the following day, at 8 A.M., the temperature was $104^{\circ}2$; pulse 120. By 12 noon the temperature had fallen to $98^{\circ}4$; pulse 112. Dry absorbent dressings were employed throughout, and no opium was at any time administered. White of egg and brandy were freely given during the first week.

A slight necrosis of the bone delayed the healing of the left stump. By the end of January both wounds were soundly healed. The above engraving is from a photograph that was taken six months after operation, the patient being then in perfect health.

Huelva.

CASE OF LARGE PULMONARY ABSCESS SURGICALLY TREATED; RECOVERY.¹

BY FRANCIS W. GREENE, M.B. UNIV. DUB., L.R.C.S.I.

THE patient, a little boy six years old, had pneumonia of the left lung, the whole of which by degrees became hepatized; a crisis occurred, and the temperature remained normal for some time. The posterior portion of the lung partially cleared, and the tubular breathing lessened, but the anterior part remained solid and the respiration tubular in character. In the fourth week hectic set in, the evening temperature rising to 103° , generally normal in the morning. The expectoration gradually became purulent, and moist sounds were audible. In the fifth week he suddenly expectorated about half a pint of pus. For some days he had complained of pain in a spot in the anterior axillary line between the fifth and sixth ribs. There was tenderness on pressure and apparently slight bulging, though the skin was not reddened, with hollow gurgling râles audible over it after the abscess had burst. I diagnosed pulmonary abscess, and determined to explore in this situation. The physical signs for the days immediately preceding the operation were the following. The posterior portion of the chest was dull in patches, with comparatively clear spaces between them; respiratory murmur fair, with increased vocal resonance over the dull parts; coarse moist crepitations throughout. The anterior portion was absolutely dull, which did not alter on changing position; loud tubular breathing audible, and increased vocal resonance. There was no evidence of fluid in the pleura. On June 29th, being the second day after he had expectorated the large quantity of pus, the abscess having filled again, I operated. Under chloroform, and with antiseptic precautions, I pushed a fine trocar and cannula slowly between the ribs, withdrawing the trocar twice to see if pus exuded. At the depth of little over an inch I struck the abscess, the pleural surfaces being adherent; and using the cannula as a guide, I made an incision about

an inch and a half long parallel to the ribs; through this I then pushed a trachea director forceps, and opening it the pus flowed freely to the amount of about half a pint. When the abscess was empty air escaped with each expiration, and I then passed a bullet probe directly inwards to the depth of four inches, to measure the length of tube required to drain it. A flanged rubber one of this length was introduced and tied in with tapes round the body. Over the mouth of the tube I applied a dressing of wood-wool wadding covered with waterproof. Next day I found the dressing saturated with pus, but the cough and expectoration had ceased, and that evening the temperature was normal, and remained so. I dressed the wound daily. The discharge rapidly decreased, and finally became mucous in character. I shortened the tube gradually, and removed it on the tenth day, and the incision was closed on the twelfth. The lung quickly cleared, and by the time the tube was removed the percussion sounds were normal. The boy recovered perfectly, and was running about in a fortnight from the time of the operation.

Mallow, co. Cork.

ON HOT WATER FLUSHING OF THE UTERUS AFTER DELIVERY.

BY ALEXANDER DUKE, F.R.C.P.I.,

EX-ASSISTANT MASTER, ROTUNDA HOSPITAL; GYNÆCOLOGIST
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In every case of labour I now attend I make it a rule to wash out the uterus (at once when the placenta has been expelled either by expression or by the natural efforts) with hot water. The advantages claimed are these: (1) General stimulant to the patient; (2) produces contraction of uterus; (3) removes shreds of membrane, clots, &c.; (4) prevents after pains; and last, but not least, sets the practitioner's mind at rest by ensuring a permanent contraction of the uterus, and the certainty of knowing when the water returns clear of leaving a clean and untainted uterine cavity. The facility with which a uterus can be washed out directly after labour is a strong argument in favour of the proceeding. When attempted forty-eight hours later it will be found much more difficult, and not nearly so effective. In several cases that I observed while assistant physician to the Rotunda Hospital, the rise in temperature suggestive of puerperal fever was found to be entirely due to the retention of a portion of membrane or placenta in utero, as the washing out with hot water proved. Nothing can be more mischievous than the plan adopted (I regret to say by most midwives)—viz., that of “making a rope of the membranes”; and I am sorry to see this has not been condemned by any of the text-books on midwifery or nursing manuals with which I am acquainted. The fact of rotating the placenta when extruded (or partially so) brings on a uterine contraction, and on the membranes being tightly grasped by the os and cervix (though unseen), the twisting is continued till the membranes break off, a portion being left behind, giving rise to after pains, which when not sufficient to expel the offending cause become an undoubted source of danger to the patient by decomposition, as shown by the extreme rise in temperature, rigors, &c. I am so convinced of the value of washing out the uterine cavity with hot water (previously brought to boiling point), that I hope I shall be excused for saying that, in my opinion, it should be made a routine treatment in all cases of labour, whether in hospital or in private practice. The little additional trouble involved by this proceeding will amply repay the practitioner who adopts it, and who will, if wise, not trust it to the hands of the nurse. It is remarkable how suddenly the high temperature falls, and the dangerous symptoms vanish, when a decomposing piece of membrane (often of considerable size) has been washed out. The hastening of involution by the cleansing and stimulating effects of plain hot water is most satisfactory.

Dublin.

LEWES NAVAL PRISON.—The sanitary condition of the Lewes Naval Prison is stated to have become so unsatisfactory that arrangements are being made to transfer the whole establishment to Chatham, and the prison is to be permanently closed.

¹ Read before the Cork Medical and Surgical Society, Nov. 26th, 1890