ulcer upwards," and "the patient declared himself the subject of idiopathic erysipelas." Three similar cases I have seen, two of them being Dr. Hott's. I have no notes: but with these, from the seventh to the tenth day the same occurred locally, and in each there was a febrile state of the patient, but, in addition, the sponge with the pus in its meshes was putrefying, and only removal of the sponge by charcoal poultices, complete cleansings, and saline medicine reduced these symptoms; we, therefore, considered each to be local blood-poisoning; and afterwards, when treating a large granulating surface, we placed grafts irregularly (as before mentioned), to obtain the best possible means of cleansing the grafts and lessening the surface of sponge for absorption. I fancy Dr. Ferguson's may have been similar.

Like him, we also found, after the removal of the grafts by poulticing, and a healthy state restored "that what had been the type of indolence and obstinacy among such sores, was now the picture of healthy action—the surface abundantly vascular, and standing well up towards the level of the skin. The simplest dressings were now sufficient to promote repair." What was the cause of this sudden change? The change was, I think, due to the fact, that the loops of capillaries entered the sponge from the granulations below, proceeding upwards, and between the time of the placing the sponge on the wound and its general removal by poulticing, some of the sponge was secured and held on by the granulations; and when the mass of sponge was removed, some very minute portions were left, which were veritable grafts, producing the effects he describes.

The sponge, like a catgut ligature, appears to become completely organised. The graft, partially filled with clot, becomes paler in colour, and especially so at its edges, then, more of a jelly-like and homogeneous consistence; and at the margin, it will become lost in granulation-tissue having no line of demarcation; this invasion continues from without inwards until the last little central island of sponge-texture, as such, disappears.

As far as I have observed, sponge does not appear to be transformed into epidermis; if eventually to cutis vera I have, so far, had no means of determining; but in a patient, whose ulcer of sixteen years' existence I grafted on August 9th last (it then being fiddle-shaped, over the front of the lower third of his right leg, six inches long, and about two and three-quarter inches wide at each side, and one and three-quarter inches at the middle,) it duly transformed to granulations-sponge grafts equal to about half its superficial area; but I am yet waiting, and I fear in vain, to see the transformation into epidermis completed. Cuticular covering has gone in considerably from the margins, but now proceeds very slowly. In a small wound, and especially in a recent burn, if small, this want of cuticle is rarely experienced over the soft parts, because of marginal growth and drawing on the surrounding skin.

Lastly, I must acknowledge Professor Hamilton's valuable paper on sponge-grafting in the *Edinburgh Medical Journal* of November 1881, as the source of my ideas, and would recommend those interested in the subject to read it.

OBSERVATIONS ON RECENT OVARIAN CASES.*

By W. H. FOLKER, F.R.C.S.,

Surgeon to the North Staffordshire Infirmary.

SHORTLY before our last meeting in the spring, I operated for ovarian disease on a woman aged 45. The disease had existed for a considerable time, and she was such an enormous size, as hardly to be able to move about without assistance. When operated on, the cyst was found to be so intimately adherent at every part, that it was quite impossible to separate it from any part to which it was attached. A Keith's glass drainage-tube was, therefore, inserted, and the wound closed. At the end of a week, the cyst was syringed out with a weak solution of iodine in water, and the patient made a steady and uninterrupted recovery.

When she left the infirmary, the cyst was firmly consolidated, but a small opening still existed; and, though I have seen her several times since, and tried many applications, the small granular spot remains, giving out a slight discharge, which proves an inconvenience, but nothing more; it is now about as big as a shilling.

In August last, I operated on a single young woman, aged 25, for ovarian disease, which had been increasing rather rapidly; her opposite ovary was found to be becoming cystic, and was removed at the same time (which I now show you).

On the third day after the operation, her temperature suddenly went up, and the day after a rash appeared resembling measles, which lasted four days, appearing to be at the height on the third day. She also had a discharge resembling the catamenia, but with all, recovered in about a fortnight.

A few days afterwards, I operated on a private patient, married, aged 52, who recovered in six days, without a bad symptom; and shortly after on another, aged 46, who recovered in five days, but in whom a sort of catamenial discharge appeared pretty profusely.

At our last meeting, I showed the ovaries I had then just removed from a patient, whose case I promised to relate at this meeting; but our late house-surgeon having mislaid my notes, I am unable to do so; but in this case also a catamenial discharge occurred rather smartly; and in two of these cases, a sensation has subsequently been felt as if it were coming on again, though it has not done so.

I have not troubled you with any details, the object of the paper being to record the peculiar appearance of a catamenial discharge in patients when both ovaries are removed; and I also wish to mention the method I adopt of closing the abdominal wound, to which I attribute in a great measure the rapidity of recovery in these latter cases. Formerly, when closing the abdominal wound, I passed all sutures through the peritoneum, and, I now think, left them in too long; for I several times noticed that, after the stitches were removed, there was a little tenderness, and, when the finger was pressed on the part, a drop or two of pus was perceived at the place where the suture had been.

I now close the wound with five stitches, the second and fourth only of which are passed through the peritoneum; the three others include everything but the peritoneum. The edges of the wound being clean, and sponges removed, the second and fourth stitches are first tied, seeing that the two opposing surfaces of the peritoneum are brought well and firmly together; the others are tied afterwards, and the dressings applied.

On the third day, the stitches passing through the peritoneum (the ends of which had been left long for distinction) are removed, as by this time the peritoneum should be pretty well glued together, and its cavity closed; the other three stitches hold the abdominal walls firmly together without interfering with the peritoneum.

By this method, we get the peritoneal cavity perfectly closed with the smallest amount of interference, and in the shortest possible time, and are able to leave the remaining sutures any time that circumstances may require without the slightest detriment.

Boroglyceride was used in all the cases.

REPORT OF THE BRITISH LYING-IN HOSPITAL FOR 1881 AND 1882.

By HEYWOOD SMITH, M.D., and FANCOURT BARNES, M.D.,
Physicians to the Hospital.

In the year 1881, there were 160 deliveries in the hospital, with 1 death, giving a mortality of 0.625 per cent. There were born 61 male children, or 31.875 per cent.; 96 female children, or 60 per cent.; 4 twins, or 2.5 per cent. Of the mothers, 32 were primiparæ, or 20 per cent.; and 128 were multiparæ, or 80 per cent.

Of the children, 6 were still-born, or 3.75 per cent. There were 8 breech cases, or 5 per cent.; 4 forceps cases, or 2.5 per cent.; 3 cases of *post partum* hæmorrhage, or 1.875 per cent.; 1 case of turning, or 0.625 per cent.

There was one case of atresia of the vagina, which was divided by the metrotome by Dr. Fancourt Barnes, and in which delivery was then effected by the forceps. This case recovered without any rise of temperature. The child, a male, survived.

The morbidity in the hospital was unusually small. Among the primiparæ, the temperature did not exceed 100° Fahr. in 14 cases, or 8.75 per cent.; among the multiparæ, in 42 cases, or 26.25 per cent.—making a total of 56 cases, or 35 per cent. of the total deliveries in the hospital, in which it did not exceed 100° Fahr.

In 5 primiparæ, the temperature was over 100° Fahr., but not over 101° Fahr, or 3.125 per cent.; in the multiparæ, 18, or 11.25 per cent.—giving a total of 23 cases, or 14.375 per cent. of the total deliveries, in which the temperature did not exceed 101° Fahr. In 12 cases only did the temperature rise above 101° Fahr.

In the year 1882, there were 172 deliveries, with 1 death, or a mortality of 0.58 per cent. Of the children, 85 were males, or 48.8 per cent.; 88 were females, or 50.5 per cent. There was one case of hermaphroditism, which survived three weeks, and which proved, on *post mortem* examination, to be a female. Seven children were still-born, or 4.7 per cent. (2 males and 5 females).

* Read before the Staffordshire Branch.

Of the mothers, 40 were primiparæ, or 29.069 per cent.; and 132 were multiparæ, or 76.73 per cent. There were 7 breech cases, or 4.07 per cent.; 4 deliveries by the forceps, or 2.3 per cent.; 1 case of *post partum* hæmorrhage, or 0.58 per cent.; 1 case of accidental hæmorrhage, or 0.58 per cent.; 1 case of craniotomy, delivered with the craniotomy-forceps; 3 cases of induction of premature labour, or 1.7 per cent., in one of which delivery had to be effected by turning, followed by craniotomy. Tarnier's forceps was used in two cases.

The morbidity among the mothers was as follows. In 19 primiparæ, the temperature did not exceed 100° Fahr., or 11.04 per cent.; in the multiparæ, it did not exceed 100° Fahr. in 91 cases, or 52.9 per cent.—giving a total of 110 cases, or 63.94 per cent., in which it did not exceed 100° Fahr.

In four primiparæ, the temperature was over 100° Fahr., but did not exceed 101° Fahr., or 2.3 per cent.; in twelve multiparæ, it was over 100° Fahr., but did not pass 101° Fahr., or 6.97 per cent., making a total of sixteen cases, or 8.27 per cent., in which it did not exceed 101° Fahr. In seventeen primiparæ, the temperature rose above 101° Fahr., or 9.88 per cent.; in twenty-nine multiparæ, it rose above 101° Fahr., or 16.86 per cent., making a total of forty-six cases out of one hundred and seventy-two deliveries, or 26.74 per cent., in which the temperature rose above 101° Fahr. Among the twelve cases, in the two years, in which operations were necessary, there were no deaths. The total mortality for the two years was 0.6 per cent. Of the two deaths, one resulted from unavoidable hæmorrhage; the other was in the case of a widow, who had been starving for three months before admission, and who was in an extremely emaciated condition at the time of her labour.

Since the beginning of the year 1881, a strictly antiseptic plan of treatment has been adopted. It is as follows. Each patient is delivered under a carbolic spray of 1 in 60; she is twice daily syringed out with a 2 per cent. solution from the first day after labour. Every patient receives three times a day, a mixture of extr. ergotæ liquid. π x, tinct. opii. π v, quiniæ sulph. gr. 2, acid. phosph. dil. π x, aquæ $\mathfrak{z}$ i; according or not to idiosyncrasy, this mixture is modified. In each ward of the hospital, there is continually playing a carbolic spray of 1 in 80; this plan of the spray, in each ward, so impressed Professor Tarnier, at his visit to the hospital during the International Medical Congress of 1881, that he has since adopted it in his wards at the Maternité in Paris. All washings of the genitals are done with a 1 in 60 carbolic solution. Ordinary linen diapers are used. The beds consist of horsehair mattresses, on either the Excelsior or Smees spring mattress. Each ward contains four beds, and is disinfected with burning sulphur, the floors being washed over with carbolic solution after three relays of four patients.

The above favourable results are greatly due to the faithful way in which we have been assisted in carrying out antiseptic treatment by the matron, Miss Freeman.

SURGICAL MEMORANDA.

A METHOD OF TREATMENT FOR VARICOCELE.

FOR some time past I have used a subcutaneous ligature, formed in the manner shown in the accompanying diagram. A needle threaded

with silk or catgut is passed between the vas deferens and spermatic

vein, and a loop left on one side, and the free ends on the opposite. A second needle, similarly threaded, is then passed in the opposite direction between the vein and the skin, and withdrawn, leaving a loop as before. One of the threads is then passed through the loop on each side, the ends drawn together and firmly tied. The threads are then cut off short, and the ligature sinks away from the skin punctures. The small wounds made by the needle heal quickly, the ligature remains, and consolidation takes place in the ordinary way. The advantages of such a subcutaneous method are obvious; and the plan described is simpler and quicker than that of attempting to pass a single thread round the vein.

W. D. SPANTON.

PATHOLOGICAL MEMORANDA.

MOVABLE KIDNEYS.

IN the BRITISH MEDICAL JOURNAL of November 18th, Mr. Lawson Tait stated he had never seen a floating kidney, either in life or in a museum. He can now see a specimen (containing also a calculus) which I have recently given to the museum of the Royal Berks Hospital, Reading. The particulars of the case are as follows. S. B., aged 67, had suffered from albuminuria for several years. Six months ago she consulted me about a tumour, which she said, both she and her daughter could move from "front to back." On examination, I found a floating kidney lying close to the right anterior superior spine of the ilium, and I could readily replace it to its proper position. It had never caused her the slightest pain or inconvenience. On November 17th she died, after a few days' illness from pneumonia. On November 19th I made a *post mortem* examination in the presence of a pupil of my partner and our assistant. I found the kidney that could be moved several inches without detaching it. On section it presented the following appearances. The kidney-structure had entirely disappeared, in its place was a sacculated cavity. The pelvis of the kidney was occupied by a calculus, weighing four drachms, shaped like a map of Italy. The left kidney was enlarged and congested.

EGERTON C. A. BAINES.

Henley-on-Thames.

SALIVARY CALCULUS, WEIGHING THIRTY-SIX GRAINS.

HENRY R., aged 38, a mechanic, living in Chester, and suffering from epilepsy, presented himself for the third or fourth time for treatment as an out-patient at the Chester General Infirmary, on Tuesday, December 13th, 1881. The patient stated that he felt quite as usual, until two days before. He then found himself to be rather hoarse, but did not notice any fulness in his mouth. The following evening he obtained some liniment to rub his throat with before going to bed, and, some hours later, he suddenly felt his tongue lifted up, and immediately putting his hand to his mouth, was surprised to find a hard substance in it. This he now showed to me. I found it to be a salivary calculus, slightly nodular, almond-shaped, about an inch and a half long, composed of carbonate of lime, and weighing, when dried, thirty-six grains. Upon examining the patient's mouth, an oval aperture was seen on the left side, two or three lines in diameter, placed at an angle to, and almost touching, the frænum liugue, being, in fact, a much dilated Wharton's duct. Through this opening the blunt bone-shield of a No. 2 trocar, passed easily backwards for a distance corresponding to the length of the calculus. The patient had been taking average doses of bromide and iodide of potassium, three times a day, for the last two years, and this might have produced some anæsthesia of the floor of the mouth. Otherwise it were difficult to understand how a foreign substance of so large a size, and which must have taken many months to form, could have been in the mouth, and have gradually forced an exit, without causing more discomfort than the patient says he suffered. I believe the cases of salivary calculus spontaneously evacuated are of somewhat rare occurrence. Bryant, in his *Surgery*, second edition, vol. 1, page 496, mentions the case of a salivary calculus weighing forty-eight grains, removed from the sublingual duct by Mr. L. Sells, of Guildford. Erichsen, in the seventh edition of his *Surgery*, vol. ii, page 532, states that the largest salivary calculus he had removed was about the size of a small damson-stone; it was loose in Wharton's duct.

HENRY W. KING, M.D., M.R.C.S.,

House Surgeon to the Chester General Infirmary.

DEPUTY SURGEON-GENERAL J. Ekin, M.B., C.B., Surgeon-Major Ferguson, and Surgeon Bourke, have been ordered to Aldershot for duty.