

mate, as in general surgery, are coming into use in antiseptic midwifery, and are found to be much more efficacious in destroying bacteria than carbolic acid. The strength used is one to one thousand parts. A feeling is setting in in certain quarters against the Porro operation as a substitute for Cæsarian section. Dr. Garrigues, of New York, (*Am. Four. Obstet.*) says if the latter operation is done with antiseptic precautions, and the uterine wound properly sutured, the result will be as good as in the Porro operation, while it does not destroy the power of procreation. He gives in minute detail the operation and after treatment of Cæsarian section. The use of iodoform in laceration of the perineum and vagina, is the subject of an interesting article by Prof. Behm, of Berlin, (*Zeit. f. Geb. &c.*) He recommends that the wound be well dried and dusted over with iodoform before and after applying the sutures, and the surface painted with iodoform collodion. The iodoform treatment of wounds has been extensively practised in Berlin for the past year or two. The treatment of post-partum hemorrhage and secondary hemorrhage after pelvic operations by the use of hot water injections, has received renewed attention. Dr. Albert Smith read a paper on this subject at the American Gynecological Society Philadelphia, in which he strongly advocated its use in these cases. When there was a tendency to post-partum hemorrhage, he advised its use immediately after the expulsion of the placenta. Dr. Goodell corroborated Dr. Smith's views, but for open wounds he said he preferred vinegar—for post-partum hemorrhage hot vinegar. Considerable discussion has taken place during the year on the best treatment of uterine fibroids. Some German authorities hold to the opinion which is endorsed by many, that only fibroids of the os and cervix, and the submucous and intraparietal, which have, by their growth, dilated the cervix, should be removed through the vagina, and that all others should either be left to medical treatment only, or be removed by laparotomy. Dr. Knowsley Thornton has operated several times for the removal of uterine fibroids and with good results except, in the intra-mural forms in which all his patients (3) died. In the subperitoneal forms he removes them by laparotomy and secures the pedicle with silk ligature. In the submucous forms he treats by rapid dilatation of the cervix and immediate enucleation preceded and

followed by antiseptic irrigation. Prof. Temple, of Trinity Medical College, recently removed a large submucous uterine fibroid by enucleation, and the patient made a rapid recovery. The treatment of abortion is another subject which has been much discussed during the past year, some advising the immediate removal of the secundines, and others advocating non-interference except in urgent cases. Dr. Mundè, of New York (*Am. Four. Obstet.*) strongly urges the immediate removal in all cases, by the finger or curette, and Dr. Alloway, of Montreal, also advocates the same plan in order to avoid the danger of hemorrhage on the one hand and septicæmia on the other. Prof. Spöndly, of Zurich, (*Zeit. f. Geburt*), in a recent paper on the subject, recommends active interference in abortion. In the present issue will be found a short paper by Dr. Carson, of this city, in which the opposite course is advocated. A great many will endorse the idea that the true line of practice lies between the two extremes. Dr. Paladini, (*Gaz. Med. Ital.*) reports a case where he successfully performed hypodermic transfusion by means of a trocar and canula with an ordinary syringe. He injected about six ozs. of blood into the *subcutaneous* tissue of the abdomen, where the skin was lax. The blood was readily absorbed and no pain or inconvenience was caused. The administration of sodium salicylate to the extent of one drachm per day is strongly recommended by M. Vigar (*Glasgow Med. Four.*) in the treatment of phlegmasia alba dolens. Under this treatment the temperature fell decidedly, the pulse became slower and the oedema diminished rapidly. The important subject of puerperal fever or "metria" as it is now proposed to call it, was ably discussed at the late meeting of the British Medical Association, by Drs. Thorburn, of Manchester, Atthill, and Moore Madden. Dr. Atthill referred to the two modes of infection viz., external sources of infection, and auto-inoculation from decomposing blood-clots and portions of placenta. The former is to be combatted by attention to antiseptic measures, and the latter by the administration of ergot, after labor. As a disinfecting material, solution of corrosive sublimate would seem to be the most certain in its effects.

The various medical associations which met during the year, were most satisfactory, both in point of numbers in attendance and interest manifested.