

tion of the woman was so extreme that a Cæsarean section could not be thought of, and the choice of operation lay between craniotomy and pubic section. The latter was adopted, and both mother and child were doing well when reported.—*Medical Age, January 25, 1893.*

Before leaving the subject for your discussion, I must say a few words as to the conditions in which it may reasonably be applied. To what extent can separation safely take place? Pinard gives six centimetres as being the average degree of separation without injury to the anterior sacro-iliac ligaments. F. Caruso, of Naples, states that in his two operations $8\frac{1}{2}$ and 9 centimetres ($3\frac{5}{16}$ th and $3\frac{9}{16}$ in.) of separation occurred.

In one case there was a conjugate of $2\frac{3}{4}$ in. A male child was delivered having a biparietal diameter of $3\frac{9}{16}$ th in. Is the operation a practical one for all accoucheurs?

Most of the authors whose writings I have consulted, agree that though the operation itself is comparatively easy, it should only be employed after due consultation with those who are capable of making accurate pelvic measurements.

I am afraid in that case many of us would fall short. With a woman in labour, it is not so easy to be mathematically correct. Morisani gives $2\frac{3}{8}$ in. as the minimum conjugate through which delivery can be effected by this operation, but the majority of those included in Dr. Harris' tabulated statement of forty-four cases vary between $2\frac{3}{8}$ in. and $3\frac{13}{16}$ th in.

I have already quoted enough to show that the results are more favourable than can be obtained by the most skilful operators in Cæsarean section. There is not a case reported in which there has been non-union of the pubes or lameness following.

Though we are not likely in Canada to meet with many cases demanding the operation, and we are less likely to require it as obstetricians appreciate more the value of premature delivery in cases of contraction, it is well to be ready always, and I shall be pleased if, by helping to draw your attention to this subject, I may indirectly aid in saving a child that might otherwise be sacrificed to craniotomy.

A quarantine bill passed the United States Senate on the 10th of January. \$1,000,000 is appropriated to carry its provisions into effect.

Clinical Lecture.

CLINICAL LECTURE ON COCAINE IN SURGERY.

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I have been asked by several medical men, who attend my hospital practice, for precise indications with regard to the method of cocaine injection I employ in my operations. In compliance with their desire, I have selected this subject for my first lecture in this hospital, where I spent a long time as house-surgeon to such men of eminence as Broca, Trelat, Labbe and Verneuil.

The strength of the solution is perhaps the point on which the safety of the operation most depends. Cocaine is generally used in five, ten and even twenty per cent. solutions. Too strong a protest cannot be raised against such an abuse. From a careful examination of the accidents which have been recorded from the administration of cocaine, I am satisfied that the strength of the solution plays at least as important a part as the dose injected. I would much rather inject twenty centigrammes (three grains) of cocaine in the form of a one per cent. solution than ten centigrammes (one and a half grain) in a twenty per cent. solution. I am not prepared to give a physiological explanation of this variation produced in the effect of cocaine by dilution, but I assert that such a difference does exist, and I conclude, therefore, that cocaine should only be injected in one and two per cent. solutions, the two per cent. solution is to be used in minor surgical operations, and the injection of two or three hypodermic syringefuls will then suffice to produce the desired effect; the one per cent. solution is to be reserved for operations requiring more elaborate dissection, when four, six, ten or fifteen syringefuls are required to render the part sufficiently anæsthetic.

A syringeful of the two per cent. solution contains two centigrammes (one-third grain) of cocaine in one gramme (fifteen minims) of fluid while the same quantity of the one per cent. solution represents one centigramme (one-sixth grain) of alkaloid. The dose of cocaine injected can, therefore, be accurately measured. It should on no occasion