

incisions pass are fully described, as well as the details of the operation and after-treatment. Briefly the operation is performed as follows: An incision an inch above and parallel to Poupart's ligament, extending from the pubes to the anterior superior spine of the ilium, is made, and all the parts beneath are divided until the peritoneum is reached; this latter is pushed upward without being opened and the vaginal wall found. A blunt wooden instrument held in the vagina forms a basis upon which to cut when making an opening in its wall, the bladder is also held so as to cover the ureter and form a guide to the knife. As the vagina is plentifully supplied with blood vessels the incision through it is made as low down as possible, and just sufficient to admit the points of the index fingers, both of which are to be introduced and the required enlargement made by tearing the tissues apart. The uterus being tilted strongly to the opposite side, so as to bring its axis in a line with the womb, the hand is introduced into the womb and os uteri and the child and placenta extracted. Dr. Thomas took 35 minutes and Dr. Skene 10 to 15 in performing it. The occurrence of severe hæmorrhage will make considerable difference in the time occupied.

The right side should be chosen for reasons mentioned but, as the operation cannot be repeated at the same side, the left would be the only choice if required to be repeated. As mention of the operation is only found in the later text books, many practitioners have given but little study to the subject, to such this brief outline may serve to draw their attention to this *dernier resort*. Fortunately the cases requiring this procedure are but seldom met with in Canada, the majority, if not all the cases, of Cæsarian Section being on the dead mother to save the life of the child. At present the record of the operation rests in a few cases, but, from the remarkable success of Drs. Thomas and Skene, it is probably, when more widely known, destined to replace Cæsarian Section for the purpose of removing a living child from a living mother, with a better chance of saving the life of latter. To those desirous of being well informed as to what can be done for such patients we recommend a perusal of this pamphlet, in which they will find full details of the operation, its difficulties, and after-treatment.

No physician can tell when he may be called upon to interfere, and this is one of the emergent operations which call forth his knowledge and ability to fulfil the trusts reposed upon him. There may be no time to look up the subject, a life depends upon what he may decide upon doing, and therefore it is the duty of every physician who practices midwifery to know what can be done, even if he never has the opportunity of doing it.

*Habitual Drunkenness and Insane Drunkards.* By JOHN CHARLES BUCKNILL, M.D., London, F.R.S. London: Macmillan & Co., 1878. Boards, \$1.

The author of this readable little volume is already well known to the profession as an able writer, having published, in company with Tuke, an excellent work called "A Manual of Psychological Medicine."

The occasion of the present work was the recent introduction of the Habitual Drunkards Bill in the House of Commons by Dr. Cameron, Member for Glasgow, and unfortunately for the subject matter, as well as the dignity of the author, the tone is decidedly controversial.

The question at issue is the wisdom of providing Asylums for Inebriates, which logically hinges upon the question whether drunkenness is a vice or a disease. The author's opinion could not be more felicitously expressed than in the following sentence, page 39:—"My position is briefly this, that what is called Dipso-mania is either a vice leading to disease in the ordinary pathological sequence: or it is an actual and recognisable form of disease of the brain with evidence of its existence more cogent than the mere desire for drink." The discussion of so important a measure as the care of this extensive class of habitual drunkards by a man so well qualified by general and special fitness as Dr. Bucknill, who has, by the way, visited all American Inebriate Asylums but one, cannot be otherwise than interesting to any physician, and will doubtless largely influence any opinion in England in regard to the advisability of erecting Asylums for these unfortunates.

A novel though philosophic opinion is advanced in Chapter IV that while alcohol produces insanity in many cases, it may, judiciously used, prevent other causes, as "grief and anxiety," "worry and over-strain," from operating so