

born. For more than a year past, ever since she was old enough to be less in the nursery and more with her father and me, she has ailed mysteriously. I could not say she was ill, yet she was hardly ever well. I was in a perpetual state of anxiety about her. The symptoms were absence of appetite, complaints of sickness, stomach and digestion out of order. Last August I took her to a country town, where we stayed two months. After the first week, she flourished like a young bay tree, ate, and drank, and laughed, and played, and slept, and kept me forever busy enlarging her garments. I brought her home rosy and robust. In one week all the old symptoms reappeared—loss of appetite, dark lines under the eyes, listless ways, restless nights. Some one suggested that the neighborhood did not suit her; and I was cogitating how to take her away again, when she caught a severe cold and was confined entirely to one room for three weeks. She recovered her health completely. Appetite, spirits, sleep, all returned. It could not be the neighborhood. After her cold, she joined us downstairs again, as usual, two or three times a day. In less than a week, sickness, etc., returned. I was in despair. For nearly three months I racked my brains about drains, wall-paper, milk, water, sauce-pans, any and everything in vain—the child slowly wasted. The weather was too severe to take her away. In an agony of mind, I noticed one day that, so far from outgrowing her clothes, as I expected, they were too large for her. The little thing was not eating enough to keep up her strength, and we could not coax her to eat. Yet she was not really ill; she ran about and played in a quiet way and looked fairly well to those who had not seen her most robust. Suddenly my husband was summoned into the country. A week after he went, she began to eat with a relish. In a fortnight she was her own happy self, full of riotous childish spirits. 'Her father has never seen her like this,' I remarked, one evening, when she was particularly merry and mad; and then the truth flashed upon me. It was his tobacco that upset her. He has been away now for a month; and the child's limbs daily get firmer and rounder, and she is the merriest, healthiest little mortal possible. He always smoked after breakfast and after lunch, with her in the room, neither of us dreaming that it was injurious to her. But for his providential absence this time it would never have occurred to me and we might have lost our darling, for she was wasting sadly. It was acting like a slow poison."

It seems to me probable, from the above history, that the child was confined to the nursery for the first few months, and not with the father when he was smoking, and was thus not affected as early as children often are. With rich people, in cities, the "smoking-room" saves children, infants at least, from early poisoning

by tobacco-smoke. But that thousands of infants in the homes of the poor in the small crowded houses of the alleys in cities are sufferers from this cause is quite probable. People with consumption and other exhausting diseases are sometimes greatly nauseated by the odor of tobacco brought into the sick room by a physician much given to the use of tobacco. I have several times heard them speak of its being very offensive to them.

As "a word to the wise is sufficient," it seems to me quite proper to call the attention of the profession to this cause of disease, of suffering, and oftentimes of premature death.—*Med. and Surg. Reporter.*

THE SURGICAL TREATMENT OF BACKWARD DISPLACEMENTS OF THE UTERUS.

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From the results of my own operating I have drawn for my guidance the following rules:—

Be sure that the displacement is the cause of the symptoms. Never resort to operative measures without first exhausting all forms of non-surgical treatment in so far as they may be applicable to the case under consideration. An adhesive backward displacement of the uterus demands for its cure, first, separation of its adhesions; second, anterior fixation. Separation may be accomplished, first, by forcible divulsion without opening the abdomen; second, by laparotomy and subsequent divulsion or cutting. The advantages of the first method are that in suitable cases the patient is exposed to few dangers beyond a simple traumatic peritoneal inflammation. The advantages of the second are that it supplements the first; assuming greater risks it strives for greater successes; the adhesions being dealt with more openly, any accident that may arise is more easily remedied; it can be employed in cases to which the first is inapplicable. It superadds, however, the dangers of a laparotomy.

A backward displacement which is free originally or which has been freed from its adhesions may be secured forward: First, by shortening of the round ligaments, either by the Alexander-Adams or Wiley method; second, by fixation of the uterus to the peritoneum of the anterior abdominal wall, or to that of the anterior pelvic floor (Schücking's method).

Of the four operations, the only one not involving interference with the peritoneum is the Alexander-Adams. I believe that it should be selected, from my own experience of its successful results. I make an exception, that if for any other reason the abdomen has been opened, Wiley's operation may perhaps prove its equal.

These round ligament operations leave the