very pale, but after it began to appear there was a decided show of activity in it, giving the idea that it would keep the upper hand, as in fact it did. On the ninth day of the cow-pox the small-pox eruption had hurried on and arrived at (put on the appearance of) its ninth day. During this time I was anxiously watching the other child in whom the vaccine vesicle was going on actively, and continued doing so through the eighth day. But on the ninth she also was confined to bed with the premonitory fever of variola, which lasted three days, but no eruption came out, and the patient felt comparatively well. Now, the lymph that I used in vaccinating these two children was procured from the cow sixteen years before, and I had been using it in weekly vaccinations during the whole of that period, so that it had passed through about eight hundred children when used on the above occasion; therefore, I doubt the necessity of the frequent renewal of the lymph from the cow." I had not the like opportunity of putting my lymph to the test, but I have not the least doubt if I had, I would have somewhat equal results. Also, I am quite convinced there is no necessity for the frequent renewal of matter from the cow, as held out by many. If my success in human vaccination may encourage others less fortunate, or whose faith in it is weak, on reading this I hope they will take courage and throw prejudice and fear aside.

COMPLETE RUPTURE OF THE PERINEUM.

By T. KIRKWOOD, M.B., C.M., Rutherglen.

THOUGH partial rupture of the perineum is of very frequent occurrence in labour, yet cases of complete rupture, involving the sphincter ani and the vaginal septum, are comparatively rare. The following may therefore be of interest:—

After a severe and protracted case of instrumental labour, towards the termination of which I had the assistance of one of the neighbouring practitioners, it was discovered that the perineal tissues were ruptured right into the rectum, the lower part of the bowel for about a finger length being made continuous with the vagina. Two single stitches of silver wire were at once introduced deeply into the tissues, the one going through the sphincter and the other catching up the parts

nearer the fourchette. The patient's legs were then firmly tied together with a napkin, and orders given that she was neither to defecate nor micturate without assistance.

On returning in a couple of hours I found the patient raving; her tongue white and tremulous; temperature 102°; and pulse 105. I introduced a catheter, and found the urine to contain a very considerable quantity of blood. In the evening I was happy to find the toxic symptoms gone and the blood less in amount. From this time onwards her recovery was uninterrupted. As she objected to the use of the catheter she was instructed to micturate on her hands and knees. She always did so after the first day. On the fifth day I examined the parts, and as they looked well, I deferred taking out the stitches till two days later. Introducing the finger into the rectum, I felt a considerable amount of thickening over the seat of the wound, but no discharge of any moment; and as there were no scybala, I refrained from administering the usually recommended enema. The diet was principally milk, with no stimulants. During the first two days Pil. Plumbi c. Opio was given with the double intention of soothing the patient and keeping the bowels at rest. On the tenth day a dose of castor oil and a soap suppository were administered with the desired effect. The wound was so completely solidified that not a drop of blood or pus was detected in the motion.

The case is an interesting one, as showing what results, even in untoward circumstances, may be obtained in cases of this kind by prompt action, accurate apposition of the lacerated surfaces, and perfect rest of the parts. No antiseptics of any kind were used. Indeed, it is questionable if *dressings* and injections are not productive of more evil than good, as implying disturbance of that perfect rest which all recent wounds so much require. The wound healed by first intention throughout. The patient, with four of a family and lodgers, had no one to nurse her except neighbours, who looked in to see how she progressed. On the eleventh day I found her up and sweeping out her house, steadying herself by a chair with one hand. It is now six weeks since her confinement; her retentive powers are complete, and she says she is quite as well as after any of her former confinements.

Perhaps it is not customary to keep the bowels so long confined as in the above instance. G. Bantock considers the practice of keeping the bowels confined for a week to be a mistake. As a *practice* it may be so, but in this particular case the patient's general condition throughout was

excellent, and the wound had full time to heal and consolidate before an action of the bowels occurred.*

Dr. Thomas of New York recommends the washing out of the vagina twice daily with a tepid solution of permanganate of potash or chlorate of potash (3 to 5 grs. to ℥i); but in cases of partial rupture I have thought that syringing gave less satisfactory results than more simple treatment.

Cazeaux, in speaking of complete rupture, asserts that though spontaneous recoveries do occur, yet it is far from being the general rule, and he instances M. Huguier, who had seen 15 or 20 (he is not very particular about the exact number) cases of spontaneous cures! Dr. Thomas, on the other hand, is doubtful of spontaneous recoveries. Dividing lacerations of the perineum into the following heads:—

1st. Superficial rupture of the fourchette and perineum not involving the sphincter.

2nd. Rupture to the sphincter ani.

3rd. Rupture through the sphincter ani.

4th. Rupture through the sphincter ani, and involving the vaginal septum; he states—"The first and second degrees of the accident are very generally trifling in their consequences, and frequently pass unnoticed by both patient and attendant. The third is an evil of much greater moment, and not at all likely to undergo spontaneous cure, while the fourth represents the most serious form of the condition. The greater the injury the less likely will be the spontaneous recovery. . . . It may be affirmed, in a general way, that any laceration which does not entirely sever the sphincter ani, may heal without surgical treatment, and that none which converts the two passages into one will do so. Even when the rupture has been complete, it has been asserted that spontaneous cure has taken place, but such reports need confirmation. Peu once affirmed that he had seen a woman thus injured, and who passed her fæces involuntarily, entirely recover. De la Motte declares that 30 years afterwards he met and examined Peu's patient in Normandy, and found that no recovery had occurred."

Authorities differ much as to *when* the operation should be performed. Cazeaux, Roux, and Velpeau advise delaying the operation until after the first menstrual return, on account of the lochial discharge, &c., Nelaton, Verneuil, and Maisonneuve prefer to operate about a week after delivery, while Dieffenbach, Thomas, Edis, and Bantock recommend the immediate

* Bryant, speaking as a surgeon of the remote operation, says the bowels should be locked up for *at least* a fortnight after the operation.

operation. I believe the recent operation finds most favour in this country, and there are many reasons why it is to be preferred. The wound is fresh, and the surface does not require to be *rawed;* the operation is almost painless owing to the numbness caused by the pressure of the head; the repair progresses during the ordinary confinement to bed; there is little risk of septic absorption if the operation is successful; if union do not occur, the remote operation is in no way interfered with; and it sets the minds of the patient and all concerned at comparative rest when something has been done to remedy a condition which, if left to itself, would in all probability render the future life of the unfortunate sufferer calamitous in the extreme.

That the satisfactory results in the above case will follow in the majority of cases where due care is taken I have not the least doubt. The principal difficulty in the after treatment is in keeping the parts at rest, but even that may be greatly obviated by an intelligent and willing patient. As many cases of partial rupture heal with no treatment at all, I fail to see that the lochia can be so irritating to wounds as is supposed in some quarters.

CURRENT TOPICS.

List of Candidates who were successful for appointments as Surgeons in Her Majesty's British Medical Service at the Competitive Examination in London, on 11th August, 1884.—1. J. R. Forrest, 2,475; 2. M. W. Russell, 2,395; 3. W. R. de Morinni, 2,370; 4. B. F. Zimmermann, 2,355; 5. A. F. Stace, 2,340; 6. A. Stables, 2,295; 7. J. F. E. M'Craith, 2,285; 8. E. A. C. Smith, 2,265; 9. W. M. Hewson, 2,210; 10. G. E. Moffat, 2,210; 11. H. A. Haines, 2,180; 12. J. D. Moir, 2,175; 13. R. Crofts, 2,150; 14. G. M. Dobson, 2,140; 15. G. E. Hale, 2,130; 16. C. W. Johnson, 2,110; 17. W. E. Berryman, 2,100; 18. A. T. J. Lilly, 2,080; 19. R. Caldwell, 2,075; 20. C. C. Reilly, 2,065; 21. S. E. Duncan, 2,060; 22. J. Maher, 2,030; 23. A. Perry, 2,030; 24. S. M. Cordozo, 2,010; 25. A. de C. Scanlan, 2,000; 26. H. W. James, 1,990; 27. R. Trevor, 1,990; 28. H. D. James, 1,970; 29. W. Turner, 1,970; 30. B. O. W. Norfon, 1,960.