

forces are spread out from a few hours to three or four days, especially in primiparæ; many gynecological patients operated on are in the condition of primiparæ, *i. e.*, they have never been stretched. If force were employed in withdrawal of tumors, we would have to encounter laceration of arteries, causing serious hæmorrhage, destruction of tissue, and severe shock to the patient. Also in cases of large fibroids there is often uncontrollable and dangerous hæmorrhage, in their attempted extraction per vaginam, although many years ago I was present when the late Dr. R. Nelson extracted with vulsellum forceps a polypus uteri as large as a child's head, at one sitting, and without chloroform; the patient belonged to another doctor.

Two years since the professor did not remove the ovaries, not thinking it necessary; at that time I objected to him that the very next time the patient menstruated, the fluid effused in the abdomen would cause death;—he answered, it would only be a few drops from the discharged ovum; however, a few days after our conversation, I read of a case having been operated on in Germany, where, the ovaries having been left, the menstrual flow afterwards came on, causing the patient's death. At present the doctor has modified his views in this respect, and ablates ovaries as well. His views were of course based on the generally received notion that the sanguineous flow proceeds from the internal surface of the uterus, a deciduous membrane (exudation) being also thrown off, of the shape of the womb; this has been proved (by Mauriceau among others) by examining women who were hanged during the menstrual nismus, or who were overtaken by sudden death, by accident or sickness: in these cases, a bloody fluid was seen exuding from uterine surface (lining). When the ovaries are taken away, *e. g.*, "Battey's operations," there is no menstruation, showing conclusively that it is under the influence of ovarian excitement that the excretive action takes place from the uterine cavity. When the uterus is taken away the ovary being left (because I presume menstruation would take place if only one ovary was present) menstruation occurs all the same. A fact that is probably lost sight of in this discussion generally is the pathological condition present in fatal hemorrhagic effusion in extra-uterine pregnancy, where the aperture in the ovarian wall, whence the ovum escaped, is no larger than the diameter of a pencil, if even as large; in these cases the abdomen may contain a pailfull of blood; the womb is not

concerned in this latter case. I was present at a post mortem of a case of this kind many years ago in New York: one of our most distinguished surgeons diagnosed rupture of sac of abdominal aortic aneurism, even after the abdomen was opened. After I had ladled out a large quantity of sanguineous fluid, the ovary was carefully examined, and the bloody point of rupture noticed; my father, the late Dr. Robert Nelson, diagnosed ext. uterine pregnancy, causing internal hemorrhage, two days before the woman died, all the time she was sick from the pain and sudden collapse.

Battey's operation, mentioned above, and performed occasionally by Dr. Battey of Rome, Georgia, U.S., is indicated, as Prof. N. informed me, in cases of ovarian neuralgia, diseases of ovary, painful menstrual nismus, in cases of malformation of uterus, in cases of incurable (per-se) arteria; also in case of insanity consequent upon ovarian diseases.

Progress of Medical Science.

THE TREATMENT OF ECZEMA.

At a recent meeting of the Berlin Medical Society, the above subject came under discussion. Dr. Lassar is in favor of excluding the air entirely from the inflamed integument and treating the affected parts with disinfecting remedies. He commends the use of bandages impregnated with melted ointments and applied after the ointment has cooled.

The nature of eczema in its various forms, and wherever seated or from whatever cause it may arise, is an inflammation of the superficial layers of the integument, with a tendency to exudation. It must at once appear obvious that the primary inflammation will the more rapidly subside if not aggravated by the decomposition of the products of the morbid process. In general, it may be stated that an inflammation does not outlive the removal of its cause; an acute irritation is followed by an acute inflammation, and a chronic inflammation is based either on a continued irritation or a repetition of the first cause. If the offending cause has been removed and the inflammation still continues a new cause must be sought for. An illustration is presented in that form of eczema which results from the effects of turpentine (varnishes, etc.) Long after the turpentine has ceased to exert its influence upon the skin the cutaneous affection continues to exist; as soon, however, as a disinfecting occlusive bandage is applied, it usually disappears rapidly.

Though we may not believe in the parasitic