that in the process of healing we must anticipate a marked degree of contraction; therefore, the wires are to be passed fully one-third to half an inch from the margin of the torn surfaces; and, when ready to be removed, they will be separated scarcely more than one line. As many sutures should be passed as are absolutely necessary to prevent any gaping of the wound—enough to insure a smooth surface, close and compact, whereon the lochia may flow without bathing any raw tissue whatever.

Irrigations of carbolised and thymolised tepid or hot water, as the case may require, must be made every few hours. In all cases of confinement, it is the practise now recognised by the obstetric surgeons of the New York Maternity Hospital to wash out the vagina immediately, and every six hours thereafter, with antiseptic, tepid, or hot water, and to continue to use the douche until the water returns colourless and clear. So in the cases after operative interference, exceeding great precaution is taken against septic developments. The result of this prophylaxis has been marvellous, as there was not one single death during the five months preceding July 1st, 1880, no tendency to puerperal epidemics, and but very few cases of high temperature in a hospital exclusively devoted to obstetrics, and constantly filled with the poorest and most abandoned of the population of New York, where about 1,200 deliveries take place during the year.

[*To be continued.*]

A CASE OF PROLONGED FASTING.

By JAMES DOUGAL, M.B.

CHRISTINA MARSHALL was born in the village of Chapelton, Lanarkshire, in the year 1867. While from her father she might have inherited a vigorous and robust constitution, by her mother she could fall heir at best to a system generally weakened, and probably specially tainted, from the fact that its development was coeval with that of pulmonary phthisis, which, six years later, deprived her of a maternal guardian. The family, of which she is the third youngest, consisted, when entire, of nine members. That number has been reduced by three deaths: one from scarlet fever and two from consumption. The remaining six, although by no means the hardiest, have not as yet shown any decided tendency to the development of the mother's fatal complaint; and, further, of those six our patient is decidedly the least strong. They have been provided for through the exertions of the father as a road surfaceman; and the result of the up-bringing has been comparatively favourable, alike mentally and bodily, in the case of Christina. As to her personal history, I am told that, when three years old, she was the subject of a rather peculiar ailment, which was shown chiefly in the development of a strong craving for sugar, and an equally strong aversion to all that had previously been her staple diet. This state of matters extended over three months, and, during this time, life was maintained by beef-tea. From the age of three onwards till last May, no incidents of her life are at present of much interest. She was often a little ill, seldom seriously; and her parents were never made cognisant of any distinct formation of tubercle in the lung or other organs. She had phlyctenular ophthalmia, which left much dimness of vision, and she was harassed with frequent and severe attacks of headache, probably gastric in their origin. Owing to these circumstances, her attendance at school was irregular; but the breaks were of short duration. She was an intelligent girl, was possessed of a disposition which was above the average in its liveliness, and was tempered with a quiet and becoming thoughtfulness, which at no time merited the term melancholy.

Exactly a year ago, she contracted a cold; and, this not seeming to leave her, I was asked to see her about the middle of July. I then found her suffering from bronchitis of a moderate type, and was led by the general symptoms and the local chest-examination to negative any idea of a phthisical element in the case. From this she recovered in the course of a week or ten days, to be immediately tortured with a headache, which has continued more or less ever since. During the autumn, she was able to be out a good deal, and, towards its end, a a great change came over her disposition and general condition. She now seldom spoke, almost never except when questioned; and she uniformly maintained a sullen and morose cast of countenance. She became very averse to taking food, extremely constipated, and sleepless; and all those symptoms have since gone on more and more firmly establishing themselves as part of her existence. For some weeks previously to December, she went less out of doors; on the 20th, she went out for the last time, and then only for a few minutes; and, on January 8th last, she lay down on the bed, which she has never since quitted. Eighteen weeks ago, she took a small piece of fruit-cake, and, since then, her parents distinctly assert that no food of any kind has passed into her stomach, and that all their most earnest entreaties to get her to take food have resulted in failure. She takes water freely, and occasionally sweets; but of these only a few, and not by any means frequently; and, lastly, she herself distinctly asserts, when pressed to take nourishment, that she cannot swallow; she begins to cry, and becomes very excited. When deluded into taking a mouthful of water with a little milk in it, she instantly rejects it. When reminded that she will die, she answers that she has the inward feeling of approaching death, but that no efforts of hers are powerful enough to avert the sure though slowly approaching fate.

Present Condition.—Her body is very emaciated, but free from bedsores; the complexion is very sallow, the lips pale and dry, the tongue clean and dry. The throat is abnormally high in colour, dry, and the situation of a choking sensation. Pulse 82, regular, but very weak. On each cornea, there is an albugo. Headache is constant and severe. She has pain over the stomach and bowels, increased on pressure, and severe and continuous in character. The lungs are normal, if I except the slightest suspicion of dulness over the left apex. She has no cough; and the heart's sounds are normal, but the impulse very weak. She occasionally vomits a glairy mucus; and, while the effort entailed leaves much weakness, it gives a transient relief to the gastric pain. The urine is scanty, pale, and deposits some urates, but is free from albumen. The bowels have not been moved for eleven weeks; and previously to that the intervals were five and six weeks. Then the motions were dark, scanty, and very hard. She is quite unable to leave her bed, which is in a small room, and so situated that it is impossible for her to reach any of the food-stores. Her parents have now ceased offering her anything beyond the water and sweets. The only persons who see her are the father and stepmother who alternately sit overnight with her; a sister and brother, respectively eleven and eight years old, who reside in the house; and three older ones, who visit her at longish intervals. When I have named these, and added the clergyman and myself, I have given everyone who has any regular communication with the room.

I have now followed this case carefully from the earliest years of the girl's life up to the present time. I have put on paper the results of my inquiries amongst the attendants, and added thereto my own medical examination of the case. I can vouch for the truth of none of the statements made to me by others; but I may fitly close this rather mysterious record by saying that I have known the father and stepmother for six years, that they are in easy circumstances, that I believe the honesty and integrity of their characters to be above the faintest taint of suspicion, and that I have never, in all my connection with the district in which they reside, heard even the gentlest murmur of gossip pointing in the direction of latent channels of supply of food.

May 5th, 5 P.M. I have just had word from Scotland that the girl Marshall is gradually losing strength, but is quite conscious. There is no other important change.

A CASE OF REMOVAL OF THE UTERINE APPENDAGES.

By LAWSON TAIT, F.R.C.S.

So much interest is being expressed in the operation which has been termed "oöphorectomy", and there is so much of a disposition to prejudge it, that I desire briefly to describe one of my recent cases in which, like many others, my only regret is that, instead of temporising so long with the patient as I did, I did not press the only real remedy which the case admitted. I have reason to believe that many unfounded rumours are abroad, that those who have adopted a wide extension of abdominal section are operating in a reckless fashion. I can only say that in my own practice I think no evidence of this will be found, and the following case will prove much to the contrary.

Mrs. L., aged 34, was sent to me by Dr. McLintock of Church Stretton in September 1878. She had been married four and a half years, and had one child in 1875. Since her confinement, she had never been well, and had suffered from symptoms which clearly were those of subinvolution and retroflexion. She had profuse menstrual hæmorrhage; and, on consulting a physician in July 1878, she was told she had a tumour behind the womb, and that the womb must be dilated and the tumour removed. For this purpose, a sponge-tent was introduced, and left in, according to her reiterated statement, for nine days. She suffered from an attack of acute "inflammation of the bowels", and was in bed for seven weeks. This incident occurred, I am pleased to say, neither in Church Stretton nor in Birmingham. When she came to me on September 24th, 1878, she was in a

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wretched state of exhaustion and emaciation. I found a mass on the right side of the uterus, which fluctuated indistinctly. The uterus was retroflexed, and fixed completely by perimetric effusion. I tapped the mass, and removed about four ounces of pus from what I now know was an abscess of the right ovary. She was much relieved, and returned to Church Stretton under Dr. McLintock's care, and slowly gained some strength. She never made anything like a recovery, however; and her medical attendant sent her back several times to me, and together we carried on a great variety of treatment without much benefit. The uterus remained fixed, and all efforts to replace it were so painful that she could not endure them. She could not bear intercourse; she never was a day without pain; and her life was fitly described as a burden to her and her relatives.

Dr. McLintock sent her down to me again at the end of last February, and in his letter he told me he was sure something more must be done if our patient's life was to be saved. I found that the mass on the right of the uterus was just as I had left it; that the uterus was still fixed and retroflexed; that there was now a more clearly defined mass to the left of the uterus; and that the whole roof of the pelvis was exquisitely tender to touch. Her temperature went up at night, and she had night-sweats; and, though I could feel no fluctuation, I had no doubt there was pus somewhere. I therefore advised and performed an exploratory incision on the 6th of March. I found the pelvis roofed over by adherent coils of intestine, which I lifted with much trouble. Below these, the whole of the organs were matted together, and their identification was a matter of the greatest difficulty. Finally, I succeeded in recognising the right Fallopian tube, distended into a cyst, with greatly thickened walls, and full of pus. Below it, and intimately adherent to it, lay the ovary, as large as an orange, and containing some old cheesy matter—the remains, probably, of the abscess I had tapped two years and a half before. The uterus was bound down in the *cul-de-sac* by old adhesions, and from these I relieved it. I found the left ovary adherent below the fundus; and from it the left Fallopian tube ran a circuitous course, like a sausage in appearance, and adherent to the brim of the pelvis, the uterus, and a piece of small intestine. It contained about two ounces of pus. I removed both ovaries and both tubes, cutting the latter off close to their uterine attachments. The hæmorrhage during the operation was very troublesome, but was controlled by sponge-pressure. Mr. J. Raffles Harmar assisted me, and Mr. Wright Wilson gave ether.

The patient has recovered without a bad symptom, and is perfectly free from pain for the first time since the incident of the sponge-tent. The uterus is (to-day) perfectly free, and any movement of it gives her no pain. My only regret about this case is, that I did not operate two years ago.

CLINICAL MEMORANDA.

FROTHING URINE.

Dr. Southey, in his valuable Lumleian Lectures on Bright's Disease, has quoted the aphorism of Hippocrates, to the effect that "Bubbles maintained upon the top of the urine signify a disease of the reins, and likewise its long continuance"; a fact, Dr. Southey remarks, which remained "unimportant until the end of the last century, when it was ascertained that albuminous urine held a froth of bubbles on its surface".

That the persistent presence of air-bubbles on the surface of urine may be noted in most cases of albuminuria is undoubted; but, since the same condition occurs in a variety of other cases, it cannot be relied on as a test of the presence of albumen in urine; and, when so interpreted, it will in many cases prove misleading, and give rise to unnecessary alarm. I have frequently met with urines which have retained a froth on their surface, from the moment of being passed, for twelve and even twenty-four hours, and which have not contained a trace of albumen. I have at the present time two such cases under my care in this town (San Remo); the one of diabetes, and the other of dyspepsia. The froth in the diabetic case is certainly not due to decomposition of the sugar, since the froth forms upon it immediately it is voided; while the only noticeable features in the second case are, that the urine contains an excess of earthy phosphates, and its acidity is below the normal standard. I believe that the occurrence of retained and persistent air-bubbles on the surface of urine is nearly always of pathological significance; and that their presence, when rightly understood, is capable of affording valuable practical information, although, so far as I am aware, the subject has not hitherto been followed out with the requisite care and minuteness. In some cases, the frothing appears to be connected with the high density of the urine; in others, with its feeble acidity or alkalinity; and again, in others, with an excess of mucus.

Arthur Hill Hassall, M.D., San Remo.

THERAPEUTIC MEMORANDA.

ON THE TREATMENT OF IMPETIGO LARVALIS BY POWDER OF IODOFORM.

Although iodoform has long been used with advantage in the treatment of ulcers of various kinds—more especially syphilitic ulcers—I am not aware that it has been employed in any other kind of chronic skin-disease. The idea, however, happened to occur to me to employ it in impetigo larvalis; by which name I mean the mattery yellow-scabbed patches which occur on the faces of children and young adults. I was led to this idea by noting that the raw surfaces concealed by the scabs of impetigo have, although they are not ulcers, certain points in common with that class of ulcers which iodoform is specially successful in healing; namely, that they present a sodden false-membrane-like surface, which discharges copiously a milky pus, and that this surface has to be succeeded by a florid clean raw-beef-like surface before healing. My experiments have been conducted by removing the scabs and drying the sores with rags, and then dusting them over with a mixture of iodoform (in very fine powder) and of starch-powder in equal parts; and then, as the surface improves, I use iodoform powder undiluted. Very rapid improvement takes place under this treatment. The mere dusting over of the raw surfaces with the powder does not of itself suffice; since, if that alone be done, the surface speedily dries up again: that is to say, a thin hard dry scab is immediately formed, and this cracks, and so produces an uncomfortable tense condition of the surface, which is not only extremely irksome to the patient, but also highly unfavourable to rapid healing. I accordingly, in my earlier experiments, coated the powdered-over surface with a film of almond oil, laid lightly on with a camel-hair brush; but this plan, which succeeds very well in the case of ulcers, does not agree equally well with the excoriations of impetigo. What I find to agree very much better than the oil, is a film of glycerine, under which healing takes place much more rapidly. The conditions that have to be observed are these. 1. The scabs are to be softened by bathing them with warm soap and water, and then completely detached and removed, and thereupon the raw surface is to be gently dabbed dry. 2. The iodoform is to be in very fine powder, and freely dusted on. 3. A layer of glycerine is to be lightly laid over it. 4. The process should be repeated, if possible, every two hours by the patient himself; or, if a child, by its nurse. Under these conditions the disease—in many instances, within a day or two—exhibits a very remarkable improvement, and speedily becomes healed. A moderate dilution of the iodoform, with starch-powder, will render it quite a comfortable application in cases where it would otherwise cause irritation.

Balmanno Squire, M.B.Lond., Surgeon to the British Hospital for Diseases of the Skin.

OBSTETRIC MEMORANDA.

THE FORCEPS IN MIDWIFERY.

Dr. Roper records in the Journal for April 23rd, two sets of midwifery cases, giving in each the relative frequency of use of the forceps and the mortality to mothers and children. I presume that he concludes these cases to be unfavourable to the frequent use of forceps. His tables to me seem to prove exactly the opposite. The maternal death-rate could not have been affected by the use of forceps, as two deaths recorded occurred in women who were not delivered by forceps. As regards the children, there are in the first table, two premature and non-viable and six decomposing and also non-viable, which ought clearly to be excluded from the list in calculating the death-rate, as their deaths could not in any way be attributed to the use or non-use of forceps. This leaves only six fœtal deaths which could have been influenced by using forceps, or a death-rate of 1 in 66. In the second table, there were three decomposing, and two premature and non-viable children to be deducted from the list, leaving thirteen, or a death-rate of about 1 in 34. The fœtal death-rate is, therefore, clearly favourable to the frequent use of forceps. There appears to have been only one fœtal death in each set, with a forcep delivery, so that really the two series are equal in that respect. The frequent use of forceps in my experience not only lessens the maternal and fœtal death-rates, but shortens the period of recovery by preventing flooding and exhaustion.

A. Hamilton, F.R.C.S.Ed.

16, Whitefriars, Chester, April 28th, 1881.

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