

minds, they must be wise and discreet; able to flatter and speak many fair words, to no other end but only to deceive the apprehensive women, which is a commendable decepte, and allowed, when it is done, for the good of the person in distress."

Dr. Sermon makes the same complaint of midwives as Harvey and Willughby. "Some," he says, "there are (not wanting in ignorance), being over-hasty to busie themselves in matters they know not, destroy poor women, by tearing the membrane with their nails, and so let forth the water (at least) to the great danger and hurt not only of the woman, but of the child, which remains dry, the water being sent forth before the time appointed, and sometimes before the child is well turned, which hath been the death of many women and children too." The impatience of midwives seems to have been their greatest fault, for he says again, in chap. 23—"Above all things, let not the midwife presume to force the woman to labour before her due time."

What a contrast to the conscientious writers already alluded to was that clever, canting charlatan, Nicholas Culpeper, "student in physic and astrologie," who about this time published a "Directory for Midwives," whom he addresses thus:—"Worthy Matrons,—You are of the number of those whom my soul loveth, and of whom I make daily mention in my prayers. If you please to make experience of my rules, they are very plain and easie enough, neither are they so many that they will burden your brain, nor so few that they will be insufficient for your necessity. If you make use of them, you will find your work easie, you need not call for the help of a man-midwife, which is a disparagement, not only to yourselves, but also to your profession." What gross flattery is here, and what mischievous advice. His book, despicable then* as it is now, is, as one might expect, barren of all useful information, and his intention in writing it must have been to obtain practice from the midwives in return for his fulsome adulation. The following is his dedication: "To the Midwives of England Nich. Culpeper wisheth success in their office in this world, and a crown of glory in that to come."

Before closing this chapter, let us consider for a moment what manner of men these were who undertook to enlighten midwives, and to raise their art from the depths of superstition and ignorance in which it lay.

Nicholas Culpeper did nothing for the improvement of midwifery, and need not be further noticed.

Dr. Peter Chamberlen was a Doctor of Medicine of Padua, Oxford, and Cambridge, a Fellow of the Royal College of Physicians of London, and Physician in Ordinary to three Kings and Queens of England.

Dr. William Harvey was a Doctor of Medicine of Padua, Cambridge, and Oxford, a Fellow of the Royal College of Physicians of London, Physician Extraordinary to James I., and Physician in Ordinary to Charles I.

Dr. Percival Willughby was a son of Sir Percival Willughby, of Wollaton, and grandson of Sir Francis, so famous in the time of Queen Elizabeth. He married Elizabeth, daughter of Sir Francis Coke, of Trusley. He was a B.A. of Oxford, and an Extra-Licentiate of the Royal College of Physicians of London.

Dr. William Sermon was a Doctor of Medicine, and one of the Physicians in Ordinary to Charles II.

Independently of their genius and learning, it will be observed that these self-constituted instructors of midwives were men of high social and medical position. Had they considered the study and practice of midwifery beneath their dignity, how disastrous would it have been to English mothers, and who can say how much longer the dark ages of midwifery would have continued in this country.

* "The Directory for Midwives is the most desperately deficient. Except he (Culpeper) writ it for necessity, he could certainly have never been so sinful to have exposed it to the light." (The Compleat Midwife's Practice, enlarged; Lond. 1659).

ON Thursday evening, the 25th ult., the twenty-seventh anniversary dinner of the German Hospital, Dalton, was held in the Freemasons' Tavern, Baron H. von Schroeder in the chair. From the report it appeared that 300,000 patients had been treated since the foundation of the hospital; of these, 1210 in-patients and 16,347 out-patients had been treated during the past year. In the course of the evening subscriptions amounting to £3700 were announced.

TATTOOING OR TINTING OPACITIES OF THE CORNEA AND SCLEROTIC.

By C. S. TICEHURST, L.R.C.P. LOND., M.R.C.S.E.,
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In the eye department of Guy's Hospital many cases have occurred of "tinting" the cornea in order to get rid of, or, more properly speaking, to hide, opacities which disfigure the look of the eye; and I purpose to make a few remarks concerning the operation, the results of which, I may add, have been most satisfactory. It is applicable to all kinds of opacities.

When "tattooing" was first begun at the hospital, one grooved needle was used; but I saw no reason why the operation should not be performed more quickly by using several needles at a time, and finding that the grooved needles when three or four were placed together, made too large a mass to work with, I took some ordinary sewing-needles (No. 5), and in a rough way fixed them on to a pen-holder, taking care to have the points as level as possible, and as close without quite touching. Two I fixed on one holder, three on another, and four on another; and used them according to the size of the opacity about to be tattooed. Four needles together will be found quite large enough for the largest leucoma. Having separated the eyelids with a speculum and fixed the eye with a pair of forceps, I paint some indian-ink, previously rubbed up thick on a saucer, over the opacity, and prick through it with the needles, which may be held either quite perpendicularly or in a slanting direction, wiping the superfluous ink away now and then to see how one is getting on, until the whole opacity is covered; and then, giving it a last paint over, I leave it to dry as much as possible on the cornea before taking the speculum out. Or the opacity may be pricked by degrees first, and then the ink put on, if anyone is not quite certain as to where he is pricking, although there will not be found any difficulty about that.

I think that the ordinary needles have this advantage over the grooved ones, that the tattoo looks neater. Mr. Bader has tried and approves of their use. As to the depth to which one pricks in the corneal epithelium it is only necessary just to enter it, and it requires more force to do so than one might imagine. After operations such as abscission, or where there is no cornea, only white conjunctival tissue, thus making the look of the patient very peculiar, the benefit to be derived from tattooing is great, as a good black spot simulating a pupil can be made by its means, thus altering and improving the patient's look immensely.

As regards after-treatment, no bandage is used at all; the eye may be bathed with water if uncomfortable, and the patient is directed to use his eyes freely.

April, 1872.

WOUND OF THE KNEE-JOINT, TREATED ANTISEPTICALLY.

By THOMAS FIELDING, M.D.

W. C—, aged fifty-three, unmarried, a powerfully-built man of intemperate habits, whilst walking down a hill with a scythe, at 8 P.M., on the 1st of September, fell with his knee on the scythe. When I saw him, an hour later, I found a cut, four inches long, just below the patella, in a somewhat oblique direction. The joint was opened an inch and a half, and a considerable amount of articular surface was visible. The wound was filled with coagulum, but there was no foreign matter. I had a continuous stream of carbolic-acid water (1 to 30) playing over the wound whilst I examined it, removed the clots, and completed the dressing. There was a considerable amount of oozing of blood, which appeared to be deep-seated. Trusting to pressure to arrest this, I brought the edges of the wound loosely together with two hare-lip pins, whilst the blood was forcibly syringed away. Over the wound was laid a thick pad of lint, soaked in carbolic-acid oil (1 to 5).

Next morning Dr. Ewens saw the case with me. There