

producing spasmodic contractions of the abdominal muscles) the better it will suit the feelings of the patient. After the perineum is well dilated, I moderate the force of the current, and in cases where I have any reason to apprehend danger to the integrity of this structure, I withhold it entirely for a few minutes prior to the escape of the foetal head from the vulva, so as not to hasten unduly the labor at this stage, and to give ample time for its full, free and safe dilatation. As soon however as the head escapes, I direct the circuit to be closed *most* of the time until after the completion of the third stage of the labor, which in nearly all cases occurs with but little or no assistance in a very few minutes. In all of my cases in which I have used it, the placenta has been expelled in from one to ten minutes from the birth of the child, with very slight or no traction upon the cord. This I regard as more simple, far less painful, and fully as speedy and efficient as Prof. Credé's method.

#### INJECTION OF ETHER AND IODOFORM INTO COLD ABSCESES.

The use of iodoform has been of such marked advantage in the treatment of wounds that it is not surprising to find its employment extended to the treatment of lesions beneath the surface, such as cold abscesses. Of the vehicles which have been used, glycerine has certain disadvantages, on account of its density and the difficulty of bringing it into intimate contact with the whole of the abscess wall. Ether has the great advantage of being an admirable solvent, and so fluid that it can penetrate where glycerine cannot. Besides this, it is believed that its vaporization by the heat of the body causes a further penetration and serves to convey the iodoform into the deepest recesses and most intricate sinues.

The injection of iodoform dissolved in ether into cold abscesses was first brought prominently to the notice of surgeons by Verneuil, at the Congress of French Surgeons in 1885, and since then it has been used to a considerable extent, in France especially. Recently Verchère, in the *Révue de Chirurgie*, has called attention again to its advantages, and given an account of its use in twenty-three cases, including abscesses connected with disease of the bones of the thorax, pelvis, and spinal column, of the humerus, of the femur, of the elbow, and of the carpal bones, and abscesses in the neck, and in the temporal fossa. In all of these cases, except one, the treatment was followed by prompt improvement, and by more or less complete recovery. In one case death followed from causes unconnected with the treatment, and this furnished an opportunity to demonstrate how thoroughly the iodoform had been deposited upon the entire wall of the abscess.

It appears from the reports of Verchère that this method is of special value in the treatment of tubercular abscesses. The iodoform seems to have a specific action upon tubercular deposits, and may act constitutionally as well as locally, since there is abundant evidence that it is absorbed when injected into an abscess, and its internal administration appears to be beneficial in general tuberculosis.

The method of Verneuil consists in evacuating the whole or a part of the contents of an abscess by means of an aspirator—or of a hypodermatic syringe, if the abscess be very small—and in injecting through the same tube a suitable quantity of iodoform-ether. Two dangers accompany these injections: 1. That of too great distention from the expansion of the vaporized ether. 2. That of iodoform poisoning. Verchère saw a case in which the distention of an abscess in the front of the neck was so great that symptoms of suffocation, from compression of the trachea, appeared, and another in which the whole of the scalp was raised from the bone. In both of these cases prompt relief was afforded by introducing needles of hypodermatic syringes, which permitted the escape of the ether vapor. The danger of iodoform poisoning is to be avoided by using only moderate quantities of iodoform. Verchère considers a drachm to be the maximum quantity which can be used with safety. In large abscesses about one and a half fluid-ounces of a five per cent. solution may be injected; in small abscesses a ten per cent. solution, or even a saturated solution may be used. In the case of very small abscesses with thick contents, Verchère employs the following ingenious method. He introduces the needle of a hypodermatic syringe into one part the abscess and leaves it in place, while at another point he evacuates the abscess through an aspirator and closes the aperture with collodion and gauze; when this is done, he injects the ether through the hypodermatic needle.

It is important, where it is possible, to prevent the escape of the ether vapor after the injection, and this is accomplished by closing the opening with collodion and gauze, as stated above. As the iodoform remains a long time in an abscess cavity before it is wholly absorbed, the injections should be repeated, if necessary, only after a considerable interval; Verchère advises once a month in cases of large abscesses in which the skin does not give way, until a cure is effected. This may require six or more months. When the skin does give way after the injection, the sac is eliminated as a sort of slough, and the cure is more rapid. The observation of this fact leads Verchère to suggest opening the sac as part of the treatment.—*Med. News.*

In England two doctors die for every clergyman.