

and boro-glyceride. They are, it is claimed, very efficacious and free from all irritant or poisonous effects. The two former are powerful antiseptics, very soluble in water, but the latter is more soluble in glycerine.

The treatment of anthrax by the injection of a five per cent. solution of carbolic acid has been brought prominently into notice by Dr. Lopez Rubio (*El Sig. M.d.*). The injection was made subcutaneously into different parts of the carbuncle, and had the effect of checking its progress and rapidly diminishing its size. Other observers have had equally striking results from this method of treatment. Dr. Kelly, of Dublin (*Dublin Four. Med. Sci.*) advocates a new method of reducing dislocations of the humerus and femur, an illustrated description of which will be found in the present number. Several cases of removal of portions of the intestine for stricture and strangulated hernia have been reported; two or three very interesting cases will be found in the October number of the *N.Y. Med. Record*, by Dr. Fuller, of Grand Rapids, Michigan. One was a case of strangulated hernia, in which the Dr. removed five and a half inches of the bowel which was gangrenous. Another was a case of invagination, in which four inches were removed. In a third case a portion of omentum was cut off and the bowel returned.

In obstetrics and gynecology many interesting cases have been reported during the year, but we have only space to mention a few of them. The use of antiseptics in midwifery practice has come to be regarded as a *sine qua non*, if we are to use all means to prevent septicæmia. A new method of introducing perchloride of iron into the uterus has been proposed by Dr. Von Teutleben, of Berlin. It is prepared in the form of solid sticks, and introduced into the cavity of the uterus by means of a porte-caustique. It may be partly withdrawn again to remove any clots, and then reintroduced and allowed to remain. Capillary drainage after laparotomy has received considerable attention from Prof. Hegar. His method consists in the use of a glass drainage tube inserted into the wound, and plugging its outer extremity with absorbent carbolized cotton. This is changed frequently for the first twelve hours, and when the discharge ceases the tube is removed. Strands of cotton wick, enclosed in rubber tubes, have also

been used for the same purpose with advantage. Chian turpentine, which was so much vaunted by Dr. Clay, of Manchester, has been fairly tried and found valueless in other hands.

Dr. Baker, of Boston, publishes a very interesting paper in the April number of the *Am. Four. Obstet.* upon the early, complete, and repeated removal of cancer of the uterus. He recommends the entire removal, when practicable, of the cervix on a level with the os internum when this is the seat of the disease; and where it is impossible to remove the whole of the disease, he advises the free use of the curette, followed by the thermo-cautery, for the sake of the relief which is afforded the patient, and also the prolongation of life. His practice in these respects does not differ much from that of the leading gynecologists of the day. Credé (*Archiv. f. Gynæk.*) gives his method of preventing ophthalmia neonatorum, which consists in cleansing the eyes with warm water immediately after birth, and dropping a single drop of a two per cent. solution of nitrate of silver into the eye. This plan has been adopted in several hundred cases, and in no single instance has the disease appeared during the first seven days. When the disease appears later Credé attributes it to some other cause than infection from the mother. Dr. Frank has cured a case of incontinence of urine in a woman, by removing a portion of the posterior wall of the urethra and thus narrowing the canal. The wound healed without a fistula, and the case was successful in its results. Dr. Fehling (*Arch. f. Gynæk.*) disapproves of rapid dilatation in stenosis of the cervix uteri, and advocates several longitudinal incisions, the knife being drawn from the os internum downwards. A glass tube, with holes in the sides, is then inserted and retained in position with a tampon. The tube is removed on the fifth day and a laminaria tent introduced, and dilatation kept up until the canal is of the proper calibre. Dr. Thornton (Obstet. Society) reports a case of extra-uterine pregnancy treated by antiseptic abdominal section with removal of the fœtus and the hypertrophied placenta, ending in recovery of the patient. He has also succeeded in successfully ligating the arteries of the uterus and ovaries, for the cure of fibroids. Dr. Alexander has proposed and carried into effect a new operation for certain displacements of the uterus, which the author assumes is caused by the laxity of the round ligaments. He makes an inci-