duction of gastric symptoms. When a flexure as marked as in the case I have reported is found during operation, there can, I think, be little doubt that the attachment of the intestinal tube above the flexure at a slightly higher level will be likely to afford the most permanent relief to the patient.

Birmingham.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE PREVENTION AND TREATMENT OF SCARLET FEVER.

By W. BEZLY THORNE, M.D.St. AND., L.R.C.P.LOND., &c.

THE prevention, treatment, and, perhaps I may venture to add, the cure of scarlet fever are subjects of so great importance to the medical profession and the public at large that I venture to offer for publication the following brief notes of a case which was under my care at the commencement of this year. If it stood alone, I should be compelled to admit that no practical conclusion could safely be drawn from it ; but I have since gathered, from the perusal of a paper read before the Epidemiological Society by Mr. J. Brendon Curgenven,¹ that many other cases of the same disease

be seen on the chest, which she had washed and anointed two hours previously, and was informed that it was “well out,” but on examining that region found that it presented absolutely none. It was at that time making its appearance on the lower extremities, was well marked in the evening, and on the following morning had entirely disappeared. No desquamation followed. The chart tells the rest with sufficient detail. It should be added that although the house was occupied during the illness and up to the departure of the patient to the seaside on the twenty-second day by six full-grown adults and four younger persons whose ages range from nineteen to six, besides the sick one, the infection has not spread. A sheet, which was from time to time moistened with a dilution of sanitas, was fixed by the nurse to the door of the sick room in accordance with the instructions of the institution from which she was sent.

South Kensington.

SERPIGINOUS ULCER OF BOTH CORNEÆ CURED BY SCRAPING.

By A. G. MOSSOP, L.K.Q C.P.I., L.R.C.S.I., M.R.C.S., &c.

MRS. A—, aged sixty-five, consulted me on the 24th of last November. The history given was of having a cold in her eye for a fortnight. On examination I found an ulcer having a diameter of about two millimetres, situated on the outer part of the left cornea, and extending on to the conjunctiva. The outline was circular. There was great photophobia and pain, with congestion of the conjunctiva and marked debility. I prescribed internally quinine

have been somewhat similarly treated with like striking results, and I think that it cannot fail to serve a useful purpose to invite others who have practised the treatment advocated by Mr. Curgenven to bring forward the results which they have obtained. I ought to add that, now that I have had the advantage of becoming acquainted with the method adopted by that gentleman, I should modify my treatment so as to bring it more into harmony with his.

The patient, fourteen years of age, but of the physical development of ten, was seen within little more than an hour of the appearance of the rash, and was reported to have been “bilious and shivering over the fire” for something more than two days. The face was flushed and dotted with a scarlatiniform rash ; the eyes were red and suffused, and both tonsils swollen, inflamed, and ulcerated ; the pulse was 120 and the temperature 103°. She was immediately ordered to take internally every four hours five minims of the oil of eucalyptus globulus emulsified with powdered acacia, to use every hour a gargle of carbolic and tannic acids suitably diluted, to undergo daily inunction with an emulsion of eucalyptus oil of the strength of half a drachm to the ounce, and made up with glycerine, to promote adhesion to the skin, and to have the scalp and hair daily sprinkled with a spirit lotion containing eucalyptol, with a small quantity of almond oil. On the following morning—that is, in rather more than twelve hours—I found that the rash had receded from the face. I inquired of the nurse whether any was to

and iron ; locally atropine (four grains to the ounce), three times a day ; belladonna lotion (two drachms of the extract to a pint of water, with an equal quantity of warm water), to be used frequently. I blistered the left temple and covered the eye. I continued this treatment for five weeks, with occasional blisters. The patient frequently suffered from intense photophobia, which was invariably relieved by the iodine liniment painted on the forehead and temples. During this time the ulcer had gradually enlarged in all directions, implicating the whole of the outer half of the cornea and neighbouring conjunctiva, the latter being greatly congested, and showed no signs of healing in any part. At times there was much pain in the eye, for which cocaine (4 per cent.) was freely used. I had previously tried the yellow oxide of mercury (twenty grains to one ounce of vaseline) for two or three days, hoping that stimulation would cause the ulcer to heal ; but as the eye became much more irritable it was discontinued. The patient suffered greatly from pain up the left side of the head, and as the ulcer had become very deep there seemed great danger of perforation of the cornea. At this period an ulcer appeared on the outer edge of the right cornea. On Dec. 31st (rather more than five weeks after I first saw the patient) I placed a drop or two of cocaine in both eyes and thoroughly scraped the ulcers, using a sharp spoon, and then covered the surfaces with powdered boracic acid. Next day all pain had disappeared from the eyes and head, and the patient expressed herself as greatly relieved. Both ulcers healed completely during the

¹ London : H. K. Lewis, Gower-street.

next fourteen days without any further trouble. After the scraping, atropine alone was used three times a day. A good deal of opacity was left on the cornea first attacked, which has been greatly improved by iodide of potassium (five grains to an ounce of water), dropped into the eye three times a day. In fact, at the present time there is hardly any opacity, the patient having very good vision. This is the first case in which I have scraped an ulcer, and the result appears to me to be very satisfactory. I have been frequently very much impressed by the marked influence iodine liniment, painted on the forehead and temples, has in relieving photophobia, and by the value of iodide of potassium (five grains to the ounce), locally, in clearing up old opacities due to ulceration. I think the great power possessed by the cornea in recovering itself after severe ulceration or injury is very well shown in this case.

Newhaven.

A RARE CASE OF WATERY DISCHARGE FROM THE UTERUS.

BY SKENE KEITH, M.B., F.R.C.S. EDIN.

IN the month of September, 1888, I saw, in consultation with Dr. Gregory White of Bournemouth, an unmarried lady, thirty-six years of age. Dr. White wrote that he had known the patient for eight or nine years, and that for a long time before that period she had suffered from a profuse watery discharge from the uterus, "so profuse as to be beyond anything I have heard or read of." In 1885 a well-known abdominal surgeon was consulted, but did not recommend any operation. Later on another gentleman was seen. He curetted the uterus, and the operation was repeated twice by Dr. White, the result being that after the last scraping there was little or no discharge for three months. Dr. White was of opinion that nothing short of removal of the ovaries was likely to do permanent good; everything else had been tried, and had completely failed. It was found that the lady was in a highly neurotic condition. For many years all her dresses had to be lined with waterproof cloth, and every night her bed had to be made up as for a confinement; otherwise the mattress was certain to be destroyed. The discharge was thin, had a heavy sickly odour, and was like dirty water. Menstruation was regular, and had commenced at fifteen. At the age of twenty, and after a severe attack of inflammation of the lungs, menstruation ceased for some months. It was at this time that the watery discharge first commenced. It came then at irregular intervals and in gushes. Three years afterwards the discharge became more violent, and the lady suggested that this might have been owing to a chill caught while working in her district in rainy weather and during menstruation. The general health was not good. From this time onwards the watery discharge would cease during menstruation if the patient lay perfectly flat in bed; but if she got up the flow became very violent, and the hæmorrhagic discharge either ceased or at least appeared to do so. For ten or twelve years the discharge has been constant, night and day, with frequent sudden gushes in addition. The patient said that it was quite impossible to describe the amount of the floodings. Her description is, "it was greater than I can tell, drenching one from head to foot many times a day." The general health was entirely broken down, and large doses of bromidia were taken every night. The friends of the patient were most anxious that something should be done, and she herself looked forward to an operation as a perhaps speedy end to her unhappy condition. On examination, the uterus was found to be somewhat larger than natural, and on the left side a distinct swelling was to be felt. This, however, turned out to be a thin-walled cyst of the parovarium. There was therefore little in the local examination to guide one as to treatment, but the fact that the discharge had ceased for three months after curetting the uterus seemed to indicate that that organ was at fault; and if it could be rendered inactive, a cure would be the result. It was at the same time evident that the condition was not one of fluid collecting in a Fallopian tube and discharging at intervals, as there was a constant flow of the liquid. Removal of the ovaries was therefore advised, and was performed on Sept. 22nd, 1888. The uterus was flabby and larger than natural; the ovaries were somewhat small but apparently healthy; and the Fallopian tubes were soft,

anæmic, and dilatable, and admitted an ordinary cedar pencil for some distance from the fimbriated end. No additional light was thrown on the origin of the disease by the operation. All discharge entirely ceased within a week, and there was not any abdominal disturbance. The patient, however, nearly died from an attack of double pneumonia, strophanthus apparently saving her life. Return to health was slow, but now, two years after the operation, the patient is able to write "my life is simply perfect happiness."

Charles-street, W.

SEQUEL TO A CASE OF ABDOMINAL SECTION.

BY EDWARD MALINS, M.D., M.R.C.P.,

OBSTETRIC PHYSICIAN TO THE GENERAL HOSPITAL, BIRMINGHAM.

SOME years ago I published in THE LANCET (Nov. 1st, 1884) a series of cases of abdominal section for various purposes. Among these was one of a girl upon whom an exploratory opening was made, but the ovaries, apparently showing no signs of disease, were not removed. The following was the history then recorded:—"A girl aged nineteen attended the out-patient department of the hospital for several months, complaining of severe abdominal pain on micturition and defecation. Nothing abnormal could be found in the rectum or bladder. The uterus and ovarian regions were very sensitive. She became an in-patient for five weeks, was subjected to a variety of treatment, and discharged. Several weeks later her mother came and begged for something more to be done for her, as the pain was intense at times. She was readmitted and the abdomen opened. I examined the ovaries, which were intact, and therefore not removed; nothing wrong could be found elsewhere in the pelvis; it was washed out, and the wound closed. The pain never recurred, and the patient got quite well. Some time later she returned to say that her health was better than it had ever been, and to express her thanks for the operation." The case was briefly entered in the hospital "Record of Consultations and Operations" as follows:—"Uterus and appendages appeared normal on examination; nothing removed. Cavity of peritoneum opened by incision an inch and a half long between pubes and umbilicus. On digital examination the uterus and its appendages appeared to be normal. The abdomen was carefully closed with silk sutures (gauze); salicylic wool dressings; hæmorrhage trifling; no spray (ether)." On the strength of these facts, as above narrated, the case was published as one of neurosis or functional disorder, cured apparently by the effect of an exploratory operation. It seemed, however, that this improvement, so marked at the time, was not maintained, and, the girl relapsing, she was taken by her mother to the Women's Hospital, under the care of Mr. Tait. On Jan. 22nd, 1885, Mr. Tait states that he opened the abdomen again, and makes this assertion:—"I found that her statement [the patient's] was accurate. The uterine appendages on the left side had been completely removed; I found the ligature which was applied to the pedicle in its place; I picked it off and have it in my possession now. I found the disease, which I assumed as existing on the left side in July, 1884, very fully advanced on the right side, and I accordingly removed the appendages there." He addressed a printed letter to the chairman of the General Hospital Committee, which was also circulated outside, embodying this statement and commenting with undisguised vigour upon what he called an extraordinary mistake in the records of the hospital. The opportunity was taken in the same letter to discuss the question of hospital mortality "chiefly with a view to what he believed the real public welfare, and not from any spirit of antagonism to this great and valuable institution." The accuracy of the hospital record, I maintained at the time, was without doubt. It was attested by the house surgeon, Mr. Awdry, who wrote as follows:—"The case was one I corresponded with Mr. Tait concerning. If that be so, I am prepared to swear that no ligature was applied, and that no ovary was removed. If it was, you slipped it up your sleeve unobserved by me. I remember it very well, and in my letter to Mr. Tait I told him an exploratory incision had been made for purpose of diagnosis, and nothing else done." Some members of the committee also satisfied themselves as to the truth of the entered record by evidence from those present at the time of the operation. There was no motive in the account written by