

rics was not reached, however, until the sharp curette was employed vigorously to the endometrium as soon as labor was entirely completed. We next expected to hear of the catheterization, douching, curetting and plugging of the Fallopian tubes. These doubtless escaped punishment because the procedure would be an exceedingly difficult one. Having reached the extreme limit of obstetrical folly and meddlesome midwifery, a halt was called and the profession began to think of retracing their steps.

If these so-called progressive obstetricians had taken the pains to consult the statistics of the country doctor or midwife, they would not have rushed to such a foolish extreme. They would have discovered that the old practitioners who had delivered women by thousands, never possessed a syringe, curette, or anything of the kind, never used bichloride solutions, or any other antiseptic solution for any purpose, and who, as a result, never had a case of puerperal septicaemia. They were not troubled with the streptococcus, or any other pathogenic germ; and their obstetric practice was never followed by death from this cause.

CHOLAGOGUES.

It would appear that the new teachings regarding the action of cholagogues have been all wrong, at least the results of experiments on animals go to show that the various substances which our forefathers, fathers and ourselves looked upon with the eye of simple faith as bile compellers, are simply inert in that direction, if not actually preventive. Thus at the last meeting of the Berlin Medical Society, Herr Stadelman gave, *Med. Press*, the conclusions arrived at from a large number of experiments on animals, extending over a period of five years. In all cases complete biliary fistulae were established in dogs, and it was only when convalescence was tho-

roughly established that the experiments were begun. Almost the whole of the supposed cholagogues were absolutely inert as regarded the increase in the secretion of bile. Water alone had no effect, whatever the quantity given, whether 500 or 2,000 cm., or whether hot or cold. The drugs experimented with were taken from three classes, such as have no cholagogue action, *i.e.*, the alkalies and their salts, sod. bicarbonate, common salt, sod. sulph., artificial Carlsbad salt, sod. phosph. potass. tart., magn. sulph., potass. carb., pot. sulph. Scarcely any change was produced by any of these preparations; with large doses the secretion was rather diminished. The drastic purgatives were next tried: these were gamboge, jalap, aloes, rhubarb, cathartic acid, podophyllin, senna, and calomel. They had no cholagogue action; sometimes the secretion was increased, sometimes diminished; it frequently remained the same, so that even when the cathartic action was considerable, the quantity of bile remained the same. Various substances were next tried, amongst them alcohol and olive oil, and from these a diminution rather than an increase was observed. The next series of drugs were such as diminished the secretion of bile, such as pilocarpin and atropin. Whilst the action of pilocarpin was doubtful, that of atropin, he was of opinion, was certainly in the direction of diminishing the flow. The next class was that of drugs of doubtful action, and included anti-febrine, anti-pyrine, caffeine, diuretine, and santonine. In general the action in this class was uncertain, little pronounced, and doubtful. In the next class were the pronounced cholagogues, sodium salicylate, and the biliary acids. Sod. salicylate sometimes produced an extraordinary effect, increasing the flow 60 to 70 per cent. for several hours—even as long as 24. Sometimes the effect was more marked and the action was somewhat uncertain. He gave the animals either their own bile or ox-gall, or the biliary acid