dantly the opinion of Dr. Cullingworth. A female infant, aged 7 weeks, had an abdominal swelling associated with retention of urine, for which the child was brought to me. The tumour in the abdomen had not attracted the attention of the mother, and there had been no difficulty during the birth of the child. The little patient was in a very weak condition, and died a few days later. It was then found on *post-mortem* examination that the abdominal swelling consisted of a greatly distended vagina, surmounting which was the diminutive uterus, itself also somewhat dilated. The vagina measured $4\frac{1}{2}$ inches in length, $2\frac{1}{2}$ inches antero-posteriorly, and $1\frac{1}{2}$ inches from side to side, and contained some 8 ounces of flaky mucus. Both kidneys were hydronephrotic from the pressure that had been exercised by the distended vagina, each of the ureters themselves being much dilated. But the chief interest in the specimen in view of Dr. Cullingworth's case is the fact that the distended vagina had raised the uterus above it, and at the same time had caused an elongation of the urinary bladder, and particularly of the urethra, which latter was some 2 inches in length. (Other instances of similar distensions from occlusion of the vaginal orifice will be found in the following records.)²

It would seem from this and other cases, that when the vagina is distended with fluid, the bladder is drawn up out of the pelvis, the uterus also rising on the summit of the vagina, and thus that the natural relationship of the utero-vesical reflection of peritoneum is preserved. It is usual in this class of case for the urethra to be elongated, and for it to be pressed upon between the distended vagina and the pubic bones, and this may cause retention of urine.

In instances of distension of the uterus, apart from the vagina, as in normal pregnancy, the bladder is not raised, and the utero-vesical pouch of the peritoneum therefore becomes considerably stretched and flattened out.

REFERENCES.

- ¹ BRITISH MEDICAL JOURNAL, January 6th, 1900, p. 8. ² *Trans. Obstet. Soc. of London*, vol. v, p. 284; vol. xix, p. 5.

NOTE ON A SPLINT FOR USE AFTER AMPUTATION.

By A. MARMADUKE SHEILD, M.B., F.R.C.S.,

Assistant Surgeon and Lecturer on Practical Surgery, St. George's Hospital.

AFTER amputations, especially of the thigh, it is customary to support and bandage the stump upon a suitable splint. This is removed at each dressing, and the shifting and readjustment causes sometimes pain and annoyance to the patient. The painful quivering so often seen when the support is suddenly withdrawn is familiar to most of us. To meet this inconvenience I have devised a simple plan, which has seemed to me of great utility. The opening for the tube is made through the posterior flap, or in the case of lateral flaps, the tube is brought out posteriorly. In the end of the splint a large circular hole is cut, and the anterior end of the splint round this aperture is thickly padded with soft iodoform gauze. When the flaps have been accurately sutured the splint is applied next to the limb, and secured with adhesive strapping and gauze bandages. The tube appears through the centre of the large circular opening in the splint. Nothing now remains but to apply the usual dressings.

Posterior surface of a thigh stump with splint applied.

The opening in the splint is padded with strips of iodoform gauze and a thick layer of salicylate wool. At the early

dressings this can be constantly renewed. Here alone oozing will take place. The tube can be flushed and slowly withdrawn in the usual manner, without the least disturbance of the splint. In most of the cases I have left the splint in through the whole healing process. If there is any soiling, it can easily be changed, but this only has to be done once. Should the stump suppurate, of course this method is not so applicable. I have now adopted it in a sufficient number of cases to feel sure of its use, and I hope surgeons will give it a trial. It is essential that the splint be broad, of a good length, and that the aperture be large; also the fixing to the stump must be carefully executed.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF SODIUM SALICYLATE POISONING.

Miss B., on December 26th, 1899, complained of feeling "bilious," and at night she was feverish and had a slight cough. When I saw her at 9 P.M. her temperature was 99.2° , her pulse 88, her tongue was coated, the breath sounds were harsh over the front of the chest, but there were no adventitious sounds. Her head and limbs ached, and she was evidently having "her annual attack of influenza." I gave her some compound ipecacuanha powder, and on drinking some hot liquids she perspired freely. She was restless in the early morning and fancied she saw a face at the window, but had no other mental disturbance.

On December 27th her pulse and temperature were normal, her tongue was cleaner, but the pains in the limbs were more marked and the cough more troublesome. She remained in bed, and was given a mixture containing sodium salicylate in 10-grain doses with carbonate of ammonium, to be taken every four hours. At 3.30 P.M., when she received the medicine, she purposely took a double dose; an hour afterwards she heard people, well known to her, making libellous remarks about her outside the bedroom. She made a complaint, but on investigation it was proved that the remarks were imaginary. She was left alone, and again heard the remarks and whispering; later she imagined she saw people outside creating a disturbance, and opened the window to send them away, but was persuaded to return to bed. Following this, ornaments in the room became distorted and converted into hideous faces; then she imagined she heard people singing, bands playing, bells ringing, and later the whole of the hallucinations were mixed up together without cessation. She had no sleep whatever.

On December 28th, I found her in a very excited state, but apart from the hallucinations she was perfectly sensible. She had got up and was performing her ordinary duties in a perfectly rational manner, and felt bodily well. Her temperature was normal; her pulse 100, full but soft; her eyes were staring, the pupils being normal; her tongue was clean and her urine scanty. She suspected the medicine as the cause of her hallucinations, and had taken none since 6 A.M. When she told me about the double dosage the bottle showed that she had taken about 80 gr. of sodium salicylate in fourteen hours. I stopped the medicine, told her to take plenty of warm drinks, and gave her some potassium bromide with aromatic spirit of ammonia. Her bowels were well moved with sulphate of magnesia; her urine was acid, contained plenty of urates and phosphates, but no albumen or blood, and gave a marked reaction with perchloride of iron. During the day, along with the other visions and noises, she saw rats, dogs, and cats, all more or less distorted and hideous. She heard, and repeated to bystanders, elaborate conversations taking place between two people on the telephone, although she was perfectly cognisant that there was no telephone in the room; people appeared to her and gave her perfectly rational messages which she would have obeyed had she not been prevented, and all this after I had told her what was the matter and she had made up her mind to ignore the "animals" until the drug had been eliminated, which I told her would be in about