

certain as to time is also true. I have in many cases used it for days before I have succeeded in provoking active labor-pains. Laminaria tents have not been found more efficient than sponge tents, and, like them, will produce dangerous complications. Any foreign body which must so long remain in the cervix is dangerous.

The use of the catheter or flexible bougie I will not allow in my wards under any consideration. Its use has been highly lauded by some, and yet I am sure that here, as is too often the case, the favorable cases are reported, while those that are fatal are never heard from. Like the tent, it is also uncertain as regards time, and I have often used it for many days before delivery was accomplished. It cannot be employed with my sanction, and he who uses it does so on his own responsibility.

The use of injections into the uterine cavity, according to the method of Cohen of Hamburg, is dangerous. Many patients die from such treatment. Injections of water, either simple or medicated, should not be allowed under any circumstances, and would not be allowed by any one who understands the inextensible character of the uterine tissues. The use of cold water under such circumstances is barbarous in the extreme, always giving rise to the most intense pain. I entirely discountenance the use of intra-uterine injections, and hope that no student of mine will ever permit himself to make use of them to induce labor.

Vaginal injection, or the douche, according to the method of Kiwisch, is also most dangerous, and he who thinks differently has had but little experience. It does not act surely or quickly, and an inflammatory process very often results. Death, too, is not an infrequent occurrence from its use. I do not wish to entertain an unfounded prejudice, nor would I express myself so positively if I had not good reasons for doing so. A man, too, should be especially careful in opposing a method which is so popular. The manner in which the douche is applied makes but little difference. Great pain often follows its use,—a fact abundantly established by the histories of cases we have had in this hospital. I am not alone, however, in entertaining this opinion, for very many others who have tested this method coincide with me in this opinion. The danger in the use of the douche has not been found very great where the neck of the uterus is conical, the os being small; but where we have reversed conditions—a large cervix with the os somewhat dilated—the danger is proportionately increased. Hence the very probable presumption that the difficulty is produced by the entrance of the fluid into the uterine cavity. In this way also air may find a passage into the uterus, and death result from its transmission to the heart through the venous system. That fluid may pass through the Fallopian tubes into the peritoneal cavity is very possible; but I cannot so readily believe that the danger to be apprehended from this is great.

The tampon used by some is not to be recommended. It finds a much more proper place in placenta prævia, for it can be there used to much

better advantage than in the induction of labor. Its action in the latter case is very slow and uncertain.

For many years elastic bladders, dilated by air were used by the French, and more recently they have been extensively employed in England for the dilatation of the cervix; but they have failed to give satisfaction.

The injection of carbonic acid after the method of Scanzoni must be placed upon the same plane with the injection of water. Patients will die from its use, with the same symptoms and having the same post-mortem appearances as if they had suffered from the inhalation of the gas.

Suction of the mammæ for the purpose of inducing labor is entirely untrustworthy as generally practised. If persevered in until the desired result were effected, mastitis would certainly be a consequence.

Faradization as signally fails as suction of the mammæ, and cannot be relied upon. For many years I have had abundant opportunities to practise all these different methods, and now have an idea of what is right. Under no circumstances whatever will I allow myself further to experiment. The plan which I here pursue I have found upon a long and faithful trial to give better results than any other. This is nothing more than the practice of the original method, consisting in the employment of a pointed quill, or, what will answer the same purpose, a steel pen. This method, besides having the advantage of simplicity, is always applicable, as the instrument is ever at hand. The point of the quill is placed upon the palmar surface of the index-finger, which is then passed up to or through the cervix, and the membrane punctured. An improvement on this plan consists in making an opening in the side of the quill through which a sound can be introduced. The point of the quill is then brought into close apposition with the body of the sound. The latter is then passed through the cervix, the quill being kept in position, and when the desired distance is reached the sound is withdrawn, leaving the quill behind, and the puncture can be made. In this manner we overcome the difficulty of passing the projecting angle of the posterior wall of the cervix.

By this method no damage can result, and a long narrow cervix can be readily passed. As the amniotic fluid drains away, pains are induced, the head passes down, and in twelve hours delivery can generally be accomplished.

A NEW ANTISEPTIC.

Concerning the Antiseptic Properties of Salicylic Acid, by Prof. Kolbe, of Leipzig.—*Schmidt's Jahrbucher.*

Translated by J. TRUSH, M.D., Cincinnati.

The author starts out with the remark, that the only published observations respecting the "physiological" properties of salicylic acid, were those of Betagnini several years ago. According to this author, salicylic acid, when administered in large doses (one to one and a half drachms in two days), produces ringing in the ears; in its passage through