silk stitch was passed through the whole thickness of the tissues incised and was tied before the peritoneal sac was further opened. With scissors I carefully extended the incision to the right and left and again stitched the peritoneum to the mucous membrane of the vagina. The succeeding steps of the operation were similar to those adopted in vaginal hysterectomy, but it had to be borne in mind that the broad ligaments were displaced. After removing the tumour I closed the peritoneum with fine silk sutures. The ovaries were not removed. The temperature rose to 103° thirty-six hours after the operation, but the convalescence otherwise was most satisfactory and the patient made an excellent recovery.

The small sessile growth at the fundus was undoubtedly the exciting cause of the inversion in this case, yet it seems remarkable that it should have proved capable of this result after the menopause and so long after the birth of the last child. The tumour, although in a gangrenous state, was producing very little disturbance and the symptoms caused by it were so trivial that the patient did not seek advice until the odour of the discharge became practically unbearable. The peritoneal pouch, which measured about 5 in., showed no inflammatory change.

Gordon-square, W.C.

THE TREATMENT OF RINGWORM OF THE SCALP.

BY GEORGE STEELE PERKINS, M.D. EDIN., L.R.C.P. LOND.,
M.R.C.S. ENG.

MR. H. LYLE, in his paper on this subject in THE LANCET of Oct. 8th, points out the value of a simple method of treatment of chronic cases. For the past fifteen years I have treated every case of ringworm which has come under my care with chloride of sodium, and with complete success in every case. The first case in which I adopted this treatment was a chronic one of five years' standing. The child was well in three weeks and had no return. Many of the cases which I have attended since have been of a chronic character. The method I adopt is the following. Have some chloride of sodium finely powdered and then mixed with a little vaseline to make an ointment. The affected part having been shaved, rub this ointment in well night and morning until the place is sore; this takes from two to four days. Then apply some simple application to aid the healing of the part. When well from the soreness, the hairs will be found growing healthily and the tinea trichophyton destroyed.

Wimpole-street, W.

A CASE OF PUERPERAL SEPTICÆMIA.

BY HENRY K. DAWSON, M.D. DURH.

A HEALTHY countrywoman, aged twenty-five years, was attended by me in a normal labour on Oct. 25th, 1897. This (her fourth) confinement was of short duration and the placenta came away without any difficulty. The liquor amnii had escaped some days previously, since which time she had had, I was informed, more or less constant pain. On Oct. 27th there was a rigor and the temperature as recorded by a trained nurse rose to 102° F. During the next few days the temperatures were as follows: Oct 28th, morning, 103·8°; evening, 105 0°. Oct. 29th, morning, 101·4°; evening, 106·2°. Oct. 30th, morning, 103·0°; evening, 104°. Oct. 31st, morning, 102·0°; evening, 104·6°. Nov. 1st, morning, 103·4°; evening, 105·0°. From this date until Dec. 6th the temperatures showed a wide daily range, being almost invariably normal in the morning and varying from 101° to 103° in the evening. On and after Dec. 6th they were subnormal for five days and recovery was then established. The patient complained of slight pain in the left iliac region, becoming more severe for three or four days towards the latter part of the illness. The lochia remained healthy throughout, except that they occasionally contained some small shreds which were never offensive. The uterus continued large and tender to touch for some considerable time. Rigors were experienced every evening for nearly a month, of more or less severity. The tone of the pulse was good throughout, the rate rarely exceeding 100. There was no diarrhoea or sickness. The milk was not suppressed and the appetite remained good. The patient slept well, very little wasting took place, and the expression of the face could not be termed anxious. The

patient's knees were never drawn up. On palpating the abdomen slight tenderness and some indistinct resistance were felt in the left iliac fossa. Per vaginam there was marked fulness in the left lateral fornix. The treatment adopted consisted of frequent intra-uterine douches of corrosive sublimate, the introduction of iodoform pessaries into the vagina, and 5 gr. doses of quinine every two or three hours. I regret that no bacteriological examination of the lochia or blood was made. Mr. Sumpter, of Sheringham, saw the case with me, and it was decided not to use anti-streptococcic serum, as the symptoms, with the exception of the temperature, were never urgent. The patient resumed her household duties at the end of February, 1898, with every appearance of good health. She, however, complained of some pain in the back.

Sheringham, Norfolk.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

A CASE OF BLEEDING FIBROID IN WHICH ARREST OF THE
HÆMORRHAGE AND SHRINKING OF THE TUMOUR
FOLLOWED LIGATURE OF THE UTERINE
ARTERIES.

(Under the care of Dr. G. E. HERMAN.)

THE anastomosis which exists between the branches of the uterine and ovarian arteries would have suggested that the collateral blood-supply after ligature of the uterine arteries would be great, but the effect in some cases at least produced by this ligature leaves no room for doubt that this collateral circulation is not established at all readily. Possibly some of the discordance in the results obtained in the treatment of fibroids by Martin's operation is to be explained by the ligature having included only one branch and not the main trunk of the uterine artery, as division occurs at some distance from the uterus. The two great arguments in favour of the operation are the absence of mutilation and the comparatively slight risk to life; these in themselves will be sufficient to render it a suitable operation in cases where patients or friends object to methods more likely to be followed by success. The effect in Dr. Herman's case was very striking and one such would outweigh many in which no benefit might result. For the notes of the case we are indebted to Dr. H. M. Rigby, resident accoucheur.

A patient, aged thirty-five years, was admitted into the London Hospital on Oct. 28th, 1897. She was married, but had never been pregnant. Her complaint was that for the last three years she had been "flooding" at intervals of about three weeks and for the last eight weeks she had been losing blood continuously. She complained also of pain in the right side and back. She had been treated for the hæmorrhage by ergot, but without benefit. On admission the patient was seen to be markedly anæmic. A moveable tumour composed of hard rounded nodules was felt rising out of the pelvis and reaching to within three fingers' breadth of the umbilicus. By bimanual examination this tumour was found to be continuous with the cervix and with other masses felt behind and at the sides of the cervix. The uterus was as freely moveable as was consistent with its size, and the cervix was low down. On Nov. 3rd, the cervix having been previously dilated with tents, the interior of the uterus was examined, but it was found that no tumour projected into the uterine cavity. The patient was advised that the best way of stopping the hæmorrhage was by an abdominal operation—either removal of the ovaries, or of the tumour, or of both, according to what the operator might judge to be safest after the abdomen had been opened. However, she absolutely refused to undergo any operation which would deprive her of the possibility of