The medical practice of the Crotoniat physicians, the disciples of Pythagoras, was such as to gain them the reputation, according to Herodotus, of being the best practitioners in Greece. They are reputed, however, to have shunned surgical operations.

We now meet, among the disciples of the Pythagorean school, with some of the earliest recorded traces of a special study of the structure and functions of the body; not of the human body, except by analogy; for you must again remember that the ancient prejudices against meddling with the bodies of the dead long presented an obstacle against the study of anatomy; and therefore, when in this lecture and in subsequent ones, until I shall have occasion to state otherwise, I speak of dissections, you must understand them to have been made on animals.

[To be continued.]

Original Communications.

THE MANAGEMENT OF THE PLACENTA.

By W. NEWMAN, M.D.Lond., Fulbeck, Grantham.

So much of the ultimate safety of the patient in a case even of thoroughly natural labour, depends on the proper removal of the placenta, that I am disposed to offer some remarks on a mode of practice somewhat differing from the general routine taught in the schools, in the hope that the publication may not be without some advantage. I have for some years known and as constantly put in practice the plan I wish to mention. More than three hundred cases have passed under my notice during this time; and this number will probably be deemed sufficient basis for some practical conclusions.

The plan I adopt is as follows. After the expulsion of the child and the division of the umbilical cord, the patient still lying in the usual position on the left side, I at once carry my left hand over the right ilium, and so ascertain the condition of the uterus by manual examination through the abdominal parietes, without any delay.

Should the organ be thoroughly contracted, and the placenta fairly extruded from the cavity, it only remains to extract the mass with the right hand from the vagina.

If, however, the uterus be flaccid, uncontracted, and increasing in size, I immediately commence and keep up with the left hand firm yet not severe pressure upon the organ, until the progressive shrinking of its bulk induces the expulsion of the contained coagula, and the close compression of the placental mass. I then wait some five or ten minutes before any further means are resorted to.

Again, should the uterus be found on examination firmly contracted, embracing the placenta, there will not exist any necessity for immediate manual compression.

After, however, the lapse of the time above specified, I again examine the abdomen with the left hand, grasping the uterus, as already described. This is done whether the organ be firmly contracted or the reverse, whether the placental mass have in part or not in any degree descended into the vagina. I do not wait in anxious expectation for the extrusion of the mass by the uterus *sua sponte*; nor, on the other hand, do I extract it from the uterine cavity by the employment of undue force; but I simply expel it from the interior of the uterus by external pressure, first exciting, then aiding, the natural action of the uterine walls. The placental whole is thus squeezed into the vagina with the coagula as yet mechanically detained behind it; thence I withdraw it, seizing it with the fingers of the right hand usually by a free edge, keeping up unremittingly with the left hand the same compression upon the uterus, until the complete removal is effected. I rarely make use of, and never trust to, the umbilical cord for the withdrawal of the placenta.

The advantages I believe to be thus secured, are:—

1. The certainty as to the actual state of the uterus.
2. The control thereby obtained over the quantity of blood poured out during the process of detachment of the placenta.
3. The ultimate attainment of complete uterine contraction.
4. The almost complete emptying of the uterine cavity from coagula, etc.

5. The much increased certainty that concealed or *post partum* hæmorrhage will not occur.

6. The absence of hour-glass contraction or undue detention of the placenta.

Objections will probably be raised to the carrying out of this plan, on the score of undue exposure of the person, and of the hazard that the requisite manipulation may inflict some injury on the uterine substance. I do not think that either of these objections should outweigh the increased safety of the lying-in woman; and I may almost say that they have hardly any foundation. The whole process may be carried on easily beneath the bed-clothes; and the amount of bruising and rough treatment which the already effete and comparatively insensible uterine structure will with impunity bear in cases of difficult version, may well lead one to ignore the possibility of injury from the simple and external compression.

Authors, as a rule, recommend patiently waiting until the placenta shall have passed into the vagina by unaided uterine effort, and then extracting the mass from that canal by gentle traction at the cord; while the application of external pressure through the abdominal walls is usually named only as a useful adjunct to other means in the treatment of flooding.

I would venture to suggest that the latter expedient be made in every-day practice the rule and not the exception; and the result will, I believe, prove the correctness of the opinion.

ULCERATION OF THE LOWER EXTREMITY OF THE RECTUM; ITS VARIETIES, DIAGNOSIS, AND TREATMENT.

By JAMES ROUSE, Esq., Assistant-Surgeon to the Westminster Ophthalmic Hospital, and Surgical-Registrar to St. George's Hospital.

NOTWITHSTANDING the numerous works published on diseases of the rectum during the last few years, there appears still to be great difference of opinion as to the best mode of treatment; more particularly with regard to those ulcerations situated on the mucous membrane lining the sphincter ani, and in the fossa immediately above that muscle.

There are three forms of ulceration of the lower extremity of the rectum, which give rise to very acute suffering; and, although they vary considerably in position, have nevertheless been described by most authors under the general head of fissure. It is proposed, in the present paper, to point out that three distinct forms of ulceration occur in this region, which, by ordinary investigation, may be distinguished from each other, and which require different modifications of treatment.

The most common form of ulcer found at the lower extremity of the rectum is that which is known as *fissure of the anus*. This disease does not seem confined to any particular period of life, though it rarely or ever exists until after puberty. It is more particularly common among persons who lead a sedentary life, and for the same reason it is rather more frequent in women than men. The fissure appears to be caused by a tearing of the mucous membrane lining the sphincter ani, by the passage either of hardened fæces, or of a foreign body contained therein. The following cases will, however, show that fissure of the anus may occasionally be the result of external violence:—

CASE I. A gentleman, aged 24, was riding a restive horse, when it suddenly bolted. He was thrown, with some violence, on the hind part of the saddle before he recovered his seat. He felt some pain about the anus at the time, and, on changing his shirt, he noticed a few drops of blood. For the next few days he experienced a slight burning pain during the evacuation of the bowels, and in about a week the characteristic pain of fissure was established. On an examination being made, a small crack was perceived on the posterior surface of the sphincter; it commenced about two lines within the anus, and extended upwards for about half an inch. Various local means were tried without benefit, and an operation, to be hereafter described, was had recourse to with perfect success.

CASE II. A captain in the navy fell off a ladder, and came to the ground on his buttocks, with considerable force. He did not observe any particular pain until he went to stool the following morning, when he experienced considerable smarting, and noticed that he had passed a small amount of florid blood. About a week after the accident, he applied for advice. He