her medical attendant called in a Leeds doctor, and they examined her, but did nothing except order her a bottle of medicine. She appears to have become pregnant soon after the operation, as she had a miscarriage in July following, when she believed she was three months from her full time. She has enjoyed good health, and has had no uterine trouble since. During the eight years that followed she gave birth to four children, all alive and well.

Remarks.—When we failed to reduce the organ by taxis we thought of trying gradual elastic pressure, as first practised by Tyler Smith, but considering the weak and worn-out condition of the patient, Dr. Barnes' operation appeared to be the quickest, simplest, and surest, and the result was in every way satisfactory. Dr. Barnes tells me he always makes gradual elastic pressure a part of his treatment in cases of inversion, and sometimes it answers alone without incision. Gooch in his *Midwifery Lectures*¹ says inversion of the uterus is often produced by improper force being applied to the umbilical cord. The history of the foregoing case is evidence of that fact. Gooch says further:² "The uterus can never be inverted without great danger to the life of the patient. If hæmorrhage does not kill her, the inverted portion will become strangulated by the os tincae, which acts on it like a ligature, and inflammation will follow, terminating probably in gangrene and death. But supposing the patient escapes these evils, and the uterus still remains inverted, the art of man cannot restore it to its natural situation: she is liable to frightfully profuse menorrhagia, incurable leucorrhœa, and severe constitutional affections which hasten her to the grave." Dr. Denman³ says: "There is only one moment in which reduction can be done with certainty—namely, immediately after inversion has taken place, when it will be a matter of great facility, but if a few days elapse," he says, "you will be foiled in your efforts to return the uterus to its natural situation; I often attempted this after such an interval, but never succeeded." After reading the foregoing opinions, and also the report of the case, with result, in THE LANCET of October 31st, Dr. Barnes may safely be congratulated on having originated a simple operation which revolutionises the treatment of chronic inversion of the uterus. A period of years has elapsed since the operation was performed, and I have since heard that the patient, who is in the best of health, and weighs 13 st., her weight during illness being 7 st., has given birth to two other children, both alive and well.

Kilmarnock.

A SIMPLE METHOD OF TREATING SPURIOUS VALGUS IN THE FEMALE.

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AT the instance of my friend, Mr. Waldemar Roeckel, of the National Orthopædic Hospital, I am induced to bring to the notice of the profession what I think I may describe as a simple method of treating spurious talipes valgus, or flat-foot, in the female.

In the treatment of this affection, both in hospital and private practice, I have hitherto been in the habit of using the well-known horsehair pad, and, this failing, have sometimes ordered the instep of the shoe to be strengthened, and the sole to be thickened at this part. Apart from other objections attending these methods of treatment, I have not unfrequently found that the pressure induced in either method on the tender head of the astragalus has been a bar to its further use. In a case recently under treatment I was, on account of this symptom, led to adopt the apparatus devised by Mr. Barwell, and highly lauded by Professor Sayre, an apparatus which is dependent in a great measure on the careful application of a large amount of plaster. This treatment, again I found open to the objections that the plaster required frequent readjustment; the patient had to sleep in it every night, and objected to the mess and discomfort which it caused during the hot weather. It then occurred to me that I might throw the weight of the body

on to the hips at the same time that I gave an equable and elastic support to the instep. The apparatus (for a description of which see annexed figure) borrows its essential principle from that described by Mr. Barwell.

A, A triangular-shaped piece of stout jean ten inches by three inches and a half attached by its base *within* the shoe to the outer side, about half an inch above the junction of sole with outside leather. The sole of the foot rests upon this piece of jean, which, when tension is made upon it by the cord above, gives the requisite support to the arch of the foot. B, An extra stout brown leather shoe-lace firmly bound to the apex of the triangular piece of jean below, and passed through a ring (the outstanding ring of a jack-rod) which projects from the garter, and still higher through another ring, where it is secured by a slip-knot. C, A piece of indiarubber cord one-third of an inch thick, to the lower end of which a small metal ring is fixed; this cord is firmly bound above to the lower end of D. D, A Y-shaped piece of strong webbing attached by strong sewing to the front and back of the corset (as shown in the drawing), to the lower end of which the indiarubber cord is bound.

It will be seen that on retiring to rest at night the whole apparatus can be removed by one pull at the slip-knot above the knee, when the leather cord comes off with the boot or shoe and the indiarubber cord remains attached to the corset. In like manner the boots can be changed with similar ease at any time. Again, the amount of elastic support to the instep can be regulated to a nicety by the patient herself, who can loosen or tighten the slip-knot at pleasure. I have not had a favourable opportunity of trying a similar apparatus in the male sex, but there would, I should think, be very little difficulty. Owing to the narrowness of the hips, a corset like the female corset could not be worn, but a broad belt suspended from the shoulders by braces would in all probability be a good substitute.

Bath.

NOTES OF TWO CASES OF PELVIC HÆMORRHAGE AFTER ABDOMINAL SECTION.

By JOHN W. TAYLOR, F.R.C.S.,

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HAVING had recently to reopen the abdomen in two cases of abdominal section on account of pelvic hæmorrhage, in both of which cases I used perchloride of iron as a final resort, with successful result, I think a brief report of the cases may be of some interest.

The first was a case of Mr. Tait's. The appendages on both sides had been removed on the morning of Aug. 12th. The pedicles had been tied with silk in the usual way, and the abdomen completely closed. At 8 P.M. I was summoned

¹ Gooch's *Lectures on Midwifery*, edited by George Skinner, 1831, p. 301.

² *Ibid.*, p. 302.

³ Gooch's *Midwifery*, page 303.