ON PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.

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THE best authorities are, I think, agreed that it is not advisable to support the perinæum, when that important structure is being distended by the passage of the fetal head. And the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

However, as it is a most deplorable accident to happen to any female, not only on account of the additional danger to the patient, from the chance of septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about, if only to draw out the opinion of older and wiser heads, as to the advisability of adopting some preventive treatment, instead of, as a rule, interfering too late, or at the wrong time, with the calamitous results we so often witness.

The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery) is this:—When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain, draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaselin, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, "the process of extension," while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

The drawing back of the perinæum produces no additional pain to the patient, as it is done during an uterine contraction; and I feel sure that, if nurses and students were educated as to the proper way of preparing the perinæum previously to its distension with the presenting part, we should see and hear less of lacerated perinæum.

ABNORMAL COURSE OF THE LEFT URETER.

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THE sketch which accompanies this note represents (half size) a kidney, removed from a patient who died in the Northumberland County Asylum of phthisis. The organ is lobulated in a curious manner; indeed, in the course of my pathological work, I never saw

one so irregular and peculiar in form. Indications of lobulation, as seen in the upper half of this kidney, are of frequent occurrence; but the arrangement seen in the lower half is quite exceptional.

But the chief point of interest in this specimen is the direction of

the ureter. Instead of descending from the renal pelvis, in the usual manner, to the inner side of the kidney and on the psoas muscle, it lies in the first part of its course on the kidney. On submitting the specimen to Professor Turner, he stated that he had seen such an arrangement; but it must be very unusual, as it is the first of the kind I ever saw in the course of several hundred *post mortem* examinations.

The relation of parts is evidently of importance to the surgeon, seeing that, in the present day, it is not only a recognised, but most successful operation, to cut down on the kidney, and remove calculi from the pelvis and upper part of the ureter. As, in the course of years, my surgical knowledge has gradually diminished, through lack of material wherewith to maintain it, I do not attempt to describe, in detail, how much an abnormally placed ureter might embarrass the surgeon. To reach it, he would be obliged to cut through the whole thickness of the kidney, about one and a half inches.

CLINICAL MEMORANDA.

COMMUNICABILITY OF PHTHISIS.

AMONG the deaths certified by me, during the last twelve or thirteen years, sixty-three have been from phthisis. Some of these cases were complicated by renal or other diseases; some were probably syphilitic; but all manifested signs of tubercular disease of the lungs. Thirty-five patients were married. Nearly all the patients had bedfellows. The death of one (a man) was followed, six or seven years afterwards, by the death of his wife, "in a decline." She died in the neighbourhood, but not under my care, so that I speak from report only. Her parents died early. As all these deaths happened in country practice, I have generally been able to trace the history of the survivors. In some families, more than one member has died of phthisis; but the disease has been traceable to hereditary taint rather than to direct contagion. For instance: in a farmer's family, three deaths have arisen from phthisis, and a daughter is now ill; but the years of the patients, intervals of the illnesses, etc., are such as to render the fact of communication very improbable.

Dr. Janeway is wrong in stating that negative statistics prove nothing. If one hundred persons inhale bacilli, probably half such persons have some tuberculous taint, then the fact of the very large majority resisting the contagion proves that the contagium is not active, to say the least. With regard to the effect of inhalations, I may note that, quite unintentionally, I obtained proof of their power to limit the formation of bacilli. When first trying Dr. H. Gibbes's mode of staining, I repeatedly examined the sputum from three patients, without being able to find any bacilli. These men were using creasote and carbolic acid in an inhaler regularly; but this had not occurred to me until I found the organisms in other sputa from patients not using the antiseptic treatment.

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VACCINIA.

ON January 18th, I vaccinated my fourth child, a boy three months old, with calf-lymph obtained through the Association for the Supply of Pure Vaccine Lymph. Vaccination was effected in four places by superficial scratching with a new needle. There was no bleeding. The child had been strong and healthy from its birth. It had had slight nasal catarrh some weeks before, and had been subject to repeated eruptions of "red-gum;" but no vesicles or pustules were observed up to the time of vaccination, when there was an appearance on the left cheek that was taken for another incipient crop of "red-gum."

On the second and third days, the papules on the cheek became surmounted by vesicles, which soon began to weep, and presented all the characters of eczema. On the fifth day, there were four vesicles at the points of inoculation, fairly well developed, and with clear lymph oozing from them. On the seventh day, or possibly late on the sixth, a crop of papules appeared round the points of inoculation, and also a few scattered over the body. On the eighth day, the primary vesicles were large and well formed, oozing a good deal. There was very little areola. On the ninth day, vesicles appeared on what I may call the secondary papules. On the tenth day, the primary vesicles, still discharging copiously, were surrounded by at least fifty discrete, circular, well formed vaccine vesicles, several of which were discharging lymph. There were also similar vesicles distributed as follows: one on the opposite elbow, one