AN INTERESTING OPERATION.

A unique medical phenomenon, a native wing-membrane, which Professor Julius Wolff, of Berlin, has observed in a girl of nine. Between the thigh and the lower part of the child's left leg extends a peculiar formation, such as is found only between the upper and fore arms of the wings of birds, and which Professor Wolff therefore calls "wing-membrane." Three of the fingers of the child's right hand are webbed together, and her right leg terminates in a club-foot of the most pronounced character. The "wing-membrane," which is eighteen centimetres long and two centimetres thick, and covered all over by normal skin, is a smooth continuation of the soft parts, and the knee-joint could never be stretched, but only bent to a right angle, so that the girl could only move about on her knees. Professor Wolff resolved to make it possible for her to walk erect by removing the club-foot and cutting the wing-membrane through. The first of these two operations succeeded easily, with the help of water-glass bandages; but the second proved very difficult, and had not the desired effect. A year elapsed before the wound was healed and the possibility of stretching the knee-joint completely attained. The little girl is now able to walk erect without stick or crutch, and to go to school. Her gait is, of course, awkward, for the left leg is about twelve centimetres shorter than the right one. Professor Wolff's succes is regarded as a decided triumph of surgical skill.

PYOSALPINX AND LAPAROTOMY

In some clinical remarks recently published by Dr. Richelot in *La Semaine Medicale* (and commented on by M. Verchere in *La France Medicale*, No. 124), the indications and contraindications for laparotomy in pyosalpingitis are pointed out. These, he says, largely depend on the duration of the disease. A simple acute or subacute salpingitis may get well spontaneously or by simple means; whilst it is as much an abuse to remove an ovary simply because it is inflamed as it would be to castrate for orchitis. In his cases an interval of two years from the onset of symptoms is, *cæteris paribus*, allowed to elapse before removing organs which by that time would have become useless. Severity and constancy of pain, especially in laboring women, would perhaps justify interference. Of course, wherever, the presence of pus can be found, surgical interference is called for, to obviate pelvic peritonitis and worse evils. The advice of some surgeons to wait for the spontaneous opening of the abscess is deprecated, and so is the proposition (in imitation of the usual course followed by nature in spontaneous cures) to operate through the vagina rather than directly through the peritoneum.

IODOFORM GAUZE IN POST-PARTUM HÆMORRHAGE.

Dr. O. Piering, assistant in Professor Schauta's obstetric clinic in Prague, has published his experience in the employment of Duhrssen's plan of plugging the uterus with iodoform gauze for post partum hæmorrage due to an atonic condition of the organ. Duhrssen recommends that, when post partum hæmorrhage comes on, the bladder should be emptied, and forcible friction and intra-uterine irrigation of hot or cold water, along with ergotinin hypodermic injections employed; that if the hæmorrhage still continues, the cavity of the uterus should be filled with iodoform gauze, the irritation produced by this setting up active and permanent contraction. The method has, according to Duhrssen, the advantages of great certainty, complete harmlessness, and facility in its performance. Olshausen, Veit, and Tehling, however, say that the contraction set up is not always permanent, and that the method is not so free from danger as Duhrssen believes. In consequence of these conflicting views, Dr. Piering resolved to give the method a trial, and he details several cases in which he employed it with complete success. In no case was any harm done by it. He advises that resort to the plug should not be too long delayed, and he prophesies an important future for the plug of iodoform gauze in post-partum hæmorrhage.