have to be considered are too numerous and too well acknowledged to enable a perfect Bill to be drawn; but we do say that it is beyond all comparison the best Bill that has as yet appeared for the amendment of the Medical Act.

One word may be added in relation to the plagueful question to medical legislation—"the woman's rights" question. The admission of women to the profession and the *Register* is, like the Dental Act, an accomplished and an accepted fact. Had the profession been on the alert and given an united opposition to this unseemly encroachment upon its decency, it might have been prevented; but now no general measure of medical reform would have the least chance of becoming law, unless it provided for the further admission of women to our ranks. Necessity, therefore, has driven us to make this provision; but, in my humble opinion, all those women who avail themselves of it will inflict a degradation, not upon themselves—they will be past that—but upon the chaste and refined of their sex.

A NEW TRACTOR FOR OBSTETRIC FORCEPS.

By ALEXANDER DUKE, M.D.,
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ANYONE who has had a fair amount of experience in forceps-cases must often have felt the want of additional tractile power, especially where the head was more tightly wedged than usual in the pelvis, or where, from misproportion, it required more than the ordinary exertion with the strength at the operator's command to effect delivery. Having

seen more than once an experienced accoucheur fail with all his force to deliver till at length, assisted by another grasping him round the waist, he was enabled to do so (with no detriment to either mother or child),

I had often thought if some means could not be devised which, in a difficult case, would give the required power without the necessity of calling an assistant (even if one were always at hand). I was, therefore, much pleased by reading in a number of the *JOURNAL* for June 29th, 1878, a description of tractor (invented by Mr. Morgan of Lichfield) to be hooked into the fenestra of any long forceps *after* application, and which, he says, "gives additional power of traction, and in the proper direction".

Having purchased a pair of Mr. Morgan's tractors (made by Maw, Son, and Thompson, London), I endeavoured more than once to apply them according to his directions; but, besides the great difficulty of reaching the lower edge of the fenestra *after the forceps were locked*, I found that the usual amount of moulding and elongation of the head had taken place, which forced the scalp through those openings and made it impossible for me, without injury to the child's head, to apply them.

I have since had a modified pair of tractors made for me by John White of Dublin, which I hope I shall be excused for saying are, I think, an improvement, as they can be introduced *with the blades and before the forceps are locked*; and, not being hooks, but having a shield-shaped extremity, can be buttoned into the fenestra of each blade before introduction; and, not being liable to slip, cannot possibly injure the scalp of the child or soft parts of the mother.

When additional traction is required, as in cases of convulsions, hemorrhage, etc., where time is very important, I slip the rings of my tractors into an ordinary swivel attached by metal band to a strap which I have previously buckled round my waist, and can thus make any amount of traction *consistent with safety*, with the greatest ease to myself, and without fatigue, or perspiring profusely, as I often did before and many do still.

The woodcut represents the lower blade of the forceps with tractor, ready for introduction. The amount of force can be modified at will, is always applied in the right direction, and, when the operator has no help at hand, may save him much fatigue, and sometimes from resorting to the much dreaded operation of craniotomy.

CLINICAL MEMORANDA.

NOTE ON DIPHTHERIA.

DR. EIGENBRODT's suggestions in the *JOURNAL* of January 25th must be my excuse for recording the following case.

On January 14th, I was requested to give my opinion as to the condition of a child's throat. I found the right tonsil tumefied, and covered with a true diphtheritic membrane of the size of an adult thumb-nail; the left tonsil was also considerably swollen, and had on it a patch about the size of a little finger-nail; the palatal arch, uvula, and fauces were much congested; pain had been complained of at the back and sides of the neck; there was no headache, and only slight discomfort on swallowing; the pulse was 130, the temperature being 104. It appeared that the child's mother had noticed him to be unwell on the 11th; but he did not seem to be sufficiently ill to be nursed until the 14th.

The house is the first one of a terrace, has three sides exposed to the weather, and had been uninhabited for about nine months, when, on January 3rd, it was hurriedly entered by the family. The house has been built many years, and I noticed that the walls were damp; the paper old, decayed, and in many places detached. Mildew was also present, together with a fusty smell. There was no evidence of contagion, nor of importation; nor am I aware of antecedent diphtheria in the town.

Had, then, this solitary case of diphtheria in a delicate boy of eleven years arisen from the unhealthy condition of the house into which the family had newly come? There were present want of free circulation of air, dampness, old wall-paper, mildew, and general need of cleansing and repair. Can defects such as these be regarded as certain causes of diphtheria, or as prejudicial to health only? I suspect our present knowledge will only permit the latter suggestion; but if the diphtheritic membrane should prove to be the outcome of fungi, then defects of the above sort might be regarded as the very sources of diphtheria.

The following treatment would probably be considered rational on such a hypothesis. The child was immediately confined to one room, well aired and warmed; the other children being strictly prohibited approaching thereto. The atmosphere was continuously impregnated with burning sulphur; a compress of sulphurous acid (1 in 8) was applied round the throat; a gargle of the same (1 in 24) was assiduously used; and a mixture administered of nitrate of potash, liquor ammoniæ acetatis, and dilute nitro-hydrochloric acid. The gargle was recommended to the other children.

On the 15th, the congestion was less; the temperature 103. There