

to admit of closure being obtained. The cases varied in duration (previous to treatment with thioform) from six months to eight or twelve years. In this time the suppuration had never wholly ceased. Finally, the remedy was administered internally in acute intestinal catarrh in two cases in adults and in three cases in children. The children were aged two, four and six years, respectively. The results were successful, but the observations were too few to warrant definite statement. In a case in which, after extraction of a tooth, the socket was packed, the styptic action of thioform, as observed by Hoffmann, was noticed. Schmidt has recommended thioform for burns, but Steuer has had no personal experience with it. He concludes that, (1) Thioform is to be recommended for drying and lessening of secretions, and in all cases of profuse suppuration. It is non-toxic and can be applied locally in large quantity. (2) It is strongly recommended in moist eczema in the form of a 10 per cent. salve; and (3) in acute and chronic otitis media suppurativa, as well as for contracting granulations and small polypi. Thioform is dearer than iodoform, but much lighter, and hence its employment is much more economical.—*Therapeutic Gazette*.

Ligature of the Spermatic Cord in the Treatment of Hypertrophy of the Prostate Gland.—In a paper read before the Philadelphia Academy of Surgery in November, 1894, Ewing Mears held that to obliterate the function of the generative apparatus would be a rational method of treatment in ordinary forms of prostatic hypertrophy. Without doubt, he stated, castration would prove effectual in the production of atrophy; but to this operation patients would naturally refuse to submit unless in advanced stages of bladder disease resulting from prostatic obstruction. Ligature of the vas deferens was suggested as an operation which would probably be as efficacious as castration and be more readily acceptable. The author has seen the report of one case in which this operation had been performed with a successful result. The gradual disappearance of the sexual function, the author pointed out, would not be so liable to disturb the mental condition of the patient if the testes were preserved. In every case the patient should be

informed of the character of the operation and what is intended to be accomplished by it. The author regards it as the duty of the surgeon to urge very earnestly the performance of any operation which will be efficacious in terminating the horrible sufferings of those suffering from the results of prostatic obstruction.—*British Medical Journal*.

MIDWIFERY.

Menstruation, Gestation, and Small-pox.

—Voight (*Volkmann's Samml. klin. Vorträge*), has prepared a monograph on the influence of Variola on Menstruation, Pregnancy, Labor and Fetus. Small-pox, he says, causes congestion of the endometrium, both when the fever begins and when the rash appears; in consequence, menstruation or metrorrhagia occurs in the non-pregnant subject. Half the cases of pregnancy in small-pox patients vaccinated in youth end in abortion or premature labor. The pregnant woman's condition is desperate in confluent or hemorrhagic small-pox. These two specially severe forms are very much more frequent in pregnant than in non-pregnant women. The mortality of pregnant small-pox patients once vaccinated in youth varies between 30 and 35 per cent., but 50 per cent. of patients delivered while suffering from small-pox die. The danger of small-pox in pregnancy is found, as might be expected, much worse in women who have not been vaccinated. Nearly all the infants are lost, as they are either born very weak, or contract small-pox before or after birth. When an epidemic of variola occurs, prophylactic vaccination of all pregnant women must be practised, and, should an infant be born strong and healthy, it should also be vaccinated.—*British Medical Journal*.

New Operation for the Removal of Myofibromata of the Uterus.—At a recent meeting of the Chicago Gynecological Society, Senn described a new method of removing myofibromata of the uterus by celio-hysterectomy. After ligating the broad ligaments in the usual way a circular incision is made around the uterus, dividing the peritoneum and subperitoneal fascia, then the lower segment of the uterus is deperitonized to