

from a histological point of view, he felt convinced that it was impossible to procure the absorption of any part of the solid constituents of these tumours; at the same time, he showed that there was ample scope for the exercise of skill in the medical treatment of such cases, especially in regard to hemorrhage and pain. The chief object of the paper was to advocate more frequent resort to surgical treatment. The author expressed his belief that much more might be done in many of these cases than had been hitherto. Even in the subperitoneal variety, he thought that, in cases where much distress existed, abdominal section ought to be resorted to more frequently; while in the interstitial and submucous forms, it ought to be the rule in practice always to endeavour to assist Nature in her method of cure, viz., by expulsion. For this purpose, three objects should be kept steadily in view. 1. All obstruction should be removed by freely dividing the cervix in several directions. 2. The tumour should be separated from its attachments, not necessarily all at once, but by successive stages. 3. As far as possible, continuous uterine action should be maintained by the administration of ergot and other oxytocic agents. A case was cited in illustration of the value of this combined method of treatment. —*British Medical Journal*, August 26, 1871.

80. *Post-Partum Dietetic Treatment*.—Dr. CAIRNS, in a paper read before the Obstetrical Society of Edinburgh, stated that the *common sense and correct* treatment in point of diet was, that “every parturient woman requires a dietetic regimen suited to her particular state and condition.” That is to say, no absolute rule can be laid down applicable in all circumstances to all women without exception. For example, a woman after her confinement may not only have no desire for food, but a positive loathing of it, and to force her to take it in such circumstances would only be productive of harm instead of benefit, inducing in all probability acidity of the stomach, flatulence, and diarrhœa. Again, some women have very marked idiosyncrasies in reference to certain articles of diet. Some cannot eat an egg, others cannot eat beef, others mutton, etc., without producing very serious symptoms. While, therefore, I acknowledge that it were rash in the extreme to lay down any one invariable and fixed rule as to what kinds of food should be administered in puerperal cases, I humbly venture to allege,—1st, *That the diet should be nutritious in point of quality.*

2d. *The diet should be small in quantity and frequently repeated.* During labour the digestive and assimilative powers are weakened, as well as other parts of the system, and to exhibit large quantities of food in these circumstances would be to entail upon the stomach a much greater amount of work than it is able to accomplish. That organ fulfils its duties better perhaps than any other organ in the human system, and just because it seems to know that, if it fail in the discharge of its functions, every department of the great and mysterious laboratory contained in the human frame will be thrown into confusion and disorder. But, for the very reason now mentioned, the organ alluded to should be treated with especial leniency and kindness. * * * * *

Administer more than it can easily digest, and it will tax itself to the utmost to digest what remains in excess, when, after finding its efforts abortive, it either ejects the undigested articles by the mouth, or expels them by the gut, or allows them to remain and undergo fermentation—all of which is most unfair treatment to the stomach, and consequently highly prejudicial to the patient. I say, therefore, let food be administered in small quantities at a time, and at such intervals as shall have insured the complete digestion of the previous diet.

3d. *The diet should be varied in kind and form.* Monotony is death, variety life, to the human soul. Even in health the richest viands, when continued from day to day, become unpalatable and even nauseous. A change of diet, in short, is indispensable to a proper relish for food and the maintenance of the appetite. And if so in a normal condition of health, how much more on a bed of sickness. In puerperal cases, therefore, common sense seems to suggest that, with the view of stimulating the appetite and imparting to the patient a positive relish for food, every advantage should be taken of the culinary art in dressing the same article in different forms, and when these have been exhausted, that one article should be substituted for another during the whole period of the patient's convalescence.—*Edinburgh Medical Journal*, Aug. 1871.