likely to get displaced. 4. The operation partakes somewhat of the character of a subcutaneous one, and the bones consequently unite more kindly and readily. 5. The operation after a little practice is an easy one."

I have quoted the minutes exactly as they were entered by the secretary at the time, and the paper was, I believe, afterwards published, but I have forgotten the date.

One objection I have heard made to this operation is that the operator is unable to see and judge of the condition of the sawn surfaces; a little consideration will show that the skin taken off is on its sawn surface an exact counterpart of the surface left behind, and I have found that by well washing this I could form a far better idea of the condition of the bones than by a rough look at the bleeding surfaces. Langenbeck preserved the extensor tendon by turning the bones out at the side. I have tried this operation, but found it rough and clumsy, involving considerable violence to the soft parts.

The cause of failure in excision of the knee is that sufficient immobility is not maintained between the sawn surfaces, and the chief feature in securing success is not the mode of operating, but the dressing. I published an article on this subject in THE LANCET, 1871. I shall be happy to lend Mr. Wright the photographs if he would like to see them, but the tissues having been left in front, the deformity is so imperceptible that they will be liable to convey the doubt whether they are photographs of excisions at all.

I am, Sir, your obedient servant,

WM. KNIGHT TREVES, F.R.C.S.

Margate, April 20th, 1880.

COMPLETE RETROVERSION OF THE GRAVID UTERUS IN FOURTH MONTH, CAUSING PARALYSIS OF THE BLADDER.

To the Editor of THE LANCET.

SIR,—The following case, which lately occurred in my practice, may be deemed worthy of publication:—

I was summoned on Tuesday, Dec. 2nd, 1879, to Mrs. R—. She had been suffering for some days from pain in the abdomen and back. The bowels, habitually confined, had not been relieved since the previous Saturday. Sickness occurred for the first time that morning, and continued to the time of visit. Urine passed with difficulty and in small quantities, after frequent efforts. Countenance anxious; tongue moist and slightly furred; pulse 80; temperature normal. She was still suckling her fourth child, aged fourteen months. The catamenia, which appeared regularly during lactation, had been absent since the end of August, and she thought she was again pregnant. The abdomen was enlarged and contained a tumour reaching above the umbilicus, having, at first impression, the characteristics of the gravid uterus at the ninth month.

On making a vaginal examination I could not at first discern the position of the uterus, the lower portion of the pelvic cavity being occupied by a large collection of fæces in the rectum. After the administration of a simple enema, I was enabled to discover that the uterus, which was enlarged to about the third month, was completely retroverted—the fundus being situated posteriorly beneath the promontory of the sacrum, pressing upon the rectum and the cervix, forwards and upwards, towards the neck of the bladder. I immediately proceeded to empty the bladder, and having with difficulty, owing to the pressure of the cervix, introduced a soft india-rubber catheter (a gum elastic failing to pass), removed seven and a half pints of turbid urine, with immediate relief to the urgent symptoms. My efforts to replace the uterus failed completely, and I left her, having ordered a simple aperient and light farinaceous food.

On visiting her the following day I found her in much the same condition, no action of the bowels or relief from the bladder. She had slept well, and was free from pain; appetite good; tongue moist and clean; pulse 72. I again took away about four pints of clear urine, and administered an enema with slight effect. Attempts to alter the position of the uterus were again unsuccessful.

On Dec. 4th there had been very scanty action of the bowels since the previous visit, and she had passed about half a pint of urine, but the bladder was full, and the catheter again brought away about three pints. She was free from pain or sickness, had slept well, and enjoyed her

food. The cervix was somewhat lower, and not now pressing on the urethra, showing that retention was due to paralysis from the previous distension. I ordered her a mixture containing nux vomica, and again fruitlessly endeavoured to alter the displacement.

Her condition had not much changed on the 5th. There had been a slight alvine discharge, and about four ounces of urine passed. The catheter was again introduced, displacement still existing. To continue medicine, and have a dose of castor oil.

On the 6th she felt much better. The oil had acted freely. The bladder had been twice relieved, and contained, on introduction of catheter, only a pint. The uterus was in the same position, resisting all efforts at replacement. To continue the medicine.

Urine and fæces passed freely on the 7th, and no further unpleasant symptoms appeared. Uterus unchanged.

Violent bearing-down pains commenced on the 8th, continuing at short intervals during the whole day. Bowels moved, and urine passed abundantly. The efforts to reduce the uterus were futile. A grain of opium every fourth hour was ordered.

The pain continued on the following day, but without any dilatation of the os, and the patient had symptoms of exhaustion, showing the necessity of immediate action. I determined therefore to produce abortion by passing a bougie into the uterus, and rupturing the membranes; but before proceeding to do so I resolved to make a final attempt at reduction, and with that object, got her in the semi-prone position across the bed. With two fingers of the left hand in the rectum, I drew the fundus downwards and to the left, and, with a finger of the other hand in the vagina, I pressed the cervix upwards and to the right, with the object of bringing the uterus into the oblique diameter of the pelvis. After pressure exerted in that way for a few minutes, the uterus suddenly slipped out of its position in the hollow of the sacrum. I ordered her to keep persistently in the prone position, and to continue the opium.

On the 10th, I found the patient as I had left her on the previous day. The pain ceased immediately on reduction of the displacement, and had not returned—urine constantly passing from her in the bed—bladder empty. I now introduced a large Hodge's pessary. The opium to be continued.

Symptoms of cystitis, with acid urine, tinged with blood, supervened on the 11th. To have an alkaline mixture, in addition to the opium, and a dose of castor oil at night. The next day she had improved in every respect; the urine was clear, and passed without pain or straining, bowels well moved; and on the 13th she was extremely free from pain or discomfort, and said she felt quite well. The opium was discontinued, and the pessary was ordered to be retained until quickening ensued, after which it was removed.

I am, Sir, your obedient servant,

Horncastle, 1880.

JOHN HADDEN, M.D.

TREATMENT OF RHEUMATISM.

To the Editor of THE LANCET.

SIR,—I trust you will kindly allow me to make a few remarks, in answer to the letter of Dr. Prideaux, published in your issue of the 10th April.

With regard to there being no fatal cases under the use of salicylic acid, I can refer to several in THE LANCET during the last six months, one fatal on the sixth day. Dr. Sinclair, whose communication I noticed in your paper, was certainly not enamoured with salicylic acid, when tried on his own person.

The tendency of late years has been to treat diseases on rational principles, whereas if only one remedy is to be used in each disease, the practice of medicine would be reduced to mere empiricism. That system can only be pursued when testing the efficacy of any particular drug.

My experience of iodide of potassium in acute rheumatism is that it is a safe and certain remedy, if given in large doses, and as the pain of rheumatism is caused by the deposit of lymph in the tissues attacked, it can be speedily removed by the action of this drug on the absorbents. I usually also give opium at night to procure sleep, and apply mustard at the commencement, particularly in acute articular rheumatism, and have seen many cases cured by its use alone at the outset, without taking any medicine.

I have frequently cured acute rheumatism in the wrists

and elbows in my own person by applying a few leeches, and without medicine. The pain ceased in twenty-four hours, and I could use the limbs on the second day.

An average of eighteen days for the cure of rheumatism (if acute) I consider by no means a favourable result (*vide* Dr. Prideaux's letter).

What called forth my remarks was that I had long felt surprise that iodide of potassium had fallen into disuse in England for rheumatism. Counter-irritation can scarcely be considered a barbarous remedy, as mankind all over the world have experienced its benefits, and at the present time it is practised in some shape all over the habitable globe.

I am, Sir, your obedient servant,

Fulbeck, April 12th, 1880.

GEORGE K. BARTON, M.D.

NEW STEAM ANTISEPTIC SPRAY PRODUCER.

To the Editor of THE LANCET.

SIR,—The accompanying illustration represents a new form of inexpensive steam antiseptic spray producer, invented by Mr. Benham, connected with this hospital, and by whose name the apparatus is known. It is composed wholly of metal, and is provided with an excellent safety-valve, and a glass gauge for ascertaining the contents of the boiler. The handle is also of a very convenient form, and can be held for a considerable time without tiring the hand. The apparatus is constructed to produce an uninterrupted spray for upwards of an hour and a half.

Having already effected numerous successful operations on the antiseptic method with the aid of these sprays, I am able to recommend them to the profession with every confidence. They are both inexpensive and portable, and are well-adapted for operations or dressings for hospital and private practice. Their low price should place them within the reach of every country practitioner. They are manufactured by C. Wright and Co., New Bond-street, London.

I am, Sir, yours obediently,

JAMES ROUSE, F.R.C.S. Eng.

St. George's Hospital, April 20th, 1880.

DISLOCATION OF THE ASTRAGALUS.

To the Editor of THE LANCET.

SIR,—In your issue of April 17th a case of the above-named accident is reported by Mr. Gore, of Bath. The following notes may be acceptable:—

On the afternoon of June 13th, 1879, J. W—, a young man aged about twenty-six, a plumber, while working on the roof of a hall slipped over the parapet, and having hung by his hands till he was exhausted, fell to the ground, a distance of nearly thirty feet. He was taken up unconscious, and after a time was brought home to Doncaster. I saw him about six o'clock the same evening. I found the following injuries:—The right tibia and fibula were broken across about six inches from the lower end. There was a small wound at the seat of injury, from which blood freely oozed; the left foot was greatly distorted, and resembled a severe case of talipes varus. There was a great projection on the outer side of the front of the foot, over which the skin was very tightly stretched; and a cavity

could be distinctly felt between the os calcis and the bones of the leg. The astragalus was dislocated forwards and outwards, and the pain which he suffered from it was far more intense than from the fracture of the other leg.

Dr. Sykes having kindly administered chloroform I proceeded as follows:—The left knee being held firm, I extended the foot as much as possible, at the same time pressing it well backwards, so as to expose the upper surface of the os calcis. With a little manipulation I got the astragalus back on to it with an audible snap. Still keeping up the extension I got the foot back into its place entire. With this method there was not much difficulty in effecting reduction. I then put up the fracture of the right leg. The case did very well. There has since been no stiffness of the left foot.

I have not met with any mention of this method of reduction of dislocation of the astragalus, and the ease with which it was effected was not the least noticeable part of the case.

I am, Sir, yours, &c.,

F. ROYSTON FAIRBANK, M.D.

Hall-gate, Doncaster, April, 1880.

AMALGAMATED FRIENDLY SOCIETIES ; THEIR USE AND ABUSE.

To the Editor of THE LANCET.

SIR,—Having held the appointment—such as it is—of surgeon to a medical institute for several years, allow me, as Manse Headrigg would say, to “lift up my testimony” against the *abuse* of the same as practised very extensively in the town where I chance to reside.

The duties are, of course, most laborious, and frequently the calls are unseasonable and peremptory; moreover, a great many of the members are in such a position pecuniarily that they ought to feel ashamed to pay their medical attendant the beggarly fees they do.

Ex gratia. One of my institute patients has an income of certainly not less than seven hundred per annum, and he, poor fellow, pays one shilling a quarter for attendance and medicines for his family, a shilling a quarter for his wife, and the same amount for himself, making a noble doctor's bill of twelve shillings per an., all told!

Now, this case is by no means an exceptional one, and fully convinces me practically that to all such bodies “Friendly Societies” is quite a misnomer. The friendship is *far too one-sided*, and unless proper restrictions are made and enforced, it simply means benefiting one class of men at the expense of another, or “robbing Peter to pay Paul.”

I am, Sir, yours, &c.,

May 5th, 1880.

A MEDICAL VICTIM.

P.S.—Having struck on this rock myself, I would earnestly warn all young medical men from being lured into connexion with amalgamated Friendly Societies as a stepping-stone to practice; they are very two-edged affairs, and by touching pitch we are apt to get defiled.

RELIGIOUS LIBERTY AND KING'S COLLEGE.

To the Editor of THE LANCET.

SIR,—Dr. Sandwith's letter ought not to be the last word upon this subject so long as it is matter of common knowledge that the religious test at King's College is only of partial application. The profession and the world have a right to ask upon what principle and by whose authority some of the medical staff have not been called upon to sign a declaration that they are members of the English Church while others apparently are so called upon. This is only one more instance of the suicidal policy pursued by the Council of King's College. It has before the present occasion lost them the services of some of the most distinguished members of the profession. Persistence in it will most certainly afford them many more opportunities of exhibiting those Christian virtues peculiar to their institution, and of turning again their tingling cheeks to the hand of the smiter. It is said that the successful candidate for the post of ophthalmic surgeon was the only applicant. The lesson is an easy one, and if the Council of King's College cannot learn it, so much the worse for them and King's College, which on many grounds is becoming a bye-word and a reproach among the hospitals of England.—I am, Sir, yours, &c.,

QUE NON RELIGIO?