first in importance stands their diet. I believe that for the first twenty-four, even thirty-six or forty-eight hours, absolutely *no* food should be given by the mouth—nothing but ice to relieve the thirst, which is inevitable and urgent. If the patient be low, or if sickness continue, then nutrient enemata are invaluable; and here I would remark that a mistake is often made in injecting too much. An ounce and a half or two ounces every two hours is usually sufficient; more is apt to be rejected. The best fluid to inject is strong beef-tea, with or without brandy, or milk. Eggs, I believe, do more harm than good, owing to their proneness to decomposition there; for I need not point out that no true "digestion" takes place in the rectum.

Of drugs, morphia is our sheet-anchor; and in the hypodermic injection we have a rapid, certain, easily controllable, and altogether invaluable method of administration.

Alcohol is usually necessary in the form of brandy or champagne; but one case recovered without alcohol, another without morphia, and a third without either. Calomel and opium will often allay sickness, and this is the greatest foe we have to contend with. Of the ten cases, only *one* was never sick. And here I would draw attention to the two kinds of sickness met with, the early and the late, the unimportant and the serious; that caused by the anæsthetic, following the operation, and rarely lasting twelve hours; and that coming on about the end of the first day, or on the second, and the later its onset the more dangerous is it.

Of the total number of cases, two died and eight recovered; and it is noticeable that the thin and wiry patients made a better fight than the stout and flabby ones.

With regard to the operation itself, the treatment of the pedicle is of primary importance. Of the ten cases, the steel clamp was used in nine, of which two died (but the fatal termination was not, probably, in either case, due to the presence of the clamp). The silk ligature was used in two cases (being returned into the abdomen), both of which recovered. In every case, the hæmorrhage was arrested by catgut ligatures. In one case only was drainage of the peritoneal cavity tried. This patient died on the fourth day of peritonitis; and it was noticeable that the tube did not answer the purpose for which it was introduced, for less than an ounce of fluid came through it during life, while the *post mortem* examination revealed some pints of fluid in the abdomen. That it contributed towards the rapidly fatal termination may admit of argument; but to my mind it seems to be rather a dangerous proceeding. The other fatal case also died of peritonitis, but under very different circumstances. She was going on most favourably for nine days; the clamp was then cut away, and seventeen hours afterwards she was seized with sudden peritoneal pain. Probably some recent adhesion had given way in the wound, and the whole train of inflammation lighted up; whether dependent on the removal of the clamp may be open to doubt, but the sequence was certainly striking. In five other successful cases, the clamp was removed on the seventh, ninth, ninth, twelfth, and eighteenth day; in two others, it was allowed to come away on the twelfth and sixteenth day. I do not think any rule can be laid down for the time of removal of the clamp; but I think we may take a hint from the above fatal case, and not be too anxious to remove it early, unless it is producing undue pressure on the wound, or obstructing the discharge from around the pedicle.

REPORTS AND ANALYSES
AND
DESCRIPTIONS OF NEW INVENTIONS
IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

THE MATLOCK INVALID COUCH AND MATLOCK BED-REST.

THESE excellent contrivances promise to add largely to the comfort of the acutely sick, the invalid, and the convalescent. They include an adaptation of the Excelsior flattened spiral springs, which long experience has shown to be the perfection of comfort and ease when applied to beds; and thus applied, in suitable framework, they form an invalid-couch which is unexceptionable as an article of furniture, whether as couch or settee, and which affords to the invalid a seat or lounge adjustable at a variety of angles and in a multiplicity of positions—light, easy, yielding, but perfectly elastic. As a bed-rest, it has similar advantages; and, whether for hospital use or in private houses, it is easy to predict an enduring popularity for these inventions. The Matlock Invalid Couch and the Matlock Bed-rest are manufactured by Chorlton and Dugdale, 19, Blackfriars Street, Manchester, who are the proprietors of the Excelsior spring mattress.

SELECTIONS FROM JOURNALS.

GYNÆCOLOGY.

OOPHORECTOMY IN A CASE OF CONGENITAL VAGINAL DEFECT.—At the eighth Congress of German Surgeons, held in Berlin last April, Professor von Langenbeck exhibited a woman, aged 23, on whom he had performed Battey's operation. She had been married three years. The catamenia commenced at the age of 14; and, as was afterwards discovered, the discharge took place *per urethram*, the vagina being entirely absent. The discharge was scanty, but was always attended with severe pain. Coitus was also effected by the urethra. As the menstrual troubles had lately increased to such an extent as to produce epileptiform attacks, Dr. von Langenbeck decided on extirpating the right ovary by Battey's method. He had ascertained by careful examination that the left ovary was wanting, and that the uterus was rudimentary. An incision about two inches long was made in the flank; the pedicle of the ovary was tied with catgut, and sewn to the abdominal wound. The process of healing was uninterrupted; the ligatured remains of the pedicle fell off on the fourteenth day. Menstruation took place on the fifth day after the operation, although one ovary was removed, and the absence of the other had been ascertained both before and during the operation. Dr. von Langenbeck expressed his satisfaction with the result obtained, and recommended the proceeding for adoption in similar cases.—*Wiener Medizin. Wochenschrift.*

LACERATION OF THE CERVIX UTERI.—Dr. Spiegelberg, who has had occasion to operate in ten cases of this affection, gives preference to Emmet's method. (*Bresl. Aerztl. Zeitschr.*, 1879; and *Centralblatt für die Med. Wissen.*, No. 18.) He thinks that chronic endometritis and a disturbance in the progress of involution of the uterus are often due to eversion of the os uteri and to lacerations of the cervix; and that the latter often is the direct cause of endometritis of the neck, and the indirect cause of leucorrhœa and more serious affections of the mucous membrane of the cervix, so as to cause, under certain conditions, sterility and abortion, and perhaps even prove a great impediment to a successful treatment of retroflexion and retroversion of the womb. In some cases, a cure would be effected by healing the lacerations; while in other cases the patient recovered by being kept very quiet and treated antiphlogistically. He does not agree with Emmet in insisting on a preliminary treatment of the affection in every case; he thinks that this is only indicated in cases where the mucous membrane has undergone intense follicular changes. The operation must be performed with antiseptic precautions; but there is hardly any need for anæsthetics. The patient is laid on her back, if the uterus can be easily drawn down; if not, she must be placed either on the right or the left side, according to the lacerations. Spiegelberg uses metal wire. The wire is generally removed on the tenth day, and the patient is allowed to leave her bed on the eighth day. Little must be done in the way of treatment, except keeping her quiet. Out of the author's ten cases, the wound healed by first intention in six; in three, by second intention; and in one case, one side did not heal at all.

TREATMENT OF THE PEDICLE IN OVARIOTOMY.—In an article in the *Finska Läkarasällskapets Handlingar*, Band xix, Dr. F. Saltzman relates the histo ries of seven cases of ovariotomy recently performed by him, and makes some remarks on questions bearing on the operation. In six of the cases, as in all the similar operations previously described by him, he used the actual cautery in the treatment of the pedicle. The most important objection against this method, namely, that it does not afford a sure protection against secondary hæmorrhage, may, in his opinion, be obviated by taking the precaution to tie each vessel in the pedicle with catgut. If it be desired to again ligature the pedicle, he regards catgut as the most suitable material. From his own observations and from those of others, the author has come to the conclusion that the fear lest the catgut ligature should fail to afford security against secondary hæmorrhage, in consequence of its ready absorption, has been exaggerated. The author points out some inconveniences of the extraperitoneal method of management of the pedicle, among which he especially directs attention to the occurrence of tetanus in some of the cases treated in this way, and sums up by declaring his preference for the intraperitoneal method. This method is applicable in all cases, and the only important point is the choice between the ligature and the actual cautery. He decidedly prefers the cautery when one has to deal with a thick pedicle, especially when no large arteries can be detected in it. The ligature is indicated, in the first place, when the pedicle is comparatively thin, and contains arteries of large calibre; and it is absolutely required in cases where the pedicle