

operations was that it left the vaginal incision open, which sometimes, therefore, interfered with union by first intention. By my method this is now impossible, and when catgut is used the results of the operation leave absolutely nothing more to be desired. The following points are gained: Perfect union, perfect restoration of the perineum, no loss of substance, and no after-fever worthy of the name. Sketch 3 shows the condition of the parts at the completion of the operation.

Dr. WM. GARDNER said that, as a rule, extensive lacerations of the perineum were mischievous, and produced symptoms, yet he had seen many exceptions to this. In numbers of cases, even where some fibres of the rectum have been torn, no inconvenience followed, due, no doubt, to the integrity of the vaginal walls and to individual peculiarity. He had also seen procedentia uteri in virgins and in multiparous women, where there was no rupture at all. The principle of the method advocated by Dr. Trenholme was not new. Hart and Barber had described a similar operation, but denuding in two segments; and Tait, five or six years ago, proposed an operation similar to Dr. T.'s, with the exception of introducing the sutures somewhat different. Dr. Gardner had performed this (Tait's) operation twice, but was not favorably impressed with it. Convalescence was not so satisfactory as when he had performed Emmet's operation.

Dr. ARMSTRONG thought that the different degrees of injury resulting from laceration of the perineum in different cases depended upon the character and extent of the tear. He doubted whether a simple tear of the so-called perineal body, which consisted principally of cellular tissue and skin, was followed by much harm. There was good evidence to the contrary. The evil results charged to laceration of the perineum only obtained when either the pelvic fascia was torn or when the muscular floor of the pelvis was injured, either by a separation of the levator ani muscles in the middle line, or when one or both of these muscles were torn away from their orifice from the rami of the pubes or from the ischial spine. This fact is pretty clearly established by Emmet, by Dr. Schatz of Rostock, and by Dr. B. E. Hadia of San Antonio, Texas. The best operation is that which the most perfectly restores the parts to the condition in which they were before the injury was sustained. Emmet's new operation has yielded good results in the Western Hospital. He was

not aware that, so far, any attempt had been made to unite the divided muscles in the median line or to the pelvic fascia.

Lanolin.—Dr. REED made a few remarks on this drug, a new basis for ointments, introduced by O. Liebreich, obtained from the fat of the keratin tissues, and principally from wool. The very strong recommendations of this cholesterine fat in the articles in the *British Medical Journal* for February would cause it to be extensively tried by the profession. The advantages of rapid absorption and ready miscibility with aqueous mixtures were in a measure confirmed. Manufacturers were preparing for a great demand, and an abundant supply at a moderate price would soon be on the market. A specimen was passed around.

Operation for Intra-uterine Fibroid—Accidental Inversion of the Uterus and Rupture of the Perineum.—Dr. GARDNER reported the case as follows: Mrs. —, childless, was sent to him from Ontario. She had had severe hemorrhages for the past five years; of late they had been very excessive, and produced great blanching. On examination, a tumor was found about the size of a child's head, and completely filling the vagina and uterus.

Operation.—The tumor was fixed by an assistant and removed piece by piece by means of scissors, fingers and serregated scoop. Towards the end of the operation, whilst dragging strongly on the remaining portion of the tumor, it suddenly gave way, tearing the perineum and inverting the uterus. The uterus was easily replaced, but sutures were not applied to perineum in order to facilitate irrigation and drainage of the uterus. For this purpose Dr. Gardner always employs the double tubes fixed to the cervix. Convalescence proceeded very satisfactorily for five days, when the temperature rose and diarrhoea set in. This condition persists in spite of treatment. It is feared she has amyloid disease of the liver and other organs, the liver being now enlarged and smooth. She is also passing large quantities of urine containing albumen.*

Progress of Science.

THE TREATMENT OF ACUTE INFANTILE BRONCHITIS.

At a recent meeting of the New York Academy of Medicine Dr. J. Lewis Smith read a paper with

* She died a week later from pleuro-pneumonia.