

GYNÆCOLOGICAL THERAPEUTICS.

Under this heading, Dr. Currie draws attention to the value of some of the means available for the relief of female diseases, and thinks that a very considerable portion of diseased conditions may be treated without the knife, and in place of divisions, incising the neck, and intra-uterine applications, we should substitute a regimen of rest, diet, rubbing, exercise, etc., and only resort to surgical procedure when these means fail. The author then refers to laparotomy, and refers approvingly to the actual cautery as a useful means of preventing sepsis and hemorrhage from the stump.

In hysterectomy the V shaped incision is approvingly spoken of, and the credit of the operation properly given to Schroeder, though the question of priority of the operation may be in doubt, inasmuch as Dr. Trenholme of this city suggested the operation some 12 years ago. Schroeder's advice to operate upon cancerous uteri and ovarii is perhaps open to question, in fact will not be accepted if the results following the operations on this side of the ocean are to guide us.

NEW THEORY OF MENSTRUATION.

Dr. Johnston, of Danville, Kentucky, regards menstruation as a result of a glandular function, and that the menstrual organ is the endometrium. He finds the coating of columnar epithelium in young girls devoid of *corpuscular development*; at 13th year there is a more elaborately developed columnar epithelium, and the beginning of a corpuscular layer; while at 20 there is an abundant corpuscular development, forming a thick endometrium with its endometrium in process of removal; while in a woman of 60 there was little endometrial structure, and almost complete absence of corpuscular element and total absence of epithelium. Dr. Sutton "of Liverpool" agrees with Dr. Johnston, that the epithelium of the tubes is not shed during menstruation. The facts thus established shew that the activity of the ovaries is co-equal with life, while that of the uterus is limited to the period between puberty and the climacteric, and it is during this period only that uterine myoma can be developed.

These resources, though helpful, and doubtless correct as a general rule, yet fail to explain cases of menstruation where the fallopian tubes were impervious, and the uterine cavity was entirely concluded by the coalescence of the endometrium, as in a case reported some 2 years ago, by Dr. Trenholme, and uterus exhibited before the Medico-Chirurgical Society of this city.

Correspondence.

LETTER FROM NEW YORK.

NEW YORK, April, 1887.

DEAR RECORD,—Although there is no place in the world where Gynecology has reached such a high stage of perfection, yet for the general student, in this popular branch of our art, there is little chance here of advancing his studies, owing to the restrictions with which are surrounded the physicians of the various institutions where the diseases of women are treated. The staff receive you with the greatest courtesy, invite you to hysterectomies and ovariectomies, to operations for lacerated cervix, and for lacerated perineum, but to take you into the wards or out-patient rooms when they are diagnosing and treating ordinary cases, is a thing which they have not the power to do; it being against the rules to have more than two men in the room while a woman is being examined, and those two are the doctor and his own assistant. The best plan is to take out a special ticket at the Polyclinic, where, of course, there are no restrictions as to the number of students present. At the Woman's Hospital, corner 49th and 4th avenue, the operations take place at 2 p.m. sharp, nearly every day.

At this institution I spent a pleasant afternoon with old Dr. Emmett. There was a difficult case of vesico vaginal fistula to be operated upon, and as he was not feeling very well he handed the instruments over to his nephew, Dr. Baebe Emmett, while he made running commentaries on this and other cases. He told us that the whole of the urethra and all the lower surface of the bladder, as far as the openings of the ureters, had sloughed away and the bladder was protruding. He said that not one of these cases, of which he had seen a great many, was due to the use of the forceps; but rather to not using them, and that they only could occur in places where, there being no intelligent medical man, a woman was left for several days or a week with the foetal head impacted in the pelvis. The moral he drew from the case was, never to delay applying the forceps if the head does not recede after each pain, for he said that he had known even half an hours pressure to cause sloughing.

In answer to a question I asked him, about hysteriotomy for cancer, he replied he was not favorable, as the disease nearly always returns.