

had observed, the inflammation was caused by gonorrhœa, which persisted in the glands long after the original trace of the disease had disappeared. Dr. Howard seems to have been the first to note this condition as a cause of gonorrhœa recurring as often as cured in the male. His observation is important as showing that the female may communicate the disease long after it would previously have been pronounced cured.—*Chicago Med. Review.*

A NEW OPERATION IN PROLAPSUS OF THE RECTUM has been devised by Professor Kehrer, of Giessen, an account of which we find in the *Deutsche Medicinische Wochenschrift*, No. 33, 1880. Dissatisfied with the uncertainty of the present methods, the author has based an operation on a principle which he describes as follows: If a rubber ring has been stretched too far, its size may be again reduced by eliminating a piece of the ring by a knot. He compares the sphincter of the anus to such a ring, and proceeds to shorten it on the same plan. Opening the anus with a small Sims' speculum, he removes a slip of mucous membrane, preferably from the posterior side. This slip has the shape of a triangle, the apex of which is directed upwards, the base being the line where the mucous membrane and skin meet. On exerting traction with a tenaculum from the centre of the denuded portion of the sphincter, outward, the exposed portion of the muscle folds, and the ring is thereby shortened just so much. Sutures are now applied to keep the folded surfaces in apposition, and are only removed after union has occurred. But two cases are reported by the author; these, however, with good success. The operation was performed with antiseptic precautions, thorough irrigation with carbolic acid, and insertion of a plug of cotton saturated with a ten per cent. solution of carbolic acid and glycerine. The wound healed by first intention.—*Chicago Medical Review.*

ACETATE of lead, given from two to three grains in the twenty-four hours, acts perfectly in muco-purulent bronchial catarrh, diminishing in a rapid and effectual manner the exudation, and with it the cough, and its presence is not declared in the urine before it has already produced its salutary effects on the respiratory organs.—*Louisville Medical News.*

## Midwifery.

### THE ETIOLOGY AND TREATMENT OF LACERATIONS OF THE CERVIX UTERI.

BY MONTROSE A. PALLAN, M.D., LL.D., NEW YORK.

In this paper, Dr. Pallan first discussed the reason why so many women suffered from lacerations of the genital organs during parturition. He ascribed the laceration of the neck of the womb, which occurred in many cases, either to causes existing in the pelvis, or to neglect, or the use of instruments. Of about nine hundred patients treated in the gynecological class of the University Medical College of New York during the last six years, more than two hundred had laceration of the cervix, which either interfered with the generative functions or produced more or less disease. As causes of laceration, Dr. Pallan referred especially to tedious labour, and the scleremic condition often following congestion or inflammation—the so-called hyperplasia cervicis; also to disproportion or deformity in the osseous structures, rendering the use of the forceps necessary. The injury could not be positively recognized until delivery was completed; but, if the pelvis were very roomy, it was to be suspected when the child's head and the mother's vulva became suddenly bathed with blood. Hemorrhage was the chief symptom, and was sometimes fatal. If it persisted, its source should be ascertained. If, after the uterus had well contracted, the absence of laceration of the external parts had been ascertained by ocular inspection, and the parts had been well cleansed with carbolized water, blood continued to escape from the vagina, the deduction necessarily would be that it came from the cervix; and examination with the finger would detect the laceration. In such a case, Dr. Pallan would introduce a Sims' speculum, cleanse the vagina of clots, and see the point whence the blood issued. The use of the tampon was sometimes necessary to save the patient; and on several occasions he had employed silver wire sutures. In speaking of this he took occasion to recommend that the obstetrician should always go to a labour