

a viable child. The smallest diameter permitting the passage of a living child has been calculated at $2\frac{3}{4}$ inches. If, therefore, the largest diameter present is less than this, either abortion must be induced, or, the patient being allowed to go her full time, must be delivered by craniotomy or embryulision, or by Cæsarean section."

2. "When the genital canals are so narrowed by the presence of tumours, cicatrices, or of malignant disease, that the transmission of a viable child at a later period is impossible."

3. "In obstinate vomiting depending on pregnancy, when the patient's strength is so reduced that a fatal result is anticipated, if relief cannot be afforded."

4. "In eclampsia or puerperal convulsions during early pregnancy, with or without albuminuria, where the attacks are so frequent and severe as to imperil the life of the patient. In these cases all the resources of art for the treatment of convulsions should first be exhausted, and abortion only be induced as a last resort to save life."

5. "In some instances of irreducible retroversion or flexion of the uterus," where grave symptoms imperil the life of the patient.

6. "In cases of severe and uncontrollable hemorrhage during early pregnancy threatening the life of the patient."

7. "In certain acute and chronic diseases where the complication of pregnancy is undoubtedly endangering the safety of the patient, and where bringing gestation to an end enhances her chances of recovery." As in acute dropsy with albuminuria; hemorrhage from the bowels threatening to end fatally; heart-disease with dangerous dyspnoea; severe chorea; mania depending on pregnancy; nephritic retinitis with albuminuria; etc.

General Rule.—The operation is legitimate only "*when the life of the mother is so imperilled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the patient.*"

In all cases, where possible, a consultation should be held as to the necessity or propriety of operating, in order that there shall be no question as to the legitimacy of the procedure. We have known instances in which this was not done, even by very conscientious men; but the urgency of the cases demanded such immediate action that there was no time to be lost.

R. P. H.

ART. XXXV.—*The Student's Manual of Venereal Disease, being the University Lectures delivered at Charity Hospital, B. I., during the Winter Session of 1879–80.* By F. R. STURGIS, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of the City of New York, etc. 12mo. pp. 196. New York: G. P. Putnam's Sons, 1880.

In his preface Dr. Sturgis remarks that books are apt to be read in inverse proportion to their length, and that with this fact in view he has eschewed all mooted points in venereal medicine. This will no doubt be considered rather an assumption by the "unicists," when they read on the very first page of the first chapter that gonorrhœa, chancroid, and syphilis are distinct and separate from one another, "having nothing in common with each other, although they may all be present upon the same person at the same time." And further, "of these three diseases, only the last one, syphilis, is constitutional; the other two, gonorrhœa and chancroid, are local. Remember, then, *gonorrhœa and chancroid are local. Syphilis is not; it infects the entire system.*" Nevertheless

this opinion is that which is held by almost every syphilographer of eminence in the world.

Starting with this declaration of belief, the author does not dwell at any considerable length upon theoretical questions, but takes up at once the practical points of the diagnosis and treatment of the simple venereal ulcer (chancroid). Next he discusses syphilis, and finally gonorrhœa.

It is not necessary for us to review the book before us in detail. There are in it some few statements with which we do not entirely agree, but to dissent much would be to place ourselves in opposition not only to the author, but also to the best syphilographers of the present day.

The book is put forth as a manual, not as a treatise, and it is all that it was meant to be. Its brevity and its cheapness are no trifling recommendations, and it would be well if these should cause it to get into many libraries, the owners of which are at present utterly without well-defined and accurate views in regard to a subject of the utmost importance to themselves and their patients. It is altogether too common nowadays for men, otherwise competent, to know almost nothing about the real nature of syphilis. To justify one in speaking with great positiveness about it requires special and extended study; but, while such manuals exist as the one before us, there is no excuse for mistakes such as are still often made.

C. W. D.

ART. XXXVI.—*Experimental Researches on the Temperature of the Head.* By J. S. LOMBARD, M.D., formerly Assistant Professor of Physiology in Harvard University. 8 vo. pp. 100. London: H. K. Lewis, 1881.

IN 1879 Dr. Lombard published a work on the "Regional Temperature of the Head," in which the results of sixty thousand observations were recorded. Three distinct essays are bound together in the present volume. The first is on some points relating to the normal temperature of the head; the second is on the effect of voluntary muscular contractions on the temperature of the head; and the third is on the influence of the temperature of the air on the temperature of the head.

Broca, Gray, Maragliana, and Seppilli, and a few others, came to the conclusion, from their observations, that the left side of the head has uniformly a higher temperature than the right. Lombard, however, found in the experiments published in 1879, that every one of the small spaces into which he divided the surface of the head might be hotter on the right side or on the left in turn. The idea suggested itself to him that *the degree of absolute temperature* of the parts examined might have something to do with the presence on the right side at one time, and on the left at another, of superiority of temperature, or again, with the presence at certain times of equality of temperature. The experiments recorded in the first of the three essays were made to test this idea. A part of the head covering the "frontal station" of Broca was selected for examination. This station is somewhat back and above the external angular process of the frontal bone. The absolute temperature of one side was first obtained. The difference of temperature between the two sides was then taken, and this difference, added to or deducted from the absolute temperature first obtained, gave the absolute temperature of the second side. Both the