

gained ground with great tenacity. Schimmelbusch publishes experiments in which fresh-made wounds inoculated with streptococci and anthrax bacilli were immediately cleansed with strong disinfecting solutions, yet the animals perished from the infection. Bumm found that virulent streptococci penetrate the tissues at a rate of two centimetres in six hours, and in some experiments they could, after so short a time had elapsed, already be demonstrated in the general circulation.

It must be seen that in such highly virulent infection local treatment must be inert. We are too late; the poison is out of our reach, and a uterine douche has no more potency than would have the painting of a disinfecting solution upon an erysipelatous eruption. If the clinical symptoms show a spreading of the sepsis (pelvo-peritonitis, metastatic abscesses) nothing can be expected from local treatment. Yet, a simple uterine douche is fraught with danger, as new wounds are of necessity made, old ones re-opened, or infectious thrombi may be driven into the general circulation.

If the infectious germs are of low virulence, then the septic process remains localized, causing only a septic endometritis, and with the expulsion of the necrotic decidua the disease has run its course. In these cases the washing-out of the uterus sometimes produces a rapid decline of the fever. But more frequently the course of the disease is uninfluenced by this treatment; the fever continues until the sepsis has localized itself and the necrotic tissues are cast off.

Thus it may be seen that in the truly septic type of puerperal fever local treatment has only a limited field of usefulness, and that intra-uterine manipulations are often accompanied by danger. Bumm has observed serious accidents following intra-uterine treatment, and, aside from sublimate and phenol intoxications, he mentions two cases in which death was undoubtedly due to simple intra-uterine irrigation.

The liberal administration of the ergot of rye is finally warmly praised by the author. The drug is given with the onset of the fever, and continued until the temperature has again become normal. Microscopical examinations of septic uteri have shown that the sepsis does not spread uniformly in all directions, but that where the tissues are dense and firmly contracted the germs are absent, while in the loose connective tissue and vascular structures they abound in immense numbers.

Now, supposing two women infected with an equal number of equally virulent cocci, it is undeniable that the woman who has a firmly contracted uterus is less likely to succumb than the one with a large and flaccid organ. In the former the sinuses are obliterated by firm muscular contraction, while in the latter the projecting thrombi

and soft, succulent tissues form a nidus in which the cocci grow and travel without hindrance.

That firmly contracted tissues present a mechanical barrier to the spread of sepsis is demonstrated by the relative rarity of puerperal fever in abortion and the great virulence of the sepsis in twin pregnancies. A good illustration and verification of this theory is also observed in cases of erysipelas, in which a strip of adhesive plaster firmly bound around the margin of the eruption forms a neutral zone which the minute foes of destruction cannot transcend.—Baumm, in *Centralb. f. Gyn.; Am. Jour. obstets.*

### BLOODLESS OPERATION FOR HÆMORRHOIDS.

As hæmorrhoidal diseases of the rectum and anus are very common, and very often lead to very grave disturbances of the whole system, any line of treatment which will relieve or wholly subdue them, without any serious inconvenience or involving danger to life, will be welcomed by the profession.

At the beginning, it may be well to consider for a moment what we understand by the term "hæmorrhoids." From the etymology of the word we expect to find blood-tumors; but in strict truth, in very many cases of so-called hæmorrhoids or piles the vascular system is totally devoid of any implication whatever; the small neoplastic formations which present themselves along the base, annular rim or roof of the anus and rectum, being historically purely adenoid, papillomatous or vegetative. It is important that the anatomical distinction be made clear in this instance; for the treatment about to be recommended applies especially, and almost solely, to those anal tumors which are, or were, entirely dependent on a diseased condition of the hæmorrhoidal veins, in other words, those which are of a venous origin only.

Another important question arises with respect to the relative frequency of these anal varices, designated piles. Are anal varices, dilatation of the veins or those tumor-like formations, either internal or external to the external sphincter, essentially a pathological condition? and, as such, in all cases, does it require active, radical measures for its abolition? Very naturally, our course will be determined largely, in those cases by a definite answer to this question. If piles are all superfluous, neoplastic excrescences, then there can be no question as to our course in all cases.

During the past five years, I have made an examination of a very considerable number of supposed healthy recta on the living; and, in the dead-house, have carefully inspected under good