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TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by sending reports of the proceedings of their Associations to the corresponding editor.*

TORONTO, SEPTEMBER, 1878.

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HOLIDAY NOTES.

(Continued.)

NEW YORK, 1878.

Through the courtesy of Dr. James B. Hunter, we had the pleasure of witnessing Dr. Emmett perform his favourite operation for laceration of the cervix uteri, a condition far more common than is generally supposed.

Dr. Emmett regards laceration of the cervix as a matter of very considerable importance; for it not only gives rise to an obstinate form of leucorrhœa, with prolapse and back-ache, but the cicatricial tissue is, he thinks, a prolific source of bad health, producing irritation and functional derangement in remote parts of the female system. He thinks that many of the neuralgias of the face and other parts of the body, anæmia, consumption, and even epithelioma of the uterus, may all result from the irritation produced by the pressure of the hard tissue on the nerve fibres involved in the cicatrix.

In many cases the glandulæ nabothi undergo cystic degeneration and very considerable enlargement, and these changes lead directly to increased secretion and irritability, and, in the course of time, to other changes of more serious character. He therefore strongly urges the restoration of the uterus to its normal state by paring the surfaces, and uniting them by silver wire; and while doing that, he says, we should

take out all the hard cicatricial tissue from the angle of the wound, for unless we do, the edges must be forced together over a wedge of hard tissue in the angle, pressure on the nerve fibres will be increased, general discomfort will be augmented, and premature atrophy of the whole organ is apt to follow.

Whether we agree with the Doctor in ascribing so wide a range to the morbid influences of this condition or not, we must admit that it is a very powerful factor in the causation of uterine displacements, and other ills of the female generative system, by which the unfortunate victim is invalidated for years, if not for life.

We also had the pleasure of seeing Dr. Thomas perform ovariectomy, the whole operation being completed in twelve and a-half minutes. This was the twenty-eighth case operated on by him since September, and out of that number there have been only four deaths.

Ovariectomy is performed at the Women's Hospital in small isolated cottages elevated about three feet from the ground; each cottage contains only two rooms, one for the patient, the other for the nurse; the walls are well plastered with hard finish and painted, and after every case the whole interior is washed with carbolic acid, and after a case of septicæmia, painted again. During the operation the temperature of the room is kept at 80° or 83°, and antiseptic spray is directed on the wound. All the instruments used are placed in an iron tray containing antiseptic solution, and all the water used for cleansing the sponges, hands, &c., is likewise antiseptic.

Dr. Thomas prefers operating before the general health is much broken down; and we firmly believe the patient *will* survive the shock of operation, and *will* be less liable to suppurative inflammation if operated on before the constitutional vigour is too much impaired. He makes a very small incision, empties the sac rapidly with a trocar and scalpel, and draws out the tumour quickly, as it becomes reduced in size, the patient being turned on the side when the trocar is thrust in. He thinks the less the peritoneum is handled or exposed the better, and where there is no