

large fetal head; a portion of it as large as an orange protruded into the vagina through a widely dilated os. The uterus was anteverted, and its cavity elongated to the extent of six or seven inches.

The operation was performed on September 2nd, 1878, under the influence of ether, and proved to be an undertaking of great difficulty. The tumour was without pedicle, and grew from the fundus as well as from the entire anterior wall of the uterus. It was seized with two vulsellum forceps, and strong traction was made in conjunction with firm supra-pubic pressure. Dr. Roberts then divided as much of its capsule as was within reach, and finding that prolonged traction was not practicable with the vulsellum forceps, he cut off with uterine scissors as much of the tumour as was in the vagina. When three large pieces of the tumour had been in this manner removed, the cephalotribe was substituted for the forceps, and, by its firm grasp on the tumour, enabled traction to be considerably increased. A fourth piece, much larger than any of the others, was now cut away. The advisability of leaving what remained behind to nature was then discussed, but another trial with the cephalotribe was agreed to, and after continued traction had been persevered in for some time, complete inversion of the uterus was induced. What remained of the tumour was attached to the fundus, and proved to be a little larger than an orange in size; this was separated from its attachments to the walls of the uterus by the hand, and thus the operation of enucleation was satisfactorily accomplished.

The fundus and body of uterus were reduced by manual pressure with very little trouble, owing, no doubt, to the dilated and flabby condition of the organ.

Scarcely any hæmorrhage took place, but the patient suffered from profound shock for two hours; the hypodermic injection of ether, together with brandy and turpentine enemata, were found useful in aiding reaction.

Convalescence was rapid and complete, the highest temperature,  $101.4^{\circ}$ , being on the evening of the fifth day. The patient left the hospital on the nineteenth day, and a fortnight later her uterus measured only a quarter of an inch above normal, and no return of the hæmorrhage had taken place.

The tumour weighed 3 lb. 5 oz., and was composed of fibrous tissue without the presence of any kind of degeneration.—*The Lancet*.

TREATMENT OF ANKYLOSIS OF THE KNEE.—Dr. Gamgee reports a case of ankylosis of the knee in a delicate youth, aged fifteen, whose left knee had been immovable for months. The leg was at a right angle with the thigh and the head of the tibia slightly displaced backward. The joint could not be moved in any direction. Two days

afterwards, while the patient was under ether, he attempted forcible extension, with the only effect at first of making very tight all the tendinous structures about the joint. With a tenotome, he successively divided all the hamstrings, including the ilio-femoral ligament, and with the help of assistants, at once straightened the limb. To judge from the force employed and from the successive loud cracks, the adhesions must have been in great part bony. The joint was wrapped in cotton-wool and a plaster of Paris case applied. He did not interfere until the tenth day, when he found the wounds all healed and the straightened knee cool and painless. He first saw this plan of operation carried out by Prof. Palasciano, in Naples in 1852, and he has repeatedly adopted it with success. As a general proposition, it may safely be laid down that forcible extension of ankylosed joints, immediately after subcutaneous division of contracted muscles and tendons, is a method of treatment deserving of wider application than it has yet received.—*Hos. Gaz.*

SALICYLIC ACID IN SCARLET FEVER AND DIPH-  
THERIA.—A correspondent in the *Brit. Med. Jour-  
nal* says: it may be interesting to some of our  
readers to know that in salicylic acid we have one  
of the most reliable remedies in the treatment of  
scarlet fever and diphtheria. For the last three  
years I have used, with unvarying success, the sali-  
cylic acid suspended in mucilage in both mild and  
severe forms of scarlet fever, and have seen the  
throat-symptoms and fever rapidly abate, and the  
patients make rapid recoveries. On being called to  
a case, I have given doses varying from five to ten  
grains every two hours, until the throat-symptoms  
and fever abated, and find that little patients, for  
whom we can do so little, when obliged to use the  
mop or brush to the throat, experience no incon-  
venience in taking this medicine, which, being  
simply in a state of suspension, has a chance of, at  
least a portion of it, remaining on the throat, and so  
acting as a topical remedy, whilst the remainder  
acts as an invaluable antipyretic.

The success in cases of scarlet fever has led me to  
try the same remedy for diphtheria; and I am  
happy to say, that, in the most virulent cases of  
diphtheria, I have seen the pellicle broken up and  
the diphtheritic patch removed in a marvelous  
manner. Indeed, since the use of salicylic acid in  
diphtheria, I have not seen one fatal case, although  
several were of a dangerous type. It is but fair to  
say that, in diphtheria, my mode of action is giving  
the salicylic every four hours, and tinctura ferri  
perchlorid (P. D.) alternately with it. Some may  
probably say, "How do you prove that it is salicylic  
acid which removes the patch, when you use iron  
also?" My answer is, that at first, I trusted solely  
to salicylic acid, and found, in mild cases, that it  
answered every purpose; but, that in more severe