generally, and especially of the degree of development of the organs of generation. The function is performed monthly or in a uterine period, except during pregnancy and lactation, until the age of forty five or fifty. In some cases it ceases earlier; it may cease even as early as the twentieth year; it may, on the other hand, be regularly performed up to a late period of life. Cases of menstruation occurring at a very advanced age are open to serious doubts, inasmuch as disease occasionally gives rise to periodic bleeding, which may easily be mistaken for menstruation.

CASE OF UNUNITED AND ADHERENT TENDO ACHILLIS,

SUCCESSFULLY TREATED BY PARING THE ENDS AND
STITCHING THEM TOGETHER WITH CATGUT SUTURES.

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THE treatment of cases of ununited tendo Achillis, the result of an external wound, has hitherto been considered very unsatisfactory, more particularly when the divided ends have become much retracted and adherent to the skin and surrounding textures. The retracted ends of the tendon in such accidents have occasionally been brought together and secured by silver-wire or other sutures; but the inflammation and suppuration which usually follow this proceeding have, in the majority of cases, rendered the operation a failure. Now, however, that we have, in the antiseptic treatment and catgut suture, sure means of making the necessary wound and securing the divided parts without risk of suppuration, I am encouraged to hope that the condition of ununited tendons will, in the future, prove more amenable and satisfactory in regard to its treatment. In confirmation of this hope I report the following case, which thoroughly proves the success of the antiseptic treatment in a very aggravated example of the accident under consideration. From the condition of the divided ends of the tendon and surrounding tissues, as accurately ascertained during the operation, I am of opinion that nothing short of the treatment adopted, or of some similar interference, would have restored the tendon to its proper state and usefulness.

J. P.—, aged thirty-seven, a strong healthy sailor, was admitted into my wards in the Royal Infirmary on the 10th March, 1877. Rather more than two months before admission the patient accidentally struck the back of his left leg with an axe and inflicted a wound which cut across the tendo Achillis a little above the ankle. After the injury the leg was kept in the straight position until the wound healed; but when the patient commenced to move about he found that he had little or no control over the foot. Finding that he was not improving, and being quite unfit to follow his employment, he applied for advice to Dr. Wilson of Greenock, who sent him here to be under my care.

An examination of his condition showed a cicatrix across the lower end of the tendo Achillis, which had been completely divided. There was a distinct interval of fully one inch and a half between the divided ends, and there was not the slightest attempt at any union between them. The upper end was adherent to the skin, and when the muscles of the calf were put into action the tendon only drew upon the skin and surrounding tissues, and had no direct influence upon the heel. In consequence of this condition the patient's foot was useless, and he was quite unable to follow his employment.

On the 13th of March I performed the following operation, with the hope of relieving his unfortunate state. The leg, as far as the knee, was rendered bloodless according to Esmarch's plan, and then an incision about three inches long was made on the inner margin of the tendon, so as to expose its ends where divided. A little careful dissection thoroughly disclosed the affected parts, when it was found that the tendon had been completely divided about one inch and three-quarters from its insertion into

the os calcis. The divided ends were retracted for about an inch and a half, and between them was a thin-walled cyst or sac containing a little fluid serum tinged with blood. There was no trace of any new organised material forming a bond of union between the divided ends, but the lower end was rounded off in the most perfect manner. The upper end was somewhat enlarged and jagged in appearance, and was adherent to the skin and cicatrix of the external wound. Having first freed the upper end from its attachment to the skin and cicatrix, I pared both ends of the tendon, removing a thicker slice from the lower than from the upper one, on account of the rounding off of the former. Then, by flexing the leg to almost a right angle, the ends were brought in contact and secured by means of two prepared catgut sutures of double "medium" thickness. The limb was then firmly adjusted in this flexed position by applying the apparatus usually employed in the treatment of ruptured tendo Achillis. The operation was performed under the antiseptic spray, and the wound was dressed in the usual way. The antiseptic dressing was continued, and changed as often as required, until April 1st, when, the wound being quite superficial, boracic lotion was substituted for it. Three weeks after the operation the parts were carefully examined, and, as good union had taken place between the ends of the tendon, the limb was slightly straightened, so as gradually to stretch the new material and obtain the proper lengthening of the tendon. This treatment was carefully continued, and on April 22nd it was found that the result of the operation was perfect. The patient had entire control over the foot, the union of the tendon was strong and complete, and the heel could be brought to the ground without any difficulty.

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NOTES ON SYPHILITIC PHTHISIS.

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THE subject of syphilis, its etiology and relation to certain conditions of the viscera and inner structures of the body, has of late been brought conspicuously before the profession. On two occasions it was discussed fully—perhaps it might be said exhaustively—by the Pathological Society. While forcible and ingenious hypotheses were advanced, it is to be feared that, as regards the establishment of unanimity of opinion with reference to the nature of primary disease and its effects on the system, as well as practical results in improved treatment, the subject remains much in the same position as it was antecedently.

The more recent of the two meetings was devoted to the consideration of visceral syphilis, a subject of especial interest and importance to military members of the profession. I was struck, as doubtless were many then present, with the paucity of specimens (as well as with their somewhat unsatisfactory character) illustrative of the existence of what may be well designated a very obscure affection—syphilitic deposit in the lung. Any remarks I had to offer pertained rather to the clinical than pathological bearings of the subject, and it would have been somewhat out of place in me to obtrude them on a Society of the latter character.

For some time past I have been engaged in tabulating all cases of phthisis admitted into the hospital of this regiment with special reference to syphilis. As yet I do not feel justified in drawing any positive conclusions on a subject so admittedly difficult to determine as the relation in cause to effect of venereal and lung disease, and it is with diffidence rather than dogmatism that I venture to notice one or two features in the diagnosis of the affection which heads this paper as the results of observation thus far.

A difficulty that presents itself at the outset of any inquiry of the kind is the fact that, with few exceptions, chiefly those of young men who break down from tuberculosis soon after enlistment, soldiers affected with phthisis at some time or other previously contract syphilis. Proceeding further, we find that at the time of the infection men may be divided