was that the patient was suffering from, (1) the remains of strain of the muscles of the back, and, perhaps, of the ligaments of the spine; and (2) hysteria, brought on, probably, by the shock to the nervous system, and evidenced, mainly, by hyperæsthesia of the back, and anæsthesia and paresis of the legs. The chances for recovery I considered good, provided the patient should make the necessary effort.

The sympathy excited by the sensitive back, and the plaster-of-Paris jacket, in this case, was, evidently, not inconsiderable, and the view of the case presented by the plaintiff's counsel, seemed to be, that loss of sensation in the legs, extending to a certain height on the trunk, must point to serious disease of the spine, at that height, and that the case would terminate in permanent and total paralysis. However far from the facts of the case this view may have been, it was not so absurd, after all, that it should be advanced, when we consider the hazy ideas which have long existed, even among the medical profession, and medical authorities, regarding the symptomatology, course, and prognosis of so-called "railway spine."

Hospital Practice and Clinical Memoranda.

A CASE OF TRACHEOTOMY IN A NEONATUS.

BY H. H. HANSON, M. D., OF ANDOVER, VICTORIA CO.,
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NOVEMBER 7th, 1881, was called seventeen miles to see a patient who had been in labor three days, and as yet undelivered, although attended by three "*Meddlesome Midwives*." On my arrival, I found patient apparently happy and contented, as the French generally are, under the most adverse circumstances. Lying prone on the floor, and surrounded by seven women and three of the "male persuasion," two of whom were enjoying the never to be lost sight of fumée; besides "enfants," innumerable.

During the patient's labor she informed me that only a small quantity of broth had passed her lips. I learned subsequently, that during the three days, she had taken about three gallons of pork and pea soup. The child's head had been born about thirty minutes and no pulsation in fontanelles could be detected. Lividity of features, cord around neck, and non-rotation of shoulders. The latter caused the non-success of the female obstetricians. The shoulders of the fœtus being rotated into position and the hook of a Hodge forcep introduced into axilla, delivery was instantly affected. Child's buttock was spanked, alternately sprinkled with cold and hot water. Before cord was ligatured a few drops of blood had been allowed to flow.

Artificial respiration was resorted to, for the period of thirty-five minutes, but all to no purpose. I was about giving up in despair when I thought of a trocar and canula I had in my instrument case (one used for Hydrocele). Placing a small stick of beech under shoulders of fœtus so as to throw the head back and raise the chest, I plunged the trocar and canula into trachea, and thoroughly inflated the lungs, which was in a few minutes followed by expiration, produced by compression of thorax. This procedure was maintained for about fifteen minutes, when to my satisfac-

tion, I could faintly hear a struggle for existence. This was followed by more, until at last it was life, "in all its forms." The canula was taken away soon after, and a suture introduced through integument, and a piece of lint soaked in cold water applied, and kept on by means of adhesive plaster. The child made a good recovery, and is to-day fast becoming able to take its place at the hospitable board of its parents, amid the fearful havoc of pea and pork soup, buckwheat plugs, and "boudan."

REPORT OF PROGRESS IN GYNÆCOLOGY.

BY F. H. DAVENPORT, M.D.,
Assistant in Gynæcology, Harvard University.

OPERATION FOR THE CURE OF STERILITY IN CASES OF CONICAL CERVIX, WITH FLEXION OF THE CERVIX UTERI.

DR. GRAILLY HEWITT¹ describes a new operation for sterility in that class of cases characterized by a conical, elongated cervix, with flexion of the cervical canal, a condition described by Emmet as ante flexion of the cervix. He considers this condition due to imperfect nutrition, loss of tone, and gradually increasing bending of the cervix, which changes occur subsequent to puberty. The principal methods of operation hitherto recommended have been amputation of a portion of the cervix, and the posterior incision, as recommended by Emmet and Sims.

The operation which Dr. Hewitt performed in one case, was as follows: Having drawn down the cervix, he removed from the posterior aspect, in the median line, a portion of mucous membrane nearly an inch in length, and half an inch wide, and having done this, stitched the upper and lower margins together, the effect of the procedure being to shorten the vaginal cervix on its posterior aspect, to draw the os uteri backwards, and thus straighten the vaginal cervix, and increase its patency. When the stitches, three in number, were tightened, the vaginal cervix was made to look downwards, instead of upwards. The sutures were removed after a few days. Conception followed in the course of a few months after the operation.

He considers this operation an improvement upon the two other methods, because the uterus, as a whole, is less mutilated, and presumably, its functions may be supposed to be better exercised when the cervical canal and the os uteri externum are preserved.

ON HYSTERECTOMY.

Dr. Thomas Keith,² in this paper, while recognizing the marvellous improvements and results of the last ten years in operative interference in cases of fibroids, yet takes a thoroughly conservative view, and advises the operation of hysterectomy only in extreme cases. The removal of the ovaries and tubes, he says, is an operation full of promise, and, as regards his own work, the result is more satisfactory every time that it is performed. It will not, however, supersede hysterectomy, as there are cases in which, even when got at, the ovaries cannot be separated from the uterine tumor without too great a risk. He advises trying the simpler method first, in all cases where the tumor is small, and

¹ British Medical Journal, June 13th, 1885.

² Edinburgh Medical Journal, May, 1885.