is called for with its high mortality rate. This is an operation from which every surgeon shrinks who has once observed the terrible ordeal the patient undergoes before convalescence is established, and the evidence of the strain on the constitution as shown in the features of the face; to say nothing of the anxiety the surgeon undergoes from the day of operation until recovery is assured. In cases of pyosalpinx, how desirable is an early exploratory incision before inflammatory adhesions have complicated the condition, increased the risk to life, and unnecessarily prolonged the suffering of the patient.

Again, in that terrible catastrophe of ruptured tube in ectopic pregnancy, where rupture occurs into the peritoneal cavity, shall we stand by, appearing utterly helpless, while our patient gradually bleeds to death before our very eyes; or shall we make an exploratory incision, seize the bleeding points, and thus save a useful life?

The day has dawned when, in cases of puerpural peritonitis, instead of permitting the patient to succumb to septic poisoning, the early incision will be resorted to, the offending body will be removed, as has been done with success, and a large percentage of the hitherto hopeless cases will be saved. How desirable also is the early incision in cases of obstruction of the bowels. In fact I cannot recall an instance in abdominal cases where doubt exists as to the cause of obscure sufferings in which an early incision is not advisable and then a simple and comparatively safe operation may be performed, while procrastination may necessitate one that is serious and complicated. I like to feel that "that Canada of Ours" keeps well abreast of the times in this as in other branches of science, but this can only be accomplished by "a long pull, a strong pull, and especially a pull all together."

BIRMINGHAM, ENGLAND, DEC. 22, 1888.

THE CURE OF PUERPERAL DISEASES BY AMPUTATION OF THE SEPTIC BODY OF THE UTERUS.

BY PROF. B. S. SCHULTZE, JENA.

Translated by James F. W. Ross, M.D.

I WILLINGLY answer your summons asking me to give you a synopsis of my paper on the above subject, read before the gynæcological sections of the Berlin Philosophical Society, and most willingly because I owe to my colleagues an account of the further progress of a case that had then been but just operated on. First then to the case—

Fanny Schneider, 21 years old, 1 child (premature 7 months), born 7th September of this year (i.e., 1886-Trans). The placenta did not come away. In the endeavour to bring it the nurse tore the naval string. The physician, who was called in subsequently, found the uterus bicornuate, and the cervix so contracted that it was impossible to reach the placenta. He also attempted to express it by pressure, but without avail. The patient was brought into the hospital. The next day and the day after the cervix was equally rigid. Warm baths, the constant current, deep narcosis, all had no effect on the size of the cervical canal. It scarcely admitted one finger. As the evening temperature rose on the 9th of September to 39.9° (c), accompanied by chills and very fœtid discharge, the uterus was washed out with a disinfectant solution. Once more under an anæsthetic, an attempt was made to separate the placenta on the evening of September 10th. Only one finger passed the constricted portion beyond, which was the right horn of the uterus, the one occupied by the placenta. It was evident that the uterus was bicornuate, the left horn into which the finger readily passed was empty, and the placenta was firmly adherent in the right. Only a small fœtid piece of placenta could be brought away by the finger. The question of removal of the placenta by means of abdominal section was considered, but I determined to wait, as the symptoms were not yet serious, and cases are well known where the separation of a foul placenta has taken place at a later date.

September 11th—temperature 36°. M., 40. 1° (c), E. September 12th—temperature rose to 40. Chills recurred and increasing evidences of peritonitis. I determined to open the abdomen the following morning. While turning the matter over in my mind, I did not lose sight of a possibility of completing the operation as a "*conservative*," so to speak, "*placentæ cæsarian section*," or perhaps by amputating the right horn of the uterus, but it appeared to be more probable that amputation