the upper and middle than the lower portion of the canal. Hence, if the uterus once begin again to fall below its natural position and the contracted vagina to yield again, the efficacy of the operation is entirely lost.

In all these operations on the vaginal mucous membrane, the amount of venous hæmorrhage is apt to be very considerable at the time, and there is some danger that the recurrence of bleeding afterwards may require the employment of means which are apt to interfere with the prospect of union. In Case 1, it seems probable that the febrile symptoms of septicæmic character, which commenced about a fortnight after the operation, are to be attributed in great measure to the effects of the considerable loss of blood which the patient had undergone. I think that in this respect the plan of removing a single piece of mucous membrane posteriorly has the advantage of effecting the greatest amount of contraction of the canal with the smallest extent of surface vivified.

It would seem that in bringing together the mucous membrane, there is a very great convenience in the use of carbolised gut sutures, which can be left to dissolve and come away of their own accord; for it is very important that the same operation should include the lessening of the vulval orifice by the restoration of the perinæum, and if this be done to a considerable extent, it is scarcely possible to remove sutures from the vagina without endangering the union of the newly formed perinæum.

Hitherto, I have not touched upon the division of cases of prolapse into those of a simple kind, in which there is little or no enlargement of the uterus, and those in which the main condition is that of hypertrophic elongation of the cervix. It is evident, however, that the latter are the more difficult to treat by the means which I have described. In some cases, it is the vaginal portion of the cervix which is mainly affected by hypertrophy. I believe that this is a primary and sometimes a congenital condition, and that the only satisfactory treatment for it is to remove the redundant portion of the cervix by knife, scissors, or écraseur. It is very different, however, with those cases, far more commonly met with, in which it is the supravaginal portion of the cervix which is lengthened; with reference to these, there arises the question of the formidable operation recommended by Huguier, namely, to dissect away the cervix from the peritoneum on the one side and the bladder on the other, and to remove by the knife a considerable portion of it. I believe that Huguier and some of his followers have much exaggerated the importance of this elongation of the cervix as a primary condition, and that it but rarely happens while the fundus uteri remains quite at its normal level; for in many cases the supravaginal cervix is not increased in circumference, but, if anything, thinned, and a perceptible diminution is effected in the length of the uterus, as measured by the sound, by merely returning it within the vagina. Engorgement and hypertrophy of the supravaginal cervix may supervene after delivery, and may then be a factor in the causation of prolapse; attenuation of the same part may result from the tension produced by primary prolapse of the anterior vaginal wall. But the most important mechanism by which elongation of the cervix is a secondary result of the displacement commences when the uterus begins to descend externally. During an expulsive effort, the swollen and hypertrophied cervix is forced suddenly through the vulva, and, while it is held strangulated in that position for a greater or less time, the elastic supports of the uterus, tending to lift it again to its normal position, have a direct influence in stretching the supravaginal portion. Many observers have noted how considerable is the diminution in the length of the uterus which may be obtained by strict confinement to bed, while the organ is maintained in its proper position. This was very manifest in Case 11, in which the length of the uterus, as measured by the sound, was reduced after the operation on the perinæum from four and a half to three inches, or to two-thirds of its former magnitude. I think, therefore, that the operation for the abscission of the supravaginal cervix can very rarely be required, and that most observers will be disposed to agree with the opinion of Dr. Barnes, that the hope of relieving a condition not in itself entailing serious danger to life does not justify resort to surgical proceedings fraught with such danger of opening the peritoneal cavity or the bladder, of hæmorrhage, and of consequent pyæmia.

There is one instrument which might seem likely to be often available in the milder cases, or when there are reasons against the performance of a plastic operation. This is Blackbee's pessary, which is constructed of somewhat elastic steel wire covered with India-rubber tubing, and has an anterior limb to fit in front of the cervix, while its posterior limb rests behind it, and its lateral arches, convex downward, are intended to be supported, if necessary, against the ischia. It might at first sight be supposed that an elastic pressure, such as that exercised by this instrument, would be more readily borne than that of a rigid body; my experience, however, has been precisely the contrary, and I have

found that elastic pressure, unless transmitted by a very broad surface, such as that of an air-ball pessary, is much more likely to produce irritation or ulceration. Thus I have more than once found ulceration produced by Blackbee's pessary at the somewhat vulnerable spot in front of the cervix, a result which I have never seen from a lever-pessary of vulcanite or metal which in any degree fitted the vagina. It would seem that the elastic pressure of a bar which is at all narrow is destructive to the tissues, somewhat in the same way as an elastic ligature, while a rigid body obliges them to yield once for all, and does not afterwards exercise injurious pressure. This objection to the use of an elastic instrument applies to one which has been much used by some for prolapse, and especially in America, namely, a simple circular ring of watch-spring or elastic wire covered with India-rubber. This has also the disadvantage that it stretches the vagina, and, like Blackbee's pessary and many others, it has another drawback, namely, the nature of the material of which its surface is composed; for it appears that India-rubber after a time becomes so softened on the surface that it retains the secretions, and renders them offensive, the inevitable result of which is the production of irritation of the vaginal mucous membrane. This objection, therefore, applies to the India-rubber air-ball pessary, an instrument which in other respects has many recommendations for the treatment of prolapse, and which is not unfrequently used with benefit, notwithstanding this drawback.

Far more to be condemned than India-rubber on this score, is gutta-percha, the surface of which rapidly becomes roughened, is liable to be incrustated by secretions, and, in any case, produces increased vaginal discharge. Instruments covered with this material are only fit to be used as a temporary expedient, in order to ascertain what is the shape most suited to any particular case. I believe that it may be laid down as a rule without exception that, of the materials commonly used for the construction of pessaries, there are none which prove entirely satisfactory in the essential point of cleanliness, except vulcanite and metal. Of these, vulcanite seems to be best suited for ordinary use, for it is lighter than pewter, and somewhat less liable to become encrusted, while, in comparison with aluminium or platinum, it has the great advantage that it can be readily altered in shape to suit the changing requirements of a case.

AN ADDRESS ON MEDICAL TOPICS.

Delivered at the Annual Meeting of the Southern Branch.

By FREDERICK J. BUTLER, M.D., Winchester,
President of the Branch.

GENTLEMEN,—In entering on the office which your kindness has assigned to me, my first agreeable duty is, in the name of my professional brethren, to bid you all heartily welcome to this our ancient city, once the metropolis of England, the birthplace and residence, and where now rest the mortal remains of many mighty kings and mitred prelates, and to assure you of our anxious desire to render your visit as pleasant and interesting as we can.

My next duty is not of quite such a pleasing nature, but it is not my design to trespass long on your time and attention in the address, with which the customs of our Association require me to open our proceedings. To do so, would be an abuse of the privilege which my present position confers, and prove only an irksome delay of the far more interesting opportunities that will be afforded you of visiting some of the grand old monuments with which our city abounds; and that you may be the better able to appreciate them and refresh your memories with some of those great historical facts which this visit will call forth, we have fortunately secured the services of one of our most valued local archaeologists, the Rev. C. Collier, who has kindly consented to conduct us over the Cathedral and County Hall, which will consume most of the time at our disposal. But we have plenty more objects of almost equal interest in store for you, should the opportunity occur; in short, if your stay amongst us could be extended over as many days as there are hours now allotted to your visit, our time could be well spent; but, as this cannot be, we hope ere long another opportunity may occur for completing the peasant work which we this day only commence.

In a society like ours, consisting of so many members, it seldom happens that our meetings can be altogether unchequered and without alloy. Since our last meeting, two of our members have been taken from us. In the death of Mr. Mayo of this city, who died full of years and full of honour, we have lost an old and valued friend, who was scarcely ever absent from any of our social gatherings, and who ever felt a lively interest in all professional matters. His bright and cheery face will long remain in the memories of most of us; and, though for years he

appeared somewhat as the representative of a bygone age, his stirring zeal, untiring industry, and attention to his various duties were marvellous in a man of his years; these and many other virtues, independently of his professional reputation, which was considerable, must ever entitle the memory of Charles Mayo to our greatest admiration and respect. May we imitate his bright example, and strive to earn his honoured end! Our other friend was Mr. Lipscomb of Alresford; he may not have been so well known to many of you, but he was generous and kind hearted, genial to a fault, and ever ready to do a kindness. His death was somewhat sudden, from heart-disease, in the sixty-second year of his age. Let us not disregard the useful lesson which this sad story teaches.

Cultivated talent and moral worth, especially when combined, must ever receive the respect and regard of all who are capable of appreciating them. For both, our profession has ever been eminent; and, so long as we display a zealous and harmonious co-operation, we may be content to pursue the direct and even tenor of our way, whatever opposition we may chance to encounter; and cheered by the consciousness that, so far as our abilities extend, we are pursuing laudable objects from pure motives, may safely disregard objections such as only ignorance or misconception of our designs could urge against us.

The main objects for which we are associated are, the advancement of medical science, the promotion of harmony and good feeling amongst our members, and the collection and diffusion of facts which may serve to render medical science more signally beneficial to mankind, and the maintenance of the honour and respectability of the profession. These objects are intimately connected; for, unless science be diligently and effectively cultivated, the honour and respectability of the profession would rest on a very slight foundation; and, unless the honour and respectability of the profession were otherwise maintained on the high ground of moral integrity and liberal sentiment, no advance in science could vindicate its claim to that high estimation in which it has through ages been held, and which, I trust, it will ever with sensitive jealousy preserve; but we must remember that on the conduct of our individual members we must rely for preserving unsullied that reputation which the profession has hitherto maintained, and I would here impress one caution respecting those measures in which we may in our corporate capacity be called on to engage. Corporate proceedings are subject to the same laws, and are to be tried by the same test as individual conduct. All flow from motives more or less elevated or debased; and, where the higher motives can be brought to bear on any point, those of a lower class should be never suffered to prevail. The human mind is indued with various faculties, all suited to this our transient and probationary state of existence. We have various animal incitements to urge us to whatever is necessary for the continuance and enjoyment of life; but we have also moral faculties to control the lower propensities and judge those actions to which our animal nature may impel us. It too often happens that the dictates of the animal propensities assume the garb and exercise the authority of the moral sentiments, thus misleading into error many who, under the delusion, are scarcely conscious of doing wrong. But an honest scrutiny of motives, an ingenuous reference of each of these to the moral or animal feeling in which it originates can never fail to detect the deception and guide into the right path all who desire to pursue it. These comments would here be impertinent, but that they serve to indicate the criterion by which each corporate act of our Association should invariably be judged. Whenever the act is such as all the higher moral feelings of our nature clearly sanction and approve, let us fearlessly perform it, regardless of all that imperfect conception or timidity may urge against it. On the contrary, whenever an animal or selfish impulse can be traced among the influencing motives, however slight the degree in which this may be intermingled, let us ever pause until we deplete the moral motives from the dregs which vitiate them, and restore the higher sentiments to that supremacy with which the Creator has endowed them. I have assimilated corporate acts to individual in the motives which incite them and the tests by which they are to be tried. But there is one difference which deserves to be noticed as important in our present view of the subject. Corporate acts are less redeemable than individual, and, therefore, require to be still more carefully guarded from error. Hitherto, we have been guarded in our corporate measures, and to ensure a continuance of the same circumspection is the end to which the few remarks which I have now offered are directed.

With these, I now conclude my trespass on your time and patience, respectfully, yet earnestly, exhorting the several members of our excellent Association to apply the energy of their own minds to both the important topics to which I have referred. It will gratify me if what I have ventured thus cursorily to submit to you shall, on deliberate reflection, receive the sanction of your own judgment; and still more if, to the sentiments to which I have given utterance, your own feelings

should be found to respond—so far as my judgment and feelings are capable of guiding me, I would say.

In cultivating medical science, disdain not, through vain aspirations for profound theories or dazzling generalisations, that patient observation of nature and diligent collection of accurate facts, from which all true theory must be derived, all sound generalisation deduced; and, in upholding the honour and respectability of the profession, let the measures we collectively sanction ever bear the impress of that high-toned moral feeling which has so long distinguished our profession, and by which its true interests require us ever to abide.

SURGICAL MEMORANDA.

MR. ORMSBY'S ETHER-INHALER.

MR. LAMBERT ORMSBY, of the Meath Hospital, Dublin, having asked me to try his "ether-inhaler", made by Coxeter and Son of London, with some cases in Netley Hospital, having first kindly allowed me to see the method of administration, I have had great pleasure in doing so, and now beg to offer my experience with this instrument in seventeen cases.

The shortest time taken to place a patient under the influence of ether with this inhaler was one minute forty seconds, and the longest ten minutes; the delay in the latter being entirely due to want of attention to some details. The average time taken in the seventeen cases was four minutes ten seconds. The average quantity of ether used was one ounce four drachms, which included that expended during operative measures; one operation being that of ligature of the external iliac artery, which took nineteen minutes; and another, excision of the elbow-joint, twenty-five minutes. Both of these operations only required two ounces six drachms of ether. Mr. Ormsby's inhaler is simple in construction, and, if properly adjusted, acts more speedily and with a smaller quantity of ether than any I have seen or used. Considering the risk to life attendant on the administration of chloroform, while that of ether is so very small, one cannot but feel that, with such a safe and convenient means for mitigating the sufferings of man in surgical operations, a surgeon takes upon himself a grave responsibility when he uses chloroform as an anæsthetic in preference to ether (when a choice is available), unless circumstances do not admit of the latter being administered.

J. H. PORTER, Surgeon-Major,
Assistant Professor of Military Surgery, Army Medical School.

BORACIC ACID OINTMENT.

I SHOULD like to call attention to the value of Professor Lister's boracic acid ointment as a dressing for wounds in general. During the last two years, I have been in the habit of using it, and have concluded that it is preferable to either dry lint or other dry applications, and also to water-dressing. For wounds, when hæmorrhage has been stopped or can be caused to cease by the application of light pressure, it is very useful; for, owing to the smooth waxy consistency of the ointment, the dressing does not at all adhere to the edges of the wound, nor to the clot between its margin. The dressing can, therefore, be removed and replaced as often as is advisable for the examination of the wound, without disturbing the healing process. Any discharge that forms can also easily escape between the layers of ointment and the skin around the wound. The ointment is thus preferable to dry lint, except in those cases where there is a great amount of oozing, when the dry lint and blood may act beneficially by forming an artificial scab. Water-dressing may be regarded as an inefficient mode of poulticing, and wounds that do not require poulticing can be better treated with the ointment than with water-dressing; for prolonged water-dressing generally irritates the skin round the wound, which becomes sodden and sore; while the skin remains comparatively healthy under the ointment. The smooth surface of the ointment is less liable to destroy by friction or otherwise damage the surface of the granulations than is the lint. The ointment never sticks to the surface of the wound, and no pain or injury is caused on removal of the dressing. Another great advantage is that, owing to the antiseptic quality of the boracic acid, the dressing need only be removed every second or third day, unless the discharge be profuse. Thus time is saved with hospital patients. I have noticed that small lacerated wounds—for example, of the fingers—will keep perfectly sweet for twenty-four hours under the ointment even in tropical climates, and here they keep quite sweet for two days; whereas water-dressing generally requires to be reapplied every twenty-four hours. In applying the oint-