

time as the mother, but had it eight or ten days later at least. As the foetus formed its own blood from absorbed material, so it incubated its own zymotic poison, and failed with the disease later than its parent. Hence, when born during the primary or eruptive fever of the mother, it had no eruption; and it was not until after her secondary or maturing fever was nearly or quite over that the child could exhibit pock marks at birth, and if so it was usually dead. Another point of interest was, whether children born after their parents had survived attacks of small-pox after vaccination would be susceptible of the vaccine. In two children so born he failed to produce any vesicle from punctures made the day after their birth, but in the last one he succeeded some months after in producing a regular vesicle with characteristic induration and areola. The complication of natural small-pox was far more dangerous than that of variola after vaccination. Of this he had seen only one case: in this the eruption was confluent, and the woman died undelivered. Mr. Streeter also advocated revaccination after puberty, because, as small-pox may occur twice, so may small-pox occur after vaccination; and in conclusion, he referred to one especial danger of small-pox in the female—the occurrence, namely, of profuse menstruation during the eruptive fever, leading to prostration and a recession of the eruption.

Dr. MADGE said that the third volume of the Society's Transactions contained a short paper by him on a case of small-pox in twin-foetuses, and in the remarks appended to that case he believed he had anticipated a good deal that had been said in this discussion. At present the subject was perhaps more of a theoretical than a practical one. In the paper referred to, however, he had made what he believed was a novel suggestion, and which he would now repeat—namely, the necessity or advisability of recommending all pregnant women during epidemics of small-pox to be vaccinated or re-vaccinated, so as to extend the protective influence of vaccination through the blood of the mother to the child in utero.

Dr. BARNES, in answer to Dr. Madge, thought that it might be desirable to revaccinate pregnant women who were specially exposed to infection during an epidemic, but that as a general rule it was not called for.

Reviews and Notices of Books.

On Ovariectomy. (Clinical Surgery, Part VII.) By THOMAS BRYANT, F.R.C.S., Assistant-Surgeon to Guy's Hospital. pp. 151. London: John Churchill and Sons. 1867.

THIS volume is a part, complete in itself, of a series of treatises on Clinical Surgery which have issued from the pen of Mr. Bryant, and even if it stood alone, in these days, when the time at our disposal seems to grow less and less, it would gain for its author reputation on the score of perspicuity and conciseness. The radical cure of ovarian tumours by excision is a subject which at present is deservedly exciting the attention of the profession, and an analysis of the contents of Mr. Bryant's book may prove not uninteresting to our readers.

In the first chapter the justifiability of the operation is discussed. The arguments alleged to be urged against it are: 1. The difficulty of diagnosis, and the consequent risks that may be run. 2. The danger of the operation. These may be answered by two cogent arguments in its favour: (a) that it is not more fatal than many other capital operations, and less so than some; and (b) that the cure is a perfect one, leaving the patient with all her functions uninjured.

Chapter II. traces the history of the operation.

In Chapter III. the various causes of death in cases where ovarian tumours have run their course are examined, and in connexion with this chapter an appendix, fully drawn up by Dr. Phillips, will be found at the end of the book, in which tumours are divided into (1) monocystic, (2) polycystic, (3) malignant ovarian tumours, and (4) dermoid cysts.

Chapter IV. urges the value of statistics, which would be much enhanced if every practitioner would come boldly forward and give his experience in *all* his cases. In the conclusions from this chapter it appears that the mortality of

cases of completed ovariectomy is 37·7 per cent. (British, 33·8; foreign, 48·3), that the operation is more successful when there has been no previous tapping, and that collapse, hæmorrhage, and peritonitis are the chief causes of death after the operation.

To the question in Chapter V., "When and under what circumstances should the operation be undertaken?" the answer seems to be, that if there be no decided contra-indication in the form of very enfeebled health in the patient, of extensive pelvic or visceral adhesions, or of malignancy in the tumour, an operation is to be recommended when the tumour is rapidly growing, when the patient is becoming worn out by that disease alone, when her life is a burden, and nothing but a lingering death is staring her in the face. If there is evident necessity for the performance of the operation, the sooner it is undertaken the better.

Chapter VI. is "On the Operation of Ovariectomy," and contains in about twenty pages a volume of matter. Mr. Bryant recommends that iron should be exhibited for a few days previous to the operation, as a prophylactic measure against inflammation and erysipelas. He insists on excluding from the operating-room and from attendance all who have recently brought themselves within any morbid influence (as dissections, fevers, &c.) The high temperature of the room that some operators advocate does not find favour with Mr. Bryant; he prefers a room comfortably warm (65° F.), with good ventilation. The position of the patient to be semi-recumbent; anaesthesia to be general, not local; the incision to be of no fixed length, but to vary with circumstances, always remembering, however, that where there are no adhesions it is better to remove the tumour by a small incision. Adhesions may be broken down generally by the finger without introducing the hand into the cavity of the abdomen; for, as the tumour is dragged out, the adhesions are brought forward within reach of the finger: omental adhesions, perhaps, are better divided by the actual cautery. By far the most important section of this chapter is that on the treatment of the pedicle, that vexed question of ovariectomists. The different plans of various operators are given, all having for their object the restraint of hæmorrhage in such a way as not to induce subsequent peritoneal inflammation. Mr. Bryant summarises by saying,—

"It would appear, as far as present experience has gone, that in short and broad pedicles, in which the vessels are usually small, the cautery may be employed; but that in small and long pedicles, in which the vessels are usually large, it is not to be tried, and that in these the best practice consists in ligaturing the pedicle in two parts, cutting off the ends of the ligatures, dropping the whole in, and closing the wound."

Mr. Bryant has here omitted to mention that in those cases where the actual cautery is inadmissible—viz., where the pedicle is long—the clamp may be advantageously employed; he has, however, tried it in many of his cases with success. Perhaps we may be allowed to suggest, as an intermediate course between the clamp and ligature, that the pedicle should be firmly held by the clamp, that the tumour should then be severed, and the gaping mouth of each separate vessel seized and effectually twisted till all danger of hæmorrhage is removed, and that the pedicle should then be suffered to slip back into the abdomen. Mr. Bryant does not advise the peritoneal cavity to be sponged out unless much blood or thick mucous fluid has escaped into it. In the closure of the wound he prefers silk sutures, and to include the peritoneum. In the treatment immediately after the operation, a suppository of compound soap pill, two grains, but not to put the patient deeply or for long under the influence of opium.

Then follow twenty-eight cases. Two of these were of the removal of *both* ovaries, and were fatal. The other twenty-six we have arranged in a table which is subjoined, and it would have been well if Mr. Bryant had inserted something of the kind in his book.

We congratulate Mr. Bryant on having condensed his experiences into so readable a book, and given to the profession so much information on one of the most interesting and important surgical questions of the day.

ANALYSIS OF CASES BY MR. BRYANT.

No.	Tappings.	Incision.	Adhesions.	Treatment of pedicle.	Closure of wound.	Result.
1	...	7 inches.	... ..	Fixed in the wound.	Harelip pins.	Death (low peritonitis).
2	1	8 ,,	Parietal and omental.	Clamp.	Wire suture through the peritoneum.	Recovery.
3	1	5 ,,	Omental.	Clamp.	Ditto.	Recovery.
4	1	Small.	None.	Whipcord ligature.	... ..	Death (peritonitis).
5	...	6 inches.	None.	Whipcord in three portions.	Wire through peritoneum; one through pedicle.	Recovery.
6	3	...	... ..	Seven ligatures of whipcord.	... ..	Death (hæmorrhage and acute peritonitis).
7	1	6 inches.	Few.	Three ligatures of whipcord.	Wire through peritoneum.	Recovery.
8	...	7 ,,	... ..	Clamp.	Ditto.	Recovery.
9	2	Small.	... ..	Clamp.	Wire.	Recovery.
10	None.	4 inches, increased.	Omental and visceral (omental required ligatures).	Whipcord in three places, cut short, and dropped into abdomen.	Ditto.	Death (absorption of poison).
11	1	Long.	Parietal.	Clamp.	Ditto.	Recovery.
12	...	Moderate.	None.	Clamp.	Wire through peritoneum.	Recovery.
13	None.	Moderate.	Parietal.	Clamp.	Ditto.	Death (peritonitis and pyæmia).
14	1	4 inches.	Parietal and omental (ligs. through wound).	Clamp.	Ditto.	Recovery.
15	1	Moderate.	Parietal and omental.	Clamp.	Ditto.	Death (bronchitis).
16	...	...	Parietal.	Ligatures cut short and returned.	... ..	Death (hæmorrhage).
17	1	Moderate.	None.	Ditto.	... ..	Death (peritonitis).
18	...	4 inches.	Pelvic (ligature cut short).	Ditto.	... ..	Recovery.
19	...	Small.	... ..	Whipcord ligature brought out of wound.	... ..	Death (peritonitis).
20	1	Long.	Parietal and omental.	Two ligs. of whipcord, cut short, and returned.	Silk sutures.	Recovery.
21	1	6 inches.	Parietal and omental (lig. of oment. brought out of wound).	Three ligatures, ditto.	Ditto.	Recovery.
22	...	4 ,,	None.	Double ligature, ditto.	Sutures included the peritoneum.	Recovery.
23	1	Moderate.	Parietal and omental (omental ligatured and cut short).	Ditto.	Silk sutures.	Recovery.
24	...	5 inches.	None.	Ditto.	Ditto.	Recovery.
25	1	Moderate.	Parietal.	Ditto.	... ..	Recovery.
26	...	4 inches.	None.	Ditto.	Silk sutures <i>not</i> including the peritoneum.	Recovery (rapid).

Analytical Records.

UNDER the above heading it is proposed to institute a new department of THE LANCET.

It is intended to embrace analytical and critical notices of all articles of food and drink, of drugs, medicines, and pharmaceutical preparations, about which any question of purity or wholesomeness may be raised, or which may possess such features of novelty or interest as to render description and record desirable.

A great many articles and preparations reach us from time to time, accompanied in many cases with the request that we would examine and report upon their purity, quality, and general merits. Ordinarily, from various considerations, but a very small percentage of such articles are publicly noticed by us; and such criticisms as are published appear only very

irregularly, and usually in a part of the journal not perhaps the most appropriate for them to occupy.

It should be clearly understood that these notices will be strictly analytical and critical, and that the opinions expressed will be based in all cases upon the actual merits of the articles examined.

COD-LIVER OIL OLEINE.

Messrs. Bedford, Brothers, have forwarded us three samples of Cod-liver Oil, with the request that we would subject them to examination, and express our opinion on their merits. One is a sample of the oil from which the oleine is obtained; it is a pale oil, sweet, and free from rancidity and fishy flavour or odour—it is, in fact, the oil which furnishes, on the removal of the stearin, the preparation termed by Messrs. Bedford, Brothers, Cod-liver Oleine, and which consists of all the constituents of the oil, minus the stearin. The second sample, or cod-liver oleine, we find on analysis to be