

were then brought together by sutures of carbolised silk in the usual manner.

In five out of the six cases the result was most satisfactory, the skin-incision in each instance healing at once by first intention, with very little general elevation of temperature, and without a trace of that deep-seated local pain and tenderness which are so often present, and which then indicate a certain amount of localised peritonitis.

In the sixth case death ensued from perforation of the bowel about twenty-six hours after the performance of the operation; but in this instance also union was apparently taking place by first intention, and, on post-mortem examination, the margins of the opening in the sac were found to be firmly adherent together.

Peritonitis is, without doubt, the most formidable complication that we have to encounter both before and after the operation of herniotomy, and is, in the majority of cases, the immediate cause of death. Though we often find this condition already present or impending at the time of operation, yet in many instances it only makes its appearance after an interval of thirty-six or forty-eight hours, and in those cases where there is nothing in the condition of the sac or its contents at the time of operation to account for its subsequent appearance, it seems not unlikely that it may arise simply in consequence of extension of inflammatory action from the cutaneous wound, especially in the case of the old and feeble, whose powers of repair are not so great, and where the wound, not healing so readily, is more liable to become the seat of septic changes. If, then, by this simple proceeding, adopted merely as a safeguard against some of the later complications of herniotomy, and without any idea of producing obliteration of the sac, as in the operations for radical cure, we can, to some extent, prevent the extension of inflammatory action from the superficial wound to the interior of the sac, we at once eliminate one of the causes upon which the occurrence of peritonitis after herniotomy must, in many instances, depend.

Manchester.

STERILITY DUE TO ANTEFLEXION OF THE UTERUS, TREATED BY STEM AND SHIELD.

By A. WYNN WILLIAMS, M.D.

IN reference to Dr. Herman's remark,¹ I can only state that I cannot give the absolute number of cases where pregnancy has followed after the introduction of a vulcanite stem and shield; for in many instances, especially in hospital practice, we are frequently not informed of the result, and the cases under my care have been too numerous to follow to their own homes. Early in January a young woman brought her child to me at the Samaritan Hospital for advice, pregnancy having taken place after wearing a stem and shield for four months. She had been married three years and a half, previous to consulting me, without issue. I am of opinion that more sterility is due to anteflexions of the uterus than any other cause, probably more than all the other causes put together. In other displacements or flexions we often find impregnation taking place; but I cannot call to mind one single instance of impregnation occurring where an acute anteflexion existed. I will relate two typical cases. I select these for two reasons—1st, because both cases had been treated by other gynaecologists, and one by gynaecologists of both sexes; 2nd, because one was about the first case I treated in the way I am about to relate.

CASE 1.—M. R—, aged twenty-three, married between three and four years; no family. She informed me she had been attended by a lady doctor, who told her she had a tumour in the womb. She had also attended as an out-patient at St. Mary's Hospital, where she was advised to come to the Samaritan, her case having been diagnosed as displacement of the uterus. She had not menstruated before marriage, but did so soon after, with very great pain in back and left ovary, which commenced two or three days previous, and this had always been the case at the catamenial period, followed by the passing of clots, terminating in a nasty, thick, offensive discharge, and during the time was unable to get

about. She also suffered great pain on connection. On examination I found her suffering from a very acute anteflexion of the uterus, into which I could only pass the sound by giving it a very considerable curve, and introducing the point downwards about three-quarters of an inch, then turning it upwards. After undergoing various methods of treatment at different times at the hospital, and wearing different kinds of stems—elastic and otherwise—without any material improvement, in July, 1874, a stem and shield, with socket to receive the button of the stem in the lower end, so as to fix the uterus in its natural position, were introduced. This she wore until November (four months), with great relief and comfort. When it was removed, she shortly after became pregnant, and is now the mother of three children. The only treatment during these four months was the syringing out of the vagina with Condy's fluid, a drachm to eight ounces of water, to prevent any disagreeable odour.

CASE 2.—Mrs. B—, aged twenty-eight, married about six years, consulted me on June 23rd, 1876. She informed me that she had suffered more or less at her catamenial period ever since she commenced to menstruate, with pains in the back and left ovary. (I cannot explain the reason why, but it is generally the left ovary that is sympathetically affected.) Since marriage all the symptoms have become aggravated, and for a day or two at the commencement of each period she is completely prostrate until she is relieved by the passing of blood clots. There is considerable leucorrhœa at all times; there is also a slight lateral curvature of the spine in the lumbar region. She stated that both her husband and herself were particularly anxious to have a family; that she had been under the care of several eminent medical men, but had failed to obtain any relief; that she had worn, amongst other instruments, a flexible india-rubber intra-uterine stem. On examination per vaginam, the body or fundus of the uterus and os were found looking (if I may so term it) towards the symphysis pubis; the mucous membrane of the vagina was inflamed, and the os uteri slightly excoriated, due to the muco-purulent discharge. A sound, a malleable one, was introduced in the same manner as in the previous case. After some preparatory treatment, on Aug. 1st an intra-uterine stem and shield were inserted, which she wore until just previous to the second menstrual period, when it was removed by my son, Mr. T. Wynn Williams of Brixton, during my temporary absence. She shortly after conceived, and was delivered of a fine girl in due course by a gentleman in Liverpool, whose name I unfortunately cannot recollect.

Montagu-square.

CASE OF SNAKE-BITE.

By F. CHARLES HEIDENSTAM, M.D.,

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I HAD often heard that persons here in Cyprus had suffered, and that some had even died, from the venomous effects of a bite from a snake called by the natives *Kouffi* (Κούφι), which is in reality the *Vipera mauritanica*, but I had never had the opportunity of watching or treating a case of this kind till recently, as Cypriot peasants have great faith in charms and in drugs of their own composition, which they believe to be almost infallible in cases of snake-bite, and in consequence they rarely seek medical advice.

At about 10 A.M. on 17th June, Ismail Abdullah, a Turkish zaptieh (police), aged twenty-one years, was brought to the hospital from Tohkni, a village about twenty miles distant. His story was that a snake-charmer had charmed and persuaded him that he could take hold of any snake without being bitten. Coming across one on the previous day he seized it, feeling confident that it could do him no harm, and was bitten on the back of the right hand. He felt a smarting pain of a burning character immediately he was bitten. A few hours afterwards vomiting set in, and his hand and arm became greatly swollen. On being admitted to the hospital his state was as follows:—The whole of his right hand and arm were much swollen and presented a mottled marble aspect. The marks of two punctures were plainly visible on the back of the right hand, surrounded by a dark circle a little more than an inch in diameter. On scarifying the two wounds blood of a darkish colour issued from them. The constitutional symptoms were: great

¹ See THE LANCET, Jan. 1st, p. 35.