when the tumors are large, and when the patients are brought almost to death's door by hemorrhage." To support these statements the author reports 58 cases operated upon since January, 1884, without a single death. In the series published up to the end of 1883, there were 50 cases, with two deaths. It is the author's belief that in experienced hands "the real mortality of the operation" is not more than one per cent.

The second point which Mr. Tait seeks to prove is that the results of the operation are satisfactory and permanent, so that it may be confidently recommended for the relief of suffering and the sav-With this object he gives brief notes of the more recent history of each case in his first series of 50. Looking back through a period of 4 to 13 years, he shows that the result was satisfactory, but with two exceptions. In one of these there was a mistaken diagnosis, and in the other the hemorrhage continued and the tumor did not cease to grow, yet in both cases the operation gave some measure of relief. Mr. Tait's results in both series are so brilliant that the reader hardly requires the argument which succeeds the statement of facts. He claims on the two points of his thesis (1) that the primary mortality of this operation is so low that it can be justified far more decidedly on that score than any other of the serious operations of surgery; and (2) "the secondary results of this operation are as brilliant as those of any other operation in the whole realm of surgery with which I am acquainted." After the publication of this paper, if any doubted before, it will probably be conceded that Mr. Tait has made good his position with regard to the operation. He may be pardoned, perhaps, for recalling the incidents connected with the publication of his first results, even if it reminds some of the facts which they would rather forget. The history of the rejection of Mr. Tait's paper by the Royal Medical and Chirurgical Society of London, its publication in the American Journal of the Medical Sciences, and the subsequent vicissitudes of the operation, constitute a lesson in liberality of judgment, if not in surgery. The conqueror, however, can now well afford to have uttered his væ victis for the last

The author discusses the question of priority of discovery, or priority in introducing the new pro-While he shows that he and Hegar and Battey were almost simultaneous in the performance of the operation, he claims to have been the first in the field by about six months. These historic facts are well worthy of the closer attention of British surgeons, especially of those who speak of "Battey's operation" when they do not call it "spaying.

Mr. Tait next turns his attention to the relative value of enucleation and hysterectomy, and he

to be of opinion that enucleation is completely discredited and ought never to be performed, whilst hysterectomy is to be resorted to only in neglected cases, or in the very few exceptional cases in which the growth is not arrested by the removal of the appendages or by the menopause. "If the removal of the appendages were performed on patients early in the history of these cases, as it ought to be, very few indeed would arrive at the necessity for the operation of hysterectomy."-Medical Chronicle.

EUCALYPTUS IN TYPHOID AND OTHER FEVERS.— Dr. Leighton Kesteven, contributes his observations in this subject to May No. 1885, of The (London) Practitioner.

While treating cases of typhoid fever in the Brisbane General Hospital, the idea occurred to him that the oil of eucalyptus would be efficacious. In the next 18 months he treated 220 cases of the fever with it, with only four deaths, and these four cases would probably have died from other causes than the fever. His dose is now about ten minims every ten hours. It does not agree well with all stomachs when given simply with mucilage; but trouble in this respect can be entirely overcome by first carefully emulsifying the ten drops of oil with mucilage, and then the addition of a half drachm each of aromatic spirits of ammonia, spirits of chloroform and glycerine—the latter entirely removing the rough semiresinous taste of the oil.

This medicine acts, first, by steadily and permanently reducing the force and frequency of the pulse, indeed acting with marvellous rapidity in some cases; secondly, by lowering the temperature, which occurs less rapidly and may be secondary to, and dependent on the lowering of the pulse; thirdly, by the beneficial effect on the tongue-almost immediately alleviating the distressing dryness so universal in typhoid fever, and removing the thick brown coating, leaving, relatively, but little fur, frequently cleansing the tongue entirely in a very short while: and, fourthly, the skin becomes moist and soft, giving comfort to the patient.

The Doctor also pins great faith to the liberal use of whiskey from the beginning of attack—even as much as 30 ounces in the twenty-four hours. Ordinarily, he feeds on milk thickned with isinglass, beaten up eggs, milk and soda, cocoa, and -where diarrhea exists-ground rice and milk. In asthenic cases ounce doses of chicken broth (concentrated to ten ounces from a whole foul) every half hour or longer, the juice of half cooked mutton, or beef tea made in a pot without water strained through a fine muslin should be used. For the abdominal tenderness, apply ice-cold compresses, and allow ice to suck. Apply ice to the shaved head for cephalalgia, and use frequent cold "packs" from head to knees if temperature rises. thoroughly condemns both operations. He seems | Change the bed linen night and morning without