

condition is going on satisfactorily. A little attention paid at that time will often prevent the most serious consequences in the future. If the physician had made such an examination in this case, and had found the cervix lacerated, he might have waited a month, and then, ascertaining that trouble was resulting from it, he should have sewn it up, and also restored the perineal body which had given way. . . . All this could have been readily done in the second month after delivery, and it would certainly have been a great deal better to do it than to wait thirteen years before undertaking the operation. It is true that this woman has suffered comparatively little pain and inconvenience in consequence of the neglect of her physician, but this is a very rare exception to the general rule; and, as I said before, the time is not far distant when the medical man will be held responsible for allowing such a condition to continue without interfering to prevent the evil results so sure to follow from it."—*Med. Times and Gazette*.

THE EXCISION OF HARD CHANCRES.—Professor Auspitz, of Vienna (*Vierteljahrsschrift für Derm. und Syph.*, 1877), has excised the primary syphilitic induration, or hard chancre, in thirty-three cases, as first recommended by Hueter in 1867, with the following general results:—1. In a large number of the cases no further syphilitic symptoms appeared, although at the time of the operation there was almost invariably indolent enlargement of the inguinal glands. This fact Auspitz regards as a proof that the initial sclerosis is not a pathological result of a pre-existing general systemic infection, but a starting-point or an original dépôt for the infective material by which syphilis is transmitted. 2. In those cases where no secondary induration appeared after excision in the seat of the former chancre, there were, as a rule, no further symptoms of syphilis. 3. In some cases excision was followed by secondary induration and a general outbreak of cutaneous and other syphilitic phenomena, but here the probability is that either the whole of the original chancre was not removed, or that the disease had spread too far along the neighbouring bloodvessels before excision was performed. 4. In four cases the hard chancre was preceded by a soft sore, and in none of these did general symptoms follow excision. 5. The operation can be recommended as a preservative measure against general infection where the induration has been of short duration, where no lymphatic glands are indurated but the inguinal glands, and no other syphilitic symptoms are to be detected; and where the chancre is favourably situated, and can be properly dressed and attended to after the operation. 6. Further evidence is required to shew whether excision exercises any influence on the duration or severity of the general syphilitic symptoms in those cases in which it fails

to prevent their outbreak, but there are grounds for believing that it possibly may. On the whole, Professor Auspitz's results are extremely encouraging, and deserving of serious attention. "Prevention is better than cure" is an adage which is certainly applicable to the treatment of syphilis.—*Med. Times and Gazette*.

CÆSARIAN SECTION.—Dr. J. Braxton Hicks performed this operation at Guy's Hospital, upon a patient whose vagina was occupied by a scirrhus mass, which involved the rectum and recto-vaginal septum. The placenta was found beneath the line of incision, and the fetal head at the fundus uteri. However the membranes were reached from the lower end of the uterine wound, the head seized, and brought out first. There was very little hæmorrhage. The uterus contracted firmly after the removal of the placenta. The uterine wound was brought together by interrupted silk sutures closely placed, and a large catheter retained in the uterus, passing through the vagina, to prevent accumulations and to facilitate injections in case of need. The child, slightly premature was living up to last account.—*Ibid*.

IMPACTED FRACTURE OF SHAFT OF FEMUR.—Mr. Bryant also showed this specimen. A man of eighty-three fell down area steps, and believed that he alighted on his right knee. It was found that the right limb was shortened four inches; the position of the foot was normal; and there was crepitus to be felt above the knee. The diagnosis made was fracture in the lower third of the femur, and a splint was applied. The man died three weeks after of uræmia; and, post-mortem, there was found suppuration of the kidneys. At the junction of the lower and middle thirds of the right femur there was extensive fracture, and the proximal portion was driven one inch into the distal portion of the bone, causing a second fracture of the lower fragment above the condyles. Mr. Bryant said that this was probably the only specimen on record of the kind; and that the peculiar impaction was perhaps due to the patient's having fallen on the distal end of the bone. The condition explained why extension failed to reduce the shortening; and it suggested the advisability of letting parts alone under such circumstances, rather than run further risk, including the danger of vertical fissure of the bone.—*Med. Times and Gazette*, Feby. 16th 1878.

ADAM'S OPERATION IN ANCHYLOSIS OF THE HIP.—This is the third of a series of cases in which Mr. Bryant performed Adam's operation for relief of anchylosis of the hip. The anchylosis resulted from disuse while suffering from necrosis of the tibia. The necrosed bone was removed Nov. 5. 1875, ten months after the accident that led to the