2d. Ligation of the umbilical cord is in many cases injurious. *a.* Because as has been shown in the text, it may be justly considered as the cause of *secondary hemorrhage* from the umbilicus. *b.* Because by preventing that flow of blood which should naturally take place from the umbilical vein, and thus giving rise to congestion of the liver—it produces *infantile jaundice*, and probably also *sclerema*. *c.* Because—by interfering with desiccation of the cord, and thus retarding its separation—it gives rise to *ulceration of the navel*, and not unfrequently *erysipelas*, *fungoid excrescence*, etc. *d.* Because—by maintaining the vessels of the funis in a state of congestion, it endangers the *inflammation of these vessels*, and also hinders their normal obliteration, thus laying a foundation for *umbilical phlebitis*, *erysipelas*, *jaundice*, *pyemia*, etc. *e.* Because—by preventing a normal escape of blood from the divided cord and thus causing *hepatic hyperæmia* and congestion of the portal vessels—it may lay the foundation for an innumerable list of serious maladies which, in the infant, would seem to be traceable to such congestion.

3d. That in some cases certainly, probably in not a few, ligation of the cord has been directly fatal. *a.* Because numerous instances of death are recorded, in which the fatal result was ascribed to ligation of the cord by the highest obstetrical authorities. *b.* Because it can be seen that in cases of still-born children the operation maintains the right ventricle in a state of distension—which otherwise would be relieved by a flow of blood from the hypogastric arteries—thus effectually preventing the renewal of the heart's action when it is stopped, or rendering the stoppage complete when it is about to cease. *c.* Because, in many instances, the child's life has been saved by the removal of the ligature, *when all other means had failed*.

Dr. K.'s management of the cord at birth, is, to wait before dividing the cord, until its pulsation has become feeble, or, when from any extraneous cause the separation of the child becomes necessary, to divide the cord below its pulsating portion, whether this be eight or ten inches from the navel, as the portion remaining may be shortened after the pulsation has ceased. The division should not be made with a sharp instrument, but with a pair of *dull* scissors, or what would be preferable with an *écraseur* constructed for the purpose. When the bleeding from the remaining end of the cord has ceased: the cord being very thick, with large vessels full of blood, and loaded with gelatinous matter, it is to be firmly held near the umbilicus with the finger and thumb of one hand, while by the other gentle efforts are to be made to squeeze out the blood, and the fluid portion of the gelatinous matter. The cord having in this manner been rendered flaccid and ribbon shaped, it is simply suffered to remain without any dressing whatever, hanging downwards, and resting on the abdomen of the infant.

While we are not prepared to dispute the accuracy of any of the statements made by Dr. K., we, at the same time, do not feel inclined to advise an abandonment of the practice of ligating the umbilical cord of the new-born infant. When done at the right time, and in the right manner, no possible harm can result from it. We have, on the other hand, certainly seen a hemorrhage to occur to an extent sufficient to produce at least pallor of the cheeks and lips, with diminished temperature of the surface, when the ligature has, from any cause, escaped from the funis in a new-born child.

D. F. C.

ART. XLII.—*Syphilis and Local Contagious Disorders*. By BERKELEY HILL, M.B., Lond., F.R.C.S., Assistant Surgeon to University College Hospital; Teacher of the Use of Surgical Apparatus in University College, and Surgeon to Out-Patients at the Lock Hospital. 8vo. pp. 467. Philadelphia: Henry C. Lea, 1869.

This is an excellent work. The author is evidently thoroughly conversant with his subject, and has a happy facility in imparting his knowledge to others.

Our knowledge of venereal affections has made remarkable progress during the

present century. In 1810, Hernandez demonstrated gonorrhœa to be a local affection, and to have nothing in common with syphilis; in 1852 Bassereau showed clearly that the simple chancre is a local affection, and never infects the system. These facts may have been indicated before, but they cannot be considered as proven until the publications of these writers. They are scarcely second, in importance, to any in all medical pathology.

In his preface Mr. Hill says: "I have attempted to arrange in a systematic description of venereal diseases, the large contributions which recent research has brought to our knowledge. In doing so, I have striven to render the work more complete, while keeping it concise and suitable for the student as well as the practitioner.

"As the syphilitic virus is not now supposed to be the cause of all venereal sores, the local contagious ulcer, or chancre, is treated in a separate division of the book.

"Syphilis is a constitutional disorder from the first: the effects of the virus may penetrate any organ of the body while the disease is in progress, and continue perceptible until the poison grows inert or languishes in some local sequelæ. Not long ago it was impossible to describe the whole course of syphilis, for it is only recently that we have been able to assign to their true origin the numerous lesions which are now recognized as common sequences of the disease."

Our author's work is divided into five divisions. The first is called introductory, and contains two chapters, one giving a history of venereal diseases, and the other the modern views of these affections. The second, in thirteen chapters, treats of syphilis; the third, in two chapters, of chancre; the fourth, in three chapters, of gonorrhœa, and the fifth, of accessory venereal affections, as warts, herpes preputialis, paraphimosis, etc. etc.

The work is complete and concise—its arrangement adapting it for the instruction of students as well as practitioners. So far as syphilis is concerned, it gives a clearer idea of the disease, its course, and symptoms, as they are successively developed, than any other treatise on the subject we know of in the English language. The chapter on treatment is particularly worthy of commendation, on account of the admirable observations upon the use of mercury.

Those already acquainted with the great advances made in recent years in the pathology and treatment of venereal affections will be much gratified in the perusal of this work, and those who are not can nowhere find more correct and complete information than in these pages.

The work is well gotten up, on good paper, with clear type; it has a full table of contents at the beginning, and is completely indexed. W. F. A.

ART. XLIII.—*Joined Twins; their Obstetrical and Surgical Management, with Remarks.* By A. B. Cook, A. M., M. D. Prof. of the Principles and Practice of Surgery, Kentucky School of Medicine. Kentucky. 8vo. pp. 26.

THE most interesting portion of this essay is that which touches the question as to the propriety of an operation to sever the bond of union in joined twins, especially when this consists in a fusion of a greater or less extent of the parietes of the thorax or abdomen of the two children, or in a band extending from the thoracic or abdominal region of the one to that of the other. The author is of opinion that when the attachment involves any considerable portion of the abdominal or thoracic walls, so long as the twins continue in good health, an operation, under all circumstances, is questionable. Previous results do not justify its performance. When the union is formed by a band, as in the case of the celebrated Siamese twins, the only known pair now living in which this kind of union exists, the proper solution of the question as to the propriety of dividing the band is to be based upon the analogies between such cases and