

*Dr Duncan*, in reply, said that he did not attach importance to the opinion of practitioners who had not made deliberate and careful examination of the parts after delivery. He referred to the case he had related of a primipara in which he had no suspicion of rupture, and the patient complained of nothing whatever, and yet, on examination, he had found most extensive lacerations. As to the forceps, he would say, in answer to *Dr Milne*, that it had been proved in the Dresden Hospital that lacerations were more common in these cases; but he allowed that proof was yet required to demonstrate whether the lacerations in these cases were caused by the forceps, or the natural result of the conditions requiring the use of the forceps. He had little doubt there must be some connexion between the use of the forceps and the greater mortality in instrumental cases. He thanked the Fellows for the reception given to his paper.

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## Part Fourth.

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### PERISCOPE.

DUALISTIC THEORY OF VENEREAL SORES.—In criticising *Mr Jonathan Hutchinson's* remarks on this subject at the late meeting of the Pathological Society of London, the *American Journal of Skin and Venereal Diseases*, October 1876, says:—"We must express our disapproval of the statement so emphatically made at the commencement of the paper, in which *Mr Hutchinson* says—'I think we may say of dualism that it is dead, and that the now simpler creed, which attributes the soft chancre to contagion, with inflammatory products produced by syphilis, but not, as a rule, containing its germs, is the one which obtains general acceptance. We have thus in syphilis one malady and one virus.' We think this statement is, for various reasons, ill-judged. As dualism is not one of the distinct issues of his paper, he should not thus curtly allude to it and dismiss it, as by so doing he led the way to irrelevant discussion, and, at the same time, rendered himself liable to mislead those who are not familiar with the minute aspects of the question. Clinically, to-day, the fact that the hard sore always produces syphilis, and that the soft sore does not, but that it is simply local in its operation, is as generally received, and as susceptible of overwhelmingly convincing proof, as it was when it was so boldly advocated by *Bassereau* twenty-odd years ago."

CLINICAL STUDY OF THE TREATMENT OF SOME COMPLICATIONS OF STRICTURE OF THE URETHRA. By *E. MARTIN*, from *M. Guyon's* Cases in the Necker Hospital, Paris.—In the treatment of simple strictures, *M. Martin* recommends wax bougies of the

same calibre throughout. He dips the point in collodion to make it stiff, and to preserve any curve the operator may give the instrument. His object in using wax bougies is the same for which they were recommended long ago—namely, that they may take an impression of the strictured part of the canal. In difficult cases M. Guyon employs filiform instruments afterwards. Of 300 cases of stricture treated in the hospital, 24 are described by M. Martin as difficult, but only 3 of these ultimately required the knife. He very naturally, therefore, claims for the “gentle” system of treatment the credit of being very successful. In cases of stricture complicated with fistula, M. Martin reiterates the usual experience of surgeons, that most fistulæ heal up when the stricture is cured. Where this is prevented by induration of the tissues, he recommends perineal section or excision of the fistulous track. For the latter operation, the method of M. Voillemier is described, where by an oval incision a conical portion of the perineum is removed, having its apex at the internal or urethral opening of the fistula.—*Archives Générales de Médecine*, April and May 1875.

PROFESSOR DOLBEAU ON REDUCTION OF DISLOCATIONS OF THE HIP BY FLEXION AND ROTATION.—Professor Dolbeau characterizes this method as “de douceur,” when contrasted with the old system of ropes and pulleys. He has employed manipulation successfully in 5 cases. He describes the *modus operandi* (procédé de Després) thus: 1. The thigh to be bent to a right angle with the body. 2. To be rotated inwards and outwards whilst extension is maintained. 3. The maintenance of this position relaxes the gluteal and triceps muscles, and prevents pain; and, 4, places the head of the bone in the best position for slipping into acetabulum during extension. 5. Very slight force is necessary if relaxation of the muscles is attended to. The main point is, therefore, the flexion of the thigh on the body; and Professor Dolbeau thinks that the method, slightly modified according to circumstances, is sufficient for the reduction of all cases of dislocation of the hip. He says that the object of his paper was to point out this.—*Bulletin Général de Thérapeutique*, March 1875.

WE quote the following from a note on the GURJON-OIL TREATMENT OF LEPROSY at Port Blair. The method was fully described in this Journal.

“Nine surgeons and two deputy-surgeons-general inspected the lepers at Port Blair, and all expressed their conviction that the remedy was a success. One of the latter, the late lamented Dr Duff, of the Madras Medical Service, remarked that it was more than a cure, almost a miracle. He said, to cure a leprosy ulcer effectively was a marvel; much more the total eradication of other serious symptoms! One man had extensive ulceration on the dorsum of one of his hands, which never got well, and baffled all the hospital treatment for years, even carbolic-oil application in various