

are found more frequently healed in the lungs of spirit-drinkers than of any other class ; Rokitansky shows that an altered condition of the blood is necessary for the cure of tuberculosis, and that this altered condition is a state of venosity ; and Liebig teaches that the alcohol which spirit-drinkers take into the stomach passes into the bloodvessels, and there uniting with oxygen forms carbonic acid, and produces a venous condition of that fluid.

Without wishing to give any countenance to intemperance, may I not ask the profession, whether, in view of these statements, the total prohibition of spirituous drinks to all persons, especially to those predisposed to tubercles, is not likely to be attended with ill effects ?

Whether the moderate use of alcoholic drinks ought not to be recommended to persons disposed to consumption, and the more free use of them be recommended to persons laboring under the disease ?

Whether consumption of the lungs be not more prevalent than formerly, and whether the disease be not increasing in those communities, and among those persons, who most strictly abstain from all spirituous beverages ?

Whether the fibrinous condition of the blood can be altered by any system of diet ?—*New Jersey Medical Reporter.*

ON ETHERIZATION IN MIDWIFERY.

BY PROF. LINDSLY, WASHINGTON, D. C.

HAVING observed, in several papers, notices of the report which I presented at the late meeting of the American Medical Association in behalf of the Committee on Obstetrics, that are erroneous in various respects, I beg leave through your valuable Journal to offer a few remarks on etherization, in which some of these errors will be corrected.

It has always been very remote from my intention, to take an ultra or partizan stand in favor of etherization in midwifery. I believe, in the very great majority of cases, no interference with the natural progress of labor is necessary or justifiable ; but I also believe that there are cases where it is proper for the practitioner to resort to a remedy, which is confessedly efficient in relieving pain, and which I have no doubt is, with due caution, entirely safe. And I regret to see physicians of high standing in the community, not only condemn without trial, but take the lead in denouncing, means, of which they are *experimentally* ignorant, thus reversing the sound advice of Hunter to Jenner—"Do not think, but try"—for these gentlemen say by their actions, "we will think (and condemn), but we will not try."

Those who object to the TRIAL of chloroform in midwifery as unsafe, seem to forget that it is possible to make a trial of it without producing the *full* anæsthetic effect. I contend, and I know it by personal observation, that an effect very far short of complete anæsthesia will give very great relief, by allaying pain, and especially by soothing that nervous ex-

citability, which is so distressing to many parturient women. The inhalation of ten or twenty drops of chloroform will often accomplish this, and I do not believe a patient can be found who could not inhale this quantity with perfect safety, especially if the handkerchief or sponge be occasionally removed (for a moment) from the mouth or nostrils, so that atmospheric air alone may be inspired. There can be no doubt that chloroform, like all other narcotics, *can* be given in doses that are unquestionably safe, and that these smaller doses may be of great benefit, without giving entire relief, just as opium or any other anodyne may soothe pain, without wholly removing it. *Complete* insensibility cannot be produced by opium, without giving it in dangerous quantities; and yet no one pretends for a moment that this is any reason why it should not be employed in quantities that are safe, for the purpose of affording *partial* relief. If we should admit, therefore, for the sake of argument, that chloroform cannot be safely given so as to produce complete anæsthesia, there still remains the same reason for prescribing it, as leads us to the use of other narcotics, viz., that it can be given with perfect safety, so as to relieve pain, without causing insensibility. Its safety (given in this way) and efficiency being admitted, it unquestionably possesses three most important advantages over opium: it produces its effect almost instantaneously; it does not retard, but rather hastens, the progress of the labor; and it causes no ulterior bad results.

The important practical doctrine which I wish to inculcate is this: that sufficient evidence has now been adduced in favor of etherization in midwifery practice—it having been employed in probably two thousand cases without a single fatal result—to render it the duty of the profession to give it further trial, to experiment with it, cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles, which will enable us to administer it without danger or apprehension.—*Medical Examiner.*

EXTIRPATION OF A DISEASED OVARY.

BY DANIEL MEEKER, M.D., PROFESSOR OF ANATOMY IN THE INDIANA MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. SNODGRASS, aged 32, about two years ago observed a tumor forming immediately over the symphysis pubis. As it gradually enlarged, it moved from side to side, according to position. Her general health soon became impaired, which led her to consult several physicians as to the nature of her disease. The enlargement of her abdomen increasing rapidly, she was compelled to resort to paracentesis abdominis for relief, which, however, was only palliative. She then moved from the interior of the State to this County, for the purpose of being treated by a Uroscopian of some notoriety. She was under his care for about six months, without being materially benefited, except what resulted from the occasional operation of tapping. This gave her some tempo-