

of 7s. for the fortnight's stay, including the railway fares to and from Mobberley. The balance of the cost, establishment charges, and so on, is met by voluntary contributions. Experience has shown that the children benefit in a marked degree by their residence at this country school. We have not been able to comment on more than a small portion of this voluminous report but enough has been given to show that the municipal authorities of Manchester are doing all that is possible for the physical welfare of the young population of the city. The conditions of life in a large manufacturing city inevitably have a deteriorating effect on the health of the inhabitants which can only be counteracted by the well-considered application of medical and sanitary science.

#### DRAINAGE OF THE UTERUS.

THE case recorded by Dr. A. A. Warden at p. 1383 is an interesting example of the great value of establishing free drainage from the uterus in certain cases of toxæmia due to the retention of infective materials in its cavity. The patient, after an apparently normal confinement, developed a rise of temperature on the fourth day to 102° F. On the seventh day the temperature went up to 103·6° and the pulse-rate was 110. An intra-uterine douche brought away about half a litre of turbid fluid. This was followed by a violent rigor and a rise of temperature, and a rigor also occurred when the douche was repeated on two occasions on the following day. The late Professor Budin, who saw the patient, took an unfavourable view of the prognosis and recommended the application of the *écouvillon* (or brush curette) to the interior of the uterus. This was done and the uterus was packed with gauze, with the result that the temperature fell to the normal and the pulse-rate to 84 per minute. A bacteriological examination showed the presence of the bacillus coli and micrococci of the tetrad group in the fluid. On the next day the removal of the gauze and the administration of an intra-uterine douche was followed by a rise of the temperature to 102·6°, a violent rigor, and a rapid pulse. Dr. Warden therefore packed the uterus again with iodoform gauze which he replaced on the next day by a long intra-uterine drain tube and a vaginal gauze plug. On the advice of the consultants who saw the patient the intra-uterine douching was again resorted to on the eleventh day, with the same result—namely, an elevation of temperature to 101° and a cessation of the discharge for 12 hours. The next intra-uterine douche brought away a large quantity of turbid fluid. Dr. Warden accordingly again resorted to drainage of the uterus and the patient from this time made an uninterrupted recovery. The number of cases of septic infection in which drainage of the uterine cavity is really necessary is an exceedingly small one. It is especially when there is a mixed infection, as in this case, that the interior of the uterus is likely to present a condition of septic endometritis often with extensive superficial sloughing of the tissues, and the amount of thin, purulent, offensive discharge which may come away is surprising. With such a condition present, if there is not a free exit for the decomposing discharges a very severe form of septic poisoning may ensue. It rarely happens, however, that there is any obstacle to the free escape of the uterine contents and drainage of the uterus is therefore but seldom called for. Vaginal douching, which no doubt often results in some, at any rate, of the fluid employed passing into the interior of the uterus, is in most cases sufficient to bring about the free escape of any sloughing material that may be in the uterus, and as it presents few or no dangers to the patient it should always be employed first. Uterine drainage is of course quite useless in cases where the organisms or the products of their growth have already penetrated into the tissues, and indeed in

any case of infection it is attended by so many dangers and usually is followed by so little benefit to the patient that the means of treatment is not regarded with favour by the majority of obstetric physicians. The question as to whether in these cases curettage of the uterus should be carried out or not is a very important one. It is, however, undoubtedly an advantage to employ the brush curette, and it is a pity that it is not better known and more often used in this country. It resembles an ordinary small bottle brush and removes fragments of membranes and shreds from the interior of the uterus with great facility. Its use, too, is not accompanied by the danger of perforating the uterus—a risk which is always present in these septic cases, and it causes practically no damage to the healthy tissues of the uterine wall. We notice, too, that Dr. Warden used for his intra-uterine douches a solution of iodine, the best of all antiseptics for employment inside the uterus, and it is interesting to see that this drug was regarded with approval for this purpose by so high an authority as Professor Budin. We can congratulate Dr. Warden on the fortunate result attending his treatment and his case forms an interesting testimony to the fact that the uterus occasionally requires drainage just like any other infected cavity. At the same time we must not forget the great danger of drainage and the further fact that when strips of iodoform gauze used for this purpose have been examined after removal they have been found to be teeming with numerous organisms both streptococci and staphylococci. We may conclude, therefore, that the extended use of such means of treatment would increase rather than diminish the danger of these very serious cases. When it has been decided in a suitable case that the uterus requires drainage probably the best form of drain to use is not gauze alone but some form of drain tube such as that devised by Mouchotte consisting of a number of tubes united at their ends by light metal bands which allow of a free exit of all fluids from the interior of the uterus and at the same time of the ready administration when necessary of intra-uterine douches.

#### A NEW ROMAN OCULIST SEAL.

IN THE LANCET of July 20th, p. 175, mention was made of a new Roman oculist seal discovered at Este in Italy. This relic bears an unusually lengthy text of eight lines of writing and is practically in perfect preservation. Its inscription, omitting the fourfold repetition of the owner's name, which it will be seen is given in the genitive, is as follows:—

Epigathi.	Diasmyrnes, post impetum lippitudinis.
"	Diasmyrnes, ad aspritudines tollendas.
"	Horaeon crocodes, ad aspritudines.
"	Theoctiston, ad diathesis tollendas.

The name of Epigathus has not appeared upon any other signet, neither does any such name for a medical man appear in the *Prosopographia Romani*, so the finding of his seal rescues him from oblivion. The first of the four collyria specially recommended by him, diasmyrnes, has been found advocated upon quite 50 oculist seals and frequently as remedy "post impetum lippitudinis." The Greek word from which it is derived is *διασμύρνης*—i.e., myrrh. The medical classics particularly mention its utilisation for diseases of the eye. Scribonius Largus, speaking of a collyrium containing it, says: "Diasmyrnes ..... ad pustulas, papulasque, et suppurationes oculorum." Dioscorides, in his description of the medicinal uses of myrrh, says: "Oculorum ulcera complet, exteritque albugines et ea quæ pupillis caliginem offundunt quin et scabrities expolit." Galen writes of "collyria quæ myrrham habent, quæ diasmyrna proprie vocant." Dioscorides mentions a plant growing in Bœotia, called myrrha Bœotica, which possessed the same scent and qualities as the ordinary myrrh. In the famous edict of the Emperor Diocletian, "De pretiis rerum venalium," which was an enactment to