

instances by the varying interest and enthusiasm which attaches to every new discovery, we can recognize in Dr. Koch's anti-tuberculine a remedy which, when injected even in the small dose of one milligramme, excites marked change, in all deposits of a tuberculous nature. That these changes are, in the very great majority of cases curative, it is not possible for even the most ardent advocate of the treatment to assert. In lupus it does cause a most wonderful series of changes, these being mainly of the character of "œdema" of the lupus patch—the scar tissue softens, and the part of the lupus patch not cicatrized becomes acutely inflamed and afterwards tends to heal. But lupus is probably the most insidious and unsatisfactory of all diseases to deal with, owing to its great tendency to relapse; and it has been found, even already, to have evinced this same tendency after the Koch treatment, and in subsequent relapses the injection has not been followed by results the same as at first.

That certain substances of a septic character will excite acute inflammation in a part previously inflamed, or will lead to changes in old scar tissue, has long been known to the profession, and a glycerine extract of tubercle bacilli is essentially a similar substance. When the reports of Koch's treatment of tuberculosis of the lungs, at present to hand from all parts of the world, are carefully reviewed, it is not possible to regard the treatment of pulmonary cases with much hope; a few cases have been reported cured, but such form a very small percentage of the total number treated. It has been proven beyond doubt, that in advanced cases where cavities exist, or in which there is any extensive involvement of the pleural covering, the injection is in the highest degree dangerous.

It is to be regretted that the lay press has given such great publicity to this matter; the harm done is everywhere apparent, not only in the number of those who, unsuited for treatment, have been led to travel long distances in the vain hope of being speedily cured; but in the incorrect and sensational reports it has given of the views held by many eminent members of the profession, it has led the public generally to believe that the medical profession everywhere regarded it as a permanently established cure for pulmonary phthisis, and the fact that such is not at all likely to be the case will rebound to the injury of the profession.

In addition, the manner in which those who have handled the lymph have been advertised and reported has been most injurious in its tendencies, and while some may have favored the publicity which the daily papers gave them, we are of the opinion that such are very few.

#### PALPATION OF THE NORMAL UTERINE APPENDAGES.

Dr. Howard A. Kelly read a paper upon the "Palpation of the Normal Uterine Appendages" (published in full in the Feb. number of the *Am. Jour. of Obst.*) He stated that the normal uterine appendages could always be palpated. There are two avenues of approach, by the vagina and by the rectum, and three ways of utilizing these avenues. First, with one hand; second, with two hands employed bi-manually, either by vagina or rectum, and third, the tri-manual method, by vagina and by rectum.

First, the examination with one hand is unsatisfactory and the ovary cannot even be felt, unless abnormally displaced downward into the recto-uterine pouch. Second, the success of the bi-manual examination depends upon the downward pressure with the external hand displacing the abdominal walls in the direction of the ovary to be palpated, and thus affording a resistant plane against which the ovary can be felt by the internal hand. The internal hand must be used to invaginate the perineum, which is thus displaced upward into the pelvis. This invagination gives the examining finger, even though it be a short one, the necessary length. One, often even two inches, are thus gained to the palpating finger. Care must be taken in making the pressure necessary to produce this invagination, not to stiffen all the muscles of the forearm, thus impairing the tactile sense.

The rectum is, of all others, the best avenue for approaching the structures lateral to the uterus, affording as it does a wide open channel throughout the whole length of the pelvis. Where the structures cannot be reached at once through the rectum, they are brought within easy touch by bringing the uterus and ovaries into an *artificial retroposed* anteflexion, the mechanism of which was carefully described, by diagrams.

Dr. Kelly had, in this way, palpated fibroid