

very large number of cases : 1. That every young primipara might be expected to have mostly boys. 2. That a primipara of middle age would have mostly girls. 3. That primiparæ after the middle period or life would have more boys. The multipara follow the same rule, but cease to have boys sooner. That the sex came from the male or female quality of the ovum. The male ova were most likely to be fecundated in youth. Afterwards, during the fullest activity of the woman's sexual life, the female eggs were most numerous and most likely to produce, and this became less and less probable, as time went on, when the male element or tendency again predominated.

Dr. Charpentier's good advice to physicians is, when asked what the sex is going to be, ask the mother what she wishes for and then predict that the opposite sex is the one to be looked for. In this way if it turns out as he has predicted, he gets great credit for his knowledge, and if the physician is wrong the mother is so overjoyed that she can easily forgive the physician.

In the obstetrical department of the State Emigrant Hospital, the women in the waiting ward are carefully watched, their urine examined three times a week, measured when there is any albumuria, and when she goes into the "pony room," she receives a thorough bath with bichloride of mercury 1000, and then a vaginal douche of 1000 of the same drug. After labor she gets another warm douche of bichloride 300, then a binder is put on; then a T bandage holding in place a pad of antiseptic gauze and jute, this is changed every four hours for the first forty-eight hours and if the discharge show through then it is changed oftener and after forty-eight hours the dressing is changed every eight hours, and the woman is moved into the ward with other cases. Immediately after labor she is put in what is called the forty-eight hour room. In this way there has been but one death in five hundred cases of labor, and that was a case where the woman had phthisis. In my next I will give you something about our cases of erysipelas and the treatment.

"AJAX."

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Selected Articles.

THE TREATMENT OF PILES BY INJECTION.

So-called quacks, both in this country and in others, have been in the habit of using various injections for the cure of piles, advertising their method as being one which cured without the use of the knife, an instrument the public is unduly afraid of. I was led to test this treatment from the accounts given me by several American surgeons, who have from time to time attended the practice at St. Mark's Hospital for fistula. They confirmed what I had already heard, that Kelsey, of New York, a well-known rectal specialist, treats a large number of hæmorrhoidal cases by the injection of carbolic acid, and this with brilliant results. There can be no doubt that if by this method the pain and confinement attendant upon an operation, whether by ligature, clamp and cautery, crushing, or excision, can be obviated, an immense boon is conferred upon the patient.

Now, amongst the out-patients at St. Mark's, and including two or three private patients, I have tried this method in thirty-eight cases, and I may say at once that I have been agreeably surprised by the results. It is now over two years since I commenced, and up to the present time I have only met with one relapse, whereas three cases have remained well for nearly two years, and fourteen others for periods varying between this and six months. In nine cases there are no symptoms remaining, such as hæmorrhage, pain, or prolapsus; but sufficient time has not elapsed for me to discharge them as cured. I have lost sight of two, and ten are still under treatment, but all of these are improving. Excluding, then, the two cases which did not attend again after the first injection, all have been either cured (for a time, at all events) or are in a fair way to attain this end, with the exception of the case I have mentioned as having relapsed; but, indeed, this patient never gave the treatment a fair trial. He was a clerk in the city, and had been troubled with prolapse and bleeding at stool for seven years. After the administration of an enema, four large and well-developed piles were to be seen; and so large were they that I urged him to have them tied, but for this the patient had no time. In fact, it was a question of the loss of his berth if he were obliged to lie up. Accordingly I injected about two minims and a half of a carbolic solution, 1 in 10, into each pile, and returned them. There was a little bleeding, but no pain. This was on May 5th, 1887. On July 1st he wrote: "I have felt no pain whatever, and until to-night I have seen no blood, and now it is very slight." I did not see him again, but on November 11th, six months after the injection, he