the growth off very readily. This process was repeated until the urethra was smooth. The hemorrhage was not troublesome except from obscuring the vision somewhat at times. When all the papillomata had been removed, I again introduced the Klotz endoscope and carefully touched the spots where the growths had been with glacial acetic acid. The whole anterior urethra was then washed out with a solution of boracic acid.

A week later I saw the patient again. There had been some slight hemorrhage after the operation, but he had had no difficulty in controlling it. There was considerable injection of the anterior urethra and considerable ecchymosis under the mucous membrane of the anterior two and one-half inches, but very little tenderness and no return of the growth. The anterior urethra was painted with a solution of nitrate of silver, ten grains to the ounce. After two weeks two or three minute growths appeared near the meatus and were touched with glacial acetic acid. In a week more there was nothing to be seen except a little of the old ecchymosis. I passed Nos. 29 and 30 sounds. A week later I passed Nos. 29, 30 and 31 sounds. There was still a little discoloration of the urethra. Seven weeks later, three months after the operation, there had been no return of the growths and the appearance of the urethra was normal. Nos. 31 and 32 sounds passed easily. Two years later the patient came to me with a small chancre. The urethra was then in normal condition. Unfortunately the specimens which were saved for microscopic examination were lost, but the growths had the appearance of the ordinary papillomata often seen about the glans penis.

REFERENCES.

- T. Bryant. *Med. Chir. Transactions*, London, 1892-3, lxxvi, 191-196.
 R. F. Henry. *Western Med. Rep.*, Chicago, 1892, xiv, 77.
 W. McMurray. *Australasian Med. Gaz.*, Sydney, 1891-2, xi, 218.
 G. Minge. *Med. and Surg. Rep.*, Philadelphia, 1892, lxxvii, 329.
 W. H. Brown. *Lancet*, 1891, 878.
 Goldenberg. *New York Med. Journal*, 1891, 533-535; *Med. Record*, 1891, 600.
 H. R. Wossidlo. *Med. Record*, September 7, 1895.
 Herman G. Klotz. *New York Med. Journal*, January 26, 1895; *New York Med. Journal*, November 27, 1886; *Med. Record*, August, 1881.
 Burkhardt. *Beit. zur klin. Chir.*, Tübingen, 1889.
 F. R. Eversole. *St. Louis Polyclinic*, August, 1889.
 F. M. Briggs. *Boston Med. and Surg. Journal*, 1889.
 R. H. Harte. *University Med. Mag.*, Philadelphia, 1888.
 A System of Genito-Urinary Diseases, Syphilology and Dermatology, edited by Prince A. Morrow. D. Appleton & Co., New York, 1893.
 Pathology and Treatment of Venereal Diseases, Robert W. Taylor. Lea Bros. & Co., Philadelphia, 1895.

VENTRO-SUSPENSION OF THE UTERUS, FOLLOWED BY PREGNANCY AND LABOR WITHOUT COMPLICATION.

BY J. V. MEIGS, M.D., LOWELL, MASS.,
Surgeon to St. John's Hospital.

THE following case coming under my care at St. John's Hospital, and upon whom I operated, became pregnant almost immediately after her discharge; and as I have been carefully watching her with great interest, and as her pregnancy has been followed by labor at term with a happy result, I wish to report it and add my tribute to the great value of ventro-suspension in the treatment of perhaps the most disagreeable class of cases with which we come in contact — procedentia uteri. That any form of colporrhaphy, either anterior or posterior, or a combination of the two with Alexander's operation superadded, would have given her the relief — nay, the cure that ventro-suspension has — I have much doubt. Certainly, colporrhaphy would not, for with this operation I have had some experience, and have never seen a complete

prolapse cured. As for Alexander's operation, I have never performed it, but feel certain that it would not be of any benefit in cases like this.

Mrs. O., housewife, aged thirty-five, mother of three children, came to me early in May, 1897, complaining of backache, "bearing-down sensation," and incontinence of urine. She also informed me that "something was dropping from her vulva down between her thighs," interfering greatly with her getting about, and that it had been so since the birth of her last child. Upon questioning her, the following history was elicited:

Her first child, a boy, was born in September, 1892, a slow and tedious labor with a slight tear of the perineum. After remaining in bed "the accustomed number of days" she got about, but with a feeling that something was wrong with her uterus, yet she let it go, thinking it would take care of itself. Her second child, a boy, was born in January, 1894, and after getting up, she noticed her trouble was worse than before, yet she hesitated until after due time, or in September, 1896, her third child, a girl, was born with a corresponding increase of trouble, until finally she came to me on the date given above.

Upon examination, made in erect position, I found that "the something" which she described was the uterus, and that it was in a position of complete prolapse with excoriations upon it where it came in contact with her thighs, and with eversion of both anterior and posterior vaginal walls. Examination in dorsal position showed uterus prolapsed, but freely movable. It could be easily replaced, but it would not so remain unless held. She also had a bi-lateral laceration of the cervix and a thick muco-purulent discharge from the uterine canal. Immediate operation was advised, curettement, repair of cervix and ventro-suspension, all to be done at the same time. She acted at once upon my advice and was admitted to St. John's Hospital, May 9, 1897. Operations were made May 11, 1897, after usual preparations:

First curettement was done, cervix was repaired and the abdomen opened in the usual manner, a short incision being made. Upon examining pelvic organs, the right ovary was found to be cystic. It was tied off and removed and then the fundus of the uterus was brought up to the abdominal wall and two deep sutures of silk were passed through the edges of the wall and through the fundus of the uterus. Other sutures sufficient in number to coapt the edges of the abdominal incision were introduced and all were tied. She went on and made an uninterrupted recovery. The coapting sutures were removed on the ninth day and the suspension sutures on the twelfth day, when examination was made and uterus found to be in correct position. Patient was allowed up on May 27th, or sixteen days after operation, and was discharged in good condition with uterus in perfect position, June 5th, or twenty-four days after operation. She immediately went home, and at once resumed her work without experiencing further trouble. She menstruated in June, shortly after returning home, but missed menstruating the following month.

In August she consulted me and told me that she thought that she was pregnant, and was fearful lest she have trouble on account of the operation. I assured her that she would not, notwithstanding the fact that I was rather afraid that she might have. She went on, however, without mishap and was

delivered March 27, 1898, of a girl weighing twelve pounds, Dr. Lawler being in attendance. She states that this baby was the largest, and the labor the easiest that she has ever had, and that her convalescence was the speediest.

I made an examination June 2, 1898, more than two months after confinement, and found the uterus in its normal position. I cannot see that either her pregnancy or her labor were in the least complicated by the ventro-suspension, and sincerely believe that without operation the chances are that pregnancy would not have occurred and, if it had, she would not have gone to term.

Medical Progress.

ORTHOPEDIC REPORT.

BY E. H. BRADFORD, M.D., AND E. G. BRACKETT, M.D., BOSTON.

(Concluded from Vol. cxxxviii, No. 26, p. 616.)

ACHILLODYNIA.

GOLDTHWAIT³¹ reports a case of this affection, of which too little has been written. The exostosis near the tendo-Achillis was diagnosed by means of palpation, but the diagnosis was confirmed by a skiagraph. The tendo-Archillis was drawn aside and under an anesthetic a large bursa was opened, the lining membrane of which was found to be hypertrophied. Synovial fringes of the bursa were found which being caught between the bone and the tendo-Achillis caused pain. Exostoses, as described by Albert, Brackett and others, were present. The symptoms disappeared for a while by rest, but an operation removing the enlargement of the bone was done with satisfactory results.

FLAT-FOOT.

Kirsch³² advocates celluloid plates for flat-foot soles. The thickness of the sole varies from one and a half to four millimetres according to the weight of the child. The advantages of celluloid are that it is light, elastic, and more readily worked than metal. The ordinary thickness is sufficient for women and children, but for men should be strengthened by portions of celluloid dissolved in acetone.

CELLULOID AS A SPLINT MATERIAL.

Maass³³ confirms the experience of Landerer and Kirsch in the use of celluloid in making fixative apparatus. The writer uses a solution of celluloid in acetone. The solution is made the thickness of syrup by dissolving scrap celluloid in acetone, several days being taken for making the solution. Over a plaster cast of the part to which the corset or splint is to be applied, strips of thin muslin are wound, and over this the solution is applied and rubbed in; another layer of muslin is then wound on and more of the solution applied, until there are six or eight alternate coats of muslin and celluloid. The corsets are light, firm, elastic and of great durability.

ARTHRODESIS IN THE TIBIO-ASTRAGALOID JOINT IN PARALYTIC JOINTS.

Hennerberg³⁴ describes four cases. In one of a child, eight and a half years of age, a firm ankylosis

followed in nine weeks. In one, a child fifteen and a half years of age, a firm ankylosis was found at the end of three months. In a third, seventeen and a half years of age, after four months firm ankylosis was observed. And in a fourth, success was obtained in a patient twenty years of age, but in this latter case ankylosis was observed five months after the operation.

Kirmisson³⁵ recommends careful laying bare of the cartilaginous surface of the bone with an ivory wedge placed between the astragalus and calcaneum. He bases his conclusions recommending this method on fifteen operations.

GOUTY DEPOSITS IN THE SOLE OF THE FOOT.

Kittel³⁶ describes, in the aponeurosis of the foot and in the bones, collections of small particles resembling concretions of sand, which may by the pressure interfere with the locomotion of the patients. In his opinion these are the result of interference with the circulation of the foot, especially long-continued exposure of the foot to wet. Under these conditions a gradually progressive degeneration takes place, which is followed by a necrosis of the tissues; a deposit of urates follows; stiffness, deformity and distortion of certain of the joints takes place. The clinical symptoms are not those of true gout, but are considered by the writer to be an atypical form of gout. Medicinal treatment against gout is useless, as the deposits of the urates are well encapsulated in necrotic tissue beyond the reach of any means of promoting absorption. For treatment, the writer recommends mechanical exercise with massage, accompanied by cloths wet in alkaline solutions.³⁷

STUDY OF BLOOD IN RICKETS.

Morse³⁸ has examined 20 cases of active uncomplicated rickets in infants under two years of age. Three groups, according to the severity of the processes were made; those in which the manifestations are slight; those in which they are more severe; and those in which there is a splenic tumor. He concluded that most cases of rickets are accompanied by anemia of varying severity. As a rule, the severity of the anemia varies with the severity of the rachitic processes. The most common form of anemia is that in which the number of red corpuscles is normal or nearly normal and the percentage of hemoglobin is both absolutely and relatively diminished. The anemia may or may not be accompanied by leucocytosis. Leucocytosis occurs more frequently in cases with splenic tumor than in those without. The writer finds no form of anemia which is characteristic of rickets. The leucocytosis may be due to an increase of all the varieties of white corpuscles. The specific gravity varies with the amount of hemoglobin.

HOT-AIR TREATMENT OF JOINTS.

Charles H. Frazier³⁹ gives the results, and his conclusions drawn, after using some 300 baths to test its efficacy. The apparatus which he describes does not differ in principle from the ordinary forms which are at present much used. The time given to the bath varied from three-quarters to one hour, care being taken to keep free ventilation for the escape of moisture; and, if necessary, the limb was wiped off during

³¹ Boston Medical and Surgical Journal, May 27, 1897.

³² Centralblatt f. Chirurgie, 1896, No. 35.

³³ Wien. med. Blatt., July 15, 1896.

³⁴ Inaugural Dissertation, Berlin, 1896.

³⁵ Revue Orthopedie, 1896, No. 2.

³⁶ Berlin. klin. Woch. 1897, No. 17.

³⁷ Also, MacKenzie: New York Medical Journal, February 20, 1897.

³⁸ Boston Medical and Surgical Journal, April 22, 1897.

³⁹ Annals of Surgery, October, 1897, p. 455.