operation. The patient's appearance was greatly improved, but the lower lip was very unsightly and drooped more than ever and he could not close his lips together. I therefore removed a V-shaped portion from the middle of the lower lip, taking care to remove more mucous membrane than skin. The result of this was very satisfactory, the scar being almost invisible, the lips coming well together, and articulation being quite intelligible. I would here mention that this method of shortening the pouting lower lip was first suggested fifteen years ago by Mr. Oakley Coles, in his *Deformities of the Mouth*, but I am not aware of any published case where it has been carried out. The patient left the hospital shortly after the second photograph was taken, of which wood-cut B is a copy, and has not up to the present time fulfilled his promise of returning to have his palate operated on. I have ventured to record the case, as one of such severe character is seldom met with at the age of 32 in these advanced days of surgical science and civilization. Doubtless, it would have been better and easier to have closed the palate-cleft before operating on the lip, but the patient came up with the specific object of having his appearance improved, and I feared that if I operated first upon his palate and even completely succeeded, he would not have been sufficiently convinced of the benefits derived, to be induced to return for a subsequent operation on the lip; and lastly, I do not consider that, at his age, the closure of the palate was of such importance as the removal of such an unfortunate deformity.

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

By FORBES DICK, M.D., L.R.C.P.E., L.R.C.S.E.,
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THIS hospital is simply a double wooden hut, joined at an angle, and is situated in the camp, which is surrounded by a high wall. It is divided into a confinement room of 1,886 cubic feet, and a lying-in ward of 2,520 cubic feet, and four small rooms which act as kitchen, office, storeroom, and matron's room. The lying-in ward has four opposite windows, and is warmed by a central stove; the confinement room has a fireplace. These rooms communicate by opposite doors, which admit of the easy passage of a wheeled *lit de misère*. Other cases of illness are also occasionally admitted for treatment.

In 1881 there were 55 deliveries. Of the mothers, 21 were primiparæ, and 34 multiparæ; of the children, 32 were males, and 23 females. One female child was stillborn, and one male child died of defective development from prematurity in four hours, and another from cyanosis in twenty-four hours. All were head presentations, and the forceps were twice employed in primiparæ. There was no death of a mother.

In 1882 there were 51 deliveries. Of the mothers, 21 were primiparæ, and 30 multiparæ; of the children, 34 were males, and 18 females. A very large male child of a primipara was stillborn; and also a female twin. A breech-born female child of a primipara was recovered. There was one twin case, one breech case, one forceps case, one case of puerperal fever, and one of puerperal mania. There was no death of a mother nor of a live-born child.

The percentages, for the two years, of primiparæ was 39.38, and of multiparæ 60.45; of male children, 62.12; and of female, 37.88; of still-births, 1.89; and of deaths of children from defective development, 1.89; of mothers, none; 106 mothers received 1,386 diets in hospital, or remained in it on an average 13.07 days, and went home with 102 children.

The temperature of the last hundred of these cases has been recorded. The charts show that in 37 a temperature of 100° was exceeded; that 15 excesses of temperature occurred during the first twenty-four hours, 12 of these being in primiparæ; 9 during the second, third, and fourth twenty-four hours, 7 being primiparæ; and 20 during the fourth, fifth, sixth, and seventh twenty-four hours, 11 being primiparæ. Supranormal temperatures during these periods being considered to approximately represent the respective traumatic, milk and constitutional or septic morbidities, it would appear that the tendency to febrile disturbance during the traumatic and milk-forming periods is five times greater in primiparæ than multiparæ; that, when both septic and constitutional (or blood deterioration by pregnancy) causes are included, there would appear to be an almost similar morbidity; but, in consideration of the fact that in these 11 primiparæ, five had perineal laceration, and that it would be reasonable to suppose that the secondary fever in these cases was a septic one, it would appear that the tendency to constitutional fever in the

primiparæ is considerably less than in the multiparæ. The majority of those who suffered from high secondary fever were soldiers' wives off the strength. This appears at first sight strange, but is accounted for by their greater poverty and consequent insufficient nourishment during pregnancy, and goes to urge that, probably, pregnancy or blood deterioration rather than parturient or septic causes are to be found the most constant factors in the production of the secondary fever of the lying-in woman.

Both personal and general disinfection are carried out in the hospital. On admission, each woman has a foot-bath and her knees are well washed. This is useful as much in a disciplinary as in a sanitary point of view. A 1 in 60 solution of carbolic acid containing a minute quantity of cassia oil, which makes the smell agreeable, is used for syringing each case once, and some cases three times daily, and for frequently sponging the genitals. The same solution is evaporated on the central stove, which is very convenient for this purpose, and diapers are washed in chloride of lime water; and chloralum wool as a disinfectant absorbent has been lately placed under them. Chloralum wool soaked with lochia has remained six months in a stoppered bottle without tainted odour. It is believed to be a good aid to personal disinfection, and that it would well fulfil this purpose if more absorbent, by being better carded. For the hands, the carbolic solution, carbolic oil and the nail-brush are in constant use.

Six soldiers' wives were trained as midwives and nurses in 1881, and six in 1882. The majority have left this station. Two are at present nursing in officers' families.

ON DISCHARGES OF PUS FROM THE MALE URETHRA WHICH ARE NOT GONORRHOÆAL.

By TOM ROBINSON, M.D.

THE practitioner of medicine must frequently meet with cases where there is a copious muco-purulent discharge from the male urethra, which, accepting the patient's statement, is not due to indiscretion or the rupture of the marriage vow; and it is with a view to investigate this state that I write this paper. We accept, as a matter of indisputable medical knowledge, that the female vagina and urethra may pour out a purulent discharge, which discharge is, without any doubt, accepted as due to a pathological state of the feminine mucous membrane, and in no wise reflecting a stain on the fidelity of the sufferer. But, if a male consults us with an oozing from the urethra, we are often apt to disbelieve his protestations, and stigmatise him as an unfaithful husband, if he be married, and an untruthful patient, if he be single. We speak daily of discharges from the mucous membrane of the nose, throat, and elsewhere, as being catarrhal; but the male urethra, what can it suffer from but gonorrhœa? The first instance which led me to investigate this subject, came under my notice in the following manner. A gentleman of the legal profession consulted me with what, to all external appearance, was gonorrhœa. He was forty years of age, fair complexioned, and married. He told me that during the pregnancies of his wife he always had a similar condition. This statement I should have accepted with great caution, had it always occurred about the parturient period; but coming on at the early months of pregnancy, and on several occasions, compelled me to attach importance to the statement, and I may say, I have seen this gentleman twice since with the same condition, always taking place during his wife's pregnancy. The following notes from my case book will afford another example of a discharge, which came from an internal cause.

J. B. H., aged forty-two, a man with gouty history, but without ever having true manifestations, was quite grey, had worn down teeth, and tophi. I had attended him on several occasions for gastric catarrh, and eczema of the infra-orbital regions. He was in the navy, and had been at sea for some time. On coming ashore, he had lived freely, and drank rich wines. At the end of a week, he consulted me for a very profuse discharge from his urethra. The discharge was probably more albuminous than is seen at this stage of true gonorrhœa, and although there was considerable smarting on passing urine, it was not the urgent scalding which goes with the early stage of gonorrhœa. His urine was loaded with lithic acid, and he denied having had sexual intercourse. Four days on barley-water, milk, soda water, and broths, with cooked vegetables, and frequently repeated doses (half a drachm every four hours) of acetate of potash, and a goblet of Pullna water every morning, relieved him completely of his trouble.

Men with enlarged prostate frequently suffer from muco-purulent