parts been blistered and painfully excoriated as a consequence. On this account, I am now very careful to wash away with a syringe all discharges from the surface of the cancer, and to raise the breech of the patient to prevent any overflow of the solution over the vulva, and, after applying the perchloride, to suck up with a sponge from out of the bottom of the vagina any superabundant solution which a slight pressure on the saturated wool over the sore may cause to flow out; after that, to retain the wool in its place by a loose plug of tow in the vagina; and, lastly, to dry and oil the vulva before the patient rises from the couch.

I have always used the strongest pharmacopoeial solution undiluted, as I have only used it to secure a caustic action. At first, I applied it on a piece of sponge or lint; but finally found cotton-wool to answer best, as it sucks up any quantity that may be required, parts with it easily, and can be moulded into any form, so as to fill a cavity or cover over and adhere to any growth. It has happened occasionally that I have found the cotton-wool still adherent over the sore a week or more after its application, and, when removed, it is always a black or chocolate-coloured mass, frequently quite solid, from the quantity of blood or albuminous matter absorbed in its meshes and clotted therein; indeed, one patient gravely told me she had passed a solid brown egg a few days after one of her visits. No doubt it was the hardened wool, although she declared she had cleared out the vagina the day after her visit.

I have kept no record of all the cases I have treated with the perchloride; but, as I have generally had six or eight under treatment at one time, I must have used it in twenty or thirty cases; and its beneficial influence has been so marked, that I would strongly recommend its trial in suitable cases.

CASE OF LARYNGITIS: TRACHEOTOMY: RECOVERY.

By SURGEON-MAJOR J. H. PORTER, Assistant Professor of Military Surgery, Army Medical School, Netley.

IN this case, an acute attack supervened on the disease in a chronic form.

Gunner T. W., Royal Artillery, aged 30, of thirteen years' service, was invalided from India in February, 1874, after a residence there of seven years, on account of extensive syphilitic disease, affecting the bones of the left foot. When he arrived at Netley on April 23rd, 1874, he was suffering from hoarseness of voice and irritative cough, which had first attacked him on board ship, immediately after entering the Mediterranean. Inhalation of the vapour of turpentine and creasote was ordered, while iodide of potassium was given internally; and under these remedies the laryngeal symptoms had so nearly disappeared, that the usual arrangements were made for him to leave the hospital on the 8th of July. On the 3rd of the month, however, the laryngeal symptoms suddenly became aggravated, his voice became weak and hoarse, and he was troubled by cough of a croupy character. The treatment which had relieved him before had now no salutary effect, but appeared rather to aggravate his symptoms. Minute doses of antimony were then administered, the temperature of the ward was kept high, and under these circumstances the patient experienced relief, and appeared to be progressing satisfactorily, when, at 2 P.M. on the 7th of July, he became much worse. His countenance became livid, his skin was bathed in cold perspiration, and he suffered greatly from hoarse cough, accompanied by bloody sputa, and a sense of impending suffocation. He complained of great pain on the right side of the larynx, which was swollen. The pharynx was greatly congested, and the epiglottis could be felt enlarged and thickened. The highly sensitive condition of the parts prevented the use of the laryngoscope. He obtained comparative relief at intervals, but at 4 P.M. his symptoms assumed such a threatening character, the patient being almost asphyxiated, that it was decided to open the trachea.

The condition of the larynx precluded direct surgical interference so far as it was concerned. Chloroform having been administered, the patient was placed in position for the performance of tracheotomy. The knife had already touched the upper rings of the trachea, when the patient ceased to breathe, became quite black, and was apparently dead. Without delay the scalpel was plunged into the trachea, and, with considerable difficulty, a tube was introduced. Artificial respiration was then adopted by means of Silvester's method, and in about ten minutes animation was restored. In half an hour he was breathing easily, and expressed himself in writing grateful for the relief he had obtained.

Under most careful nursing by the sisters of the hospital, and the administration of iodide of potassium in large doses, he steadily improved. The tube was removed on July 16th, on the ninth day after the operation, to ascertain if he could breathe without it; but in less than five minutes breathing became so distressed that it had to be at once replaced. The tube was taken out on several occasions between the above-mentioned date and July 24th, but it was found that he could not remain long without it. On and after the 24th, however, the forty-fourth day after the operation, it was not found necessary to replace the tube, as his breathing continued quiet and easy without it. On September 8th, the wound had completely healed, and his voice had nearly recovered its former strength, and he was discharged from hospital.

There are two points in cases of laryngitis which frequently cause the surgeon much anxiety. The first is, to decide on the proper moment for surgical operation, when it has been determined to operate; as after each spasm there is temporary relief, and this may induce the surgeon to hope that the threatening symptoms of the disease have subsided, so that the need for the operation has passed away. Under these circumstances, the operation may be postponed till perhaps it is too late. The safest plan is no doubt to operate early. The second point is, to determine the proper time for the removal of the tube. This can only be settled by attention to the feelings of the patient, and observation of his power to respire without it.

ON THE MANAGEMENT OF LABOUR AS FAR AS REGARDS THE PREVENTION OF HÆMORRHAGE AND SEPTICÆMIA.*

By I. HARRISON, F.R.C.S.,
Fellow of the Obstetrical Society.

It was well remarked by a speaker in one of the great discussions which took place at a metropolitan Society, that it was needful to have a clear and distinct understanding of what they were talking about. The remark holds good in a debate on obstetrics, and fifty applies to our doings in its practice. It is a mistake, I contend, in the practice of obstetrics, to look upon it as a series of regulation-formulæ, to be treated after a set and recognised fashion, rather than as a natural process, modified as it may be, as it must be, and as it is, by varied accidental complications. We must act on general principles, founded on the anatomy and physiology of the parts concerned.

Up to the time of the establishment of the true action of the spinal marrow and of the reflex system by Dr. Marshall Hall, of their application to obstetrics by the late Dr. Tyler Smith, and of the splendid dissections and demonstrations of the uterine supply of nerves by Dr. Robert Lee, many of the phenomena of parturition were inexplicable, or their explanation was contradictory. The observations about to be made are founded on their teachings.

The uterus is a muscle of the involuntary class, of a non-striated character, the fibres of which, in the pains of labour, after remaining in a state of contraction for a brief period, relax; as is invariably the case in non-striated muscle, it being incapable of sustained effort, says Dr. Leishman. It has a peristaltic action of its own. It is connected with all the nerves from the medulla oblongata to the sacrum—cerebral, spinal, and sympathetic. The uterine group includes the nerves of the ovaria, Fallopian tubes, uterus, vagina, and the external parts of generation. Hence its sympathies and synergies are innumerable; they include affections of the head, breasts, stomach, suprarenal capsules, bladder, rectum, os and cervix uteri, and of the external parts; and may be direct or reflex—mainly reflex. "Thus, in parturition, the uterus may be excited in a reflex form by irritation of the mammary incident excitator nerves, the pubic and abdominal branches of the intercostals, the rectal, the gastric division of the pneumogastric, the ovarian nerves, and also by the nerves of the vagina and the os and cervix uteri. These act through the medium of the spinal marrow, the great organ of physical motion." (Dr. Tyler Smith).

It will not be contended, I take it for granted, that the uterus is an isolated organ, having no nervous connections or supply. If any doubt—and there are some who do—let him look at these beautiful plates of the dissections of Dr. Robert Lee. It will be admitted, also, that the vessels and nerves enlarge *pari passu* with the growth of the uterus during pregnancy.

An organ so endowed must have extensive susceptibilities, and be the recipient of a wide range of reflex impressions. Let us take an

* Read before the Reading Pathological Society.