin of the disease to wearing a second-hand straw bonnet. I have made three or four unsuccessful attempts to represent the appearance of a suspicious follicle charged with favous matter below the surface, and of two or three other peculiarities of this disease. I find it

impracticable; even the photograph fails to convey the very peculiar appearance of the dry, somewhat dusty, fungoid surface.

N.B.—October 19th, 1867. Since writing the above, I have met with three other cases which have been treated in the same manner, all apparently promising perfect success.—C. E. P.

ON PELVI-UTERINE MENSURATION, BY MEANS OF COMBINED SOUNDS.*

By J. H. AVELING, M.D.,

Senior Medical Officer to the Sheffield Hospital for Women; Honorary Member of the Dublin Obstetrical Society; etc.

IT WOULD be impossible, in the few minutes which I am kindly permitted to occupy of your time, to enter as fully as I could wish into the details of the subject of pelvi-uterine mensuration. You will, I hope, therefore, excuse me if my remarks should appear more suggestive than exhaustive.

In the first place, allow me to call your attention to this instrument. You will observe that in its present state it is not unlike a five-pronged toasting-fork without a handle; but when it is bent and adapted to the parts we wish to measure, it at once assumes a significant form, and by its means we are enabled to make external and internal measurements of the pelvis, and to determine and demonstrate the exact relative positions which its contents bear to it and to one another. It is therefore a pelvimeter and uterine sound combined, and something more. It might perhaps not inappropriately be called a pelvi-uterometer. (Fig. 1.)

Fig. 1.

It consists of five flexible, silver-plated copper sounds, which for convenience may be called, naming them from before backwards, pubic, vesical, utero-vaginal, rectal and sacral. These sounds are passed through and fastened, by means of screws, to pieces of metal, which are so constructed that they may be readily combined and separated. The utero-vaginal sound has a notch at two and a half inches from its point; and it will be found necessary to mould a piece of gutta-percha upon the point of the rectal sound to prevent its catching the folds of the mucous membrane when it has to be passed high up. Any number of these five sounds may be employed at the same time, and they may

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Dublin, August 1867.

be used short or long at pleasure. Small pieces of perforated India-rubber are placed upon them which may be slipped up and down, and left at certain points as landmarks from which measurements may be made. Besides the instrument, a foot-rule, a protractor, a pencil and a piece of paper are required to enable us to record the facts presented to us by the instrument.

If you will allow me, I will illustrate the use of the instrument by a few examples. (Fig. 2.)

It may be used as a pelvimeter. Four sounds are used, and the external and internal measurements are taken at the same time. The pubic sound is applied in the mesial line to the front part of the sym-

Fig. 2.

physis pubis, and the vesical to the back part. The rectal sound is made to press upon the sacro-vertebral angle and the sacral is fitted in the mesial line upon the sacrum. The pieces of India-rubber are placed on the sounds so as to indicate the upper and lower borders of the symphysis pubis and the tubercle of the spinous process of the last lumbar vertebra. This done, the sounds are disjointed, withdrawn, and carefully put together again. Thus combined, the instrument is to be laid flat upon a sheet of paper, and the relative positions of the sounds traced upon it with a pencil. Having accomplished this easy task it is only necessary to draw a line from the points indicating the spine of the lumbar vertebra to the upper part of the symphysis pubis, and the length of the line between the vesical and rectal sounds, will indicate the antero-posterior diameter of the superior strait of the pelvis. (Fig. 3.)

The instrument may also be used to show the size and position of pelvic tumours. It enables us to measure the longest diameter of the enlarged uterus, the length and direction of its cavity, and to determine positively that the tumours are situated in the posterior wall. It shews us also that any substance grasped between any two of the sounds may be accurately measured, no matter how much we may have to bend the sounds in adapting them.

We may also employ this instrument to demonstrate the exact angle of displacement which the uterus may at any time have assumed, and the position of the uterus in the pelvis, whether it be high or low. But the use of the instrument is not restricted to the elucidation of displacements of the uterus in the antero-posterior direction, for it as easily gives us the situation of the uterus in lateriversion. By observing the divergence of the utero-vaginal sound from the mesial line as indicated by the pubic and sacral sounds, the exact angle of deviation may be determined. In a case of ovarian dropsy which I examined lately by this

Fig. 3.

method, I was led to believe that the pedicle arose from the right side in consequence of finding the uterus ante-lateriverted 29° to the left.

To determine the exact angle of deviation, draw a line from the piece of India-rubber indicating the position of the os uteri parallel to the long axis of the body, and another to the end of the sound. By placing a transparent protractor upon the lines thus drawn, the number of degrees of the angle which they form will at once be seen.

I will not detain you further by quoting other methods of using this instrument. As occasion requires, they will suggest themselves to you. It is new and doubtless capable of much improvement. The principle of it, however, I believe to be good. Its use requires a little care and practice, but, notwithstanding this, I am sure it will be welcome to all those who are striving to render the diagnosis of the diseases of the female generative organs more certain and exact.

BEQUESTS.—The late Mr. Robert Walker of Leeds has left to the Leeds Dispensary £100, and £30 to the Eye and Ear Infirmaries of that town. Mrs. Lydia Wells of Chelmsford has left £10 to the local lying-in charity.

THE LATE SIR WM. LAWRENCE.—At the last meeting of the Council of the Royal College of Surgeons it was resolved that a bust of the above gentleman should be placed in the council-room, and the commission to execute the work will no doubt be entrusted to Mr. Henry Weekes, R.A., who exhibited an admirable and most life-like bust of the distinguished original at the last public exhibition at the Royal Academy.