

twelve to twenty-four thousand dollars a year for such services as Dr. Elliwood rendered. Although the amounts may seem enormous, yet when we consider the great wealth of these patients, and the fact that these doctors have had to work for many years without adequate remuneration in order to qualify for the position of attendant to these wealthy patients, we cannot consider the amounts excessive. We have always maintained that professional charges should be in proportion to the patient's revenue. Thus if we take ten dollars as a fair charge for confinement of the wife of a working man earning five hundred dollars a year, we should charge not less than one hundred for the same services to the wife of a bank manager at five thousand dollars a year. But to be consistent we should exact one thousand dollars for confining the wife of a millionaire with fifty thousand a year income; and so on until we reach ten thousand dollars for the same service to the wife of the ten times a millionaire with an annual income of half a million. In other words, we shall charge a uniform two per cent. on the annual revenue if we wish to be just. We have always considered it an injustice to charge the day laborer as much per visit as his wealthy master, as to our knowledge has too often been done.

SYMPHISIOTOMY.

This operation was invented by De la Courrué in 1615, and abandoned until 1815, when it was re-introduced by Sigault. It met with universal condemnation at the time because the mortality of the mothers was high, and the results afterwards to the woman's health were very unsatisfactory. The deaths were mostly due to sepsis, and the infirmity afterwards was caused by the failure of the pubic cartilages to unite. With the general adoption of aspsis in midwifery, however, the operation became much safer, so that when it was introduced again by Morisani, in Italy, it was both safe and successful, and met with general approval, especially by the Roman Catholic Church, which viewed with alarm any operation which sacrificed the life of an unbaptized child.

Morisani sent his pupil, Spinelli, to Paris, to introduce it to the Paris obstetricians, who re-

ceived it with favor, and who have performed the operation a number of times; Charpentier becoming a specially strong partizan of it. Harris, of Philadelphia, read a paper on it at the meeting of the American Gynæcological Society in September, and as a result, Jewett of Brooklyn reported a successful case soon after. This was followed by two cases in Philadelphia, both successful, and another by Dr. Springle, of Montreal, who has the honor of first reporting a case in Canada. Although the operation bids fair to become popular, and will probably be performed a great many times in Europe, where rachitis is a common disease, it will be seldom called for in Canada, where a woman with a pelvis measuring less than three inches in the antero-posterior diameter of the pelvis is exceeding rare. In over six hundred confinements, we have only seen one in which the forceps did not easily terminate labor, and even in that case, three out of four children were born living. But when a case of contracted pelvis does occur, we should certainly give this operation the preference over Cæsarian section or Craniotomy, provided the antero-posterior diameter is not less than two and five-eighths inches. Although cutting through the symphysis does, theoretically, increase the antero-posterior diameter, practically it does so to a very slight extent, its chief merit lying in its increasing the transverse diameter from one-half to one inch, and it is, therefore, most suitable when there is general smallness of the pelvis, and a large child to come through it. The lameness which so often follows it could, we think, be avoided by suturing with silk-worm gut the cartilaginous surfaces, which sutures should remain forever, so that if union by first intention should be obtained, or if by fibrous tissue, the latter should not be put upon the stretch until it has had time to become thoroughly organized.

BOOK NOTICES.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES, including Physical Diagnosis and Diseases of the Lungs, Heart, and Aorta, Laryngology and Diseases of the Pharynx, Larynx, Nose, Thyroid Gland, and Oesophagus. By E. FLETCHER INGALS, A.M., M.D., Professor of Laryngology and Practice of Medicine, Rush Medical College; Professor of Diseases of the Throat and Chest, Northwestern