

part, whilst the other end of the groove terminates half an inch from D in an acute angle. Lastly, the groove is not so much lateralised as in Dr. Buchanan's staff, but occupies much the same position as in the ordinary curved staff. The advantages of my staff are that the large handle allows a firm grasp, so that the surgeon can drive his knife boldly along the groove without the instrument quivering under the pressure, as is often seen. In Dr. Buchanan's instrument it is not always easy to get the knife into the groove, for, if it strike the cylindrical vertical shaft, it will glide off; but as in my instrument the groove is continued upwards for half an inch, the surgeon will find no difficulty in getting into it at the first essay. The most important point connected with a staff is the termination of the groove near D. If it end in an obtuse angle, or even a right angle, there is always the danger of the knife travelling on, and piercing the posterior wall of the bladder, as happened twice to a London hospital surgeon with fatal results from peritonitis. Now with my staff such a misfortune is not possible, as the point of the knife becomes locked in the acute angle, and so arrested in its progress.

Fig. 4 is a glass syringe with an elastic nozzle, six inches long, graduated, and surmounted with a cone, for applying injections to the deeper part of the urethra. It is very undesirable to use a metallic nozzle, as it is not only painful but injurious. The cone enables us to know with certainty when we have arrived at the *veru montanum*, or diseased spot, as measurement cannot always be relied on, for the penile urethra is continually altering its length. The syringe is capable of holding twenty minims of fluid, but it can never be necessary to apply more than five minims, as that quantity will paint a large surface of the urethra. No solution of nitrate of silver ought to be used stronger than five grains to the ounce. I have seen disastrous results ensue from the application of powerful injections to the deeper part of the urethra.

Fig. 5 represents a syringe for patients to use. It consists of an india-rubber ball with a bone nozzle three inches long, tipped with a cone. It is applicable for gonorrhœa and gleet, and is durable and inexpensive.

Fig. 6 is the section of an elastic prostatic catheter, whose curve is preserved by a steel spring six inches long, extending from E to F along the concavity of the interior of the instrument, and preserved from rust by being inserted between the coats of the catheter. This instrument does away with the trouble of "setting," and is peculiarly adapted for those patients who cannot dispense with the daily use of a catheter. If a soft catheter cannot be used without a stiff stylet to preserve its curve, it loses its special advantages over a metal one. Now, the catheter I have described, although perfectly pliant and capable of extension, will still preserve its curve whilst entering the bladder, as the spring causes the instrument to hug the upper wall of the urethra, and avoid the third lobe of the prostate by tilting the point upwards and forwards.

All the above instruments were made for me by Messrs. Mayer and Meltzer, with the exception of the elastic nozzle (Fig. 4), which I obtained from M. Lasserre.

Portman-square, April, 1872.

CASE OF UTERO-PERITONEAL FISTULA.*

By LAWSON TAIT, F.R.C.S.,

SURGEON TO THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

HANNAH W—, aged twenty-four, was admitted as an out-patient on March 4th. She was married at eighteen, and has had five children, the last only six weeks ago. She had no assistance of any kind at her last labour; has little recollection of it save that it lasted a very long time, and that she lost a great deal of blood. She has never since been free from loss. She presented on admission a most anæmic, worn-out, and wretched appearance. Uterus large; felt easily above the pubes; cervix spongy and easily admitted the point of the finger; cavity admitted the sound nearly six inches. Ordered three grains of the citrate of quinine and iron to be taken in a mixture thrice daily, along with a pill containing a grain of ergotin.

* Read before the Midland Medical Society.

March 8th.—The discharge has ceased; uterine cavity still six inches, but the tumour feels less externally.

April 1st.—Uterine cavity four inches, and the tumour much diminished. Ordered five grains of the iodide and twenty of the bromide of potassium, to be taken three times daily, along with five grains of the saccharated carbonate of iron in pill.

8th.—Uterine cavity three inches; but after reaching this distance the sound slipped, without the exercise of any force, through the fundus, apparently about midway between the cornua and somewhat on the anterior aspect, and could readily be felt under the abdominal parietes. The woman is so thin that the position of the exit of the sound can readily be felt. On this day I passed the sound twice, and each time found that it only required a little manœuvring to pass it at the one spot.

On the Saturday previous (13th) I had passed the sound through the fundus in presence of my colleagues, Dr. Savage and Mr. Bracey, and on the 22nd again before Mr. Creagh and Mr. Berry, satisfying them all as to the fact of the perforation, the patient never seeming in any way the worse of the operation, or to suffer any pain in its performance. She has improved in general health in a very marked degree since she has been under treatment.

On April 24th, as I wished to bring the case under the notice of the Midland Medical Society, and as it was evidently inconvenient and unadvisable to publicly exhibit such a case, I asked my friend Mr. West, the President, to verify with me in consultation the fact of the perforation of the fundus. This he kindly did, and our united representation was accepted by the Society.

Of the fact of the perforation there can be no question; it only remains to explain it. That there is a fistula I have no doubt, though it may be difficult to persuade many that such is the case. I am also under the belief that it had its origin in a rupture of the uterus during labour, remaining undiscovered until the walls of the uterus became thinned by the process of involution.

Cases of perforation of the fundus by the sound are, I am convinced, by no means so rare as one would be inclined to believe, for I have seen at least five or six, and Sir James Simpson used to speak to us of having seen many. They are very curious, and give rise to many interesting subjects for consideration. For instance, is it likely that the subject of this fistula will ever again become pregnant? I see no reason why she should not, and I believe the fistula will remain patent until she does. Her case is also one of the many lessons leading us to be less afraid of the peritoneal cavity than surgeons, from the old traditions, usually are; and if my view of its origin is correct, it is an additional instance of recovery from rupture of the uterus.

Birmingham, April 25th, 1872.

THE USE OF GLYCERINE IN PRACTICAL PHARMACY.

By W. J. MARSH, M.R.C.S., &c.

THE extreme viscosity of glycerine itself is a bar to its more extensive use as an emollient, and also as a solvent for certain medicinal salts and other *materia medica*. The following preparations are elegant, convenient, and permanent; and I am surprised that so simple an expedient as mere dilution should have been hitherto overlooked, or not formally expressed, by our leading pharmacutists.

Glycerinum dilutum consists of equal volumes of glycerine and distilled water, shaken together. This preparation may be briefly but accurately described as possessing all the advantages of glycerine itself, without its paramount disadvantage, extreme viscosity.

Solut. Chloral. (℞j. in ℥j.) consists of 960 grains of hydrate of chloral, coarsely powdered, dissolved in dilute glycerine to ℥vj.

Solut. Ferri (℞j. in ℥j.) may be similarly prepared, with the ammonio-citrate salt.

Solut. Ferri et Quinæ (℥j. in ℥j.) is prepared by dissolving 480 grains of citrate of iron and quinine in dilute glycerine to ℥viij.