muscle shall have the same effect on the final one. But here the great toe is as if the sole muscles and the bony arch of the foot, designed to protect them from the weight of the body (both also human character-

Thave, in The Human Foot, discussed the position of all the toes, as given by sculptors, at a length inadmissible here. I would now only remark that the highest ideal is not that of grasping organs but, rather, of being designed to give, on a small basis, the best possible foot-hold by pressure against the solid ground on which there is nothing the many contracts of the contract ing to grasp.

ON RAPID DILATATION OF THE CERVIX AND UTERINE CAVITY BY
HEGAR'S GRADULTED BOUGGES.

DR. ALEXANDER DUKE (Dublin) writes: On reading the paper by Dr. John
Phillips under the above heading in the British Medical Journal
of May 23rd, it seems to me that he claims too much for that instrument; nor do I think his conclusions will be agreed to by most gynecologists. The sweeping statement in the latter part of his paper,
namely, "that for exploration of the uterine interior and treatment of
any disease there, this method of rapid dilatation is much superior to
any other both in rapidity of completion and absence of septic
sequelæ" I entirely deny. I quite agree with Mr. Lawson Tait that" it
means sitting at the bedside for some hours exercising a deal of force
to the exhaustion of himself as well as the infliction of much pain on
the patient."

I should like to ask Dr. Phillips how he avoids pushing up the uterus when he uses no volsella (in the Sims position), nor any counter pressure or support, and how the uterine ligaments are expected to act after this rough treatment? I have always held that if dilatation can be effected by means of one instrument, it will be a vast improvement on the method of using a number. The insertion and withdrawal alone of such even the most tolerant uterus will naturally resent. As the designer of a rapid uterine dilator (now in use by a number of the leading gynæcologists), I hope I may be excused for not agreeing with Dr. John Phillips in his praise of Hegar's instruments, more especially as he does not state whether he has tried all the other forms before giving such unqualified credit to the "German bougies."

especially as he does not state whether he has tried all the other forms before giving such unqualified credit to the "German bougies."

DR. ARTHUR H. N. LEWERS (Wimpole Street, W.) writes: I see that Dr John Phillips, in his paper "On Rapid Dilatation of the Cervix" in the BRITISH MEDICAL JOURNAL of May 23rd, refers to one of mine on the same subject which appeared in the Lancet about four years ago. We are both agreed in preferring, as a general rule, rapid dilatation to dilatation by tents. But as to the details of the method, it seems to me to be most important to draw down the cervix, and fix it with a volsella when the dilators are being passed; while I gather from Dr. Phillips's paper that, although he also adopts that method, he considers it equally good practice to pass the dilators, held firmly in a specially constructed pair of forceps, without fixing the cervix. The advantage of lixing the cervix during dilatation is that the amount of the force used can be much more accurately appreciated, and that the whole of the force is exerted in the right direction. When a dilator of the usual length, about 4 inches, is held firmly in a pair of the forceps Dr. Phillips describes, it is mechanically equivalent to a dilator as long as the forceps and the dilator held in it together. Now the amount of leverage in action varies directly with the length of the dilator used, and therefore with a long instrument a comparatively small force at the handle may be multiplied to a dangerous degree at the part of the cervix under dilatation. With proper precautions rapid dilatation of the cervix is a perfectly safe method, and in a large number of cases, should think not fewer than fifty, in which I have employed it no bad result has followed. But fatal results are not unknown, and have most probably been due to deep lacerations in the neighbourhood of the internal os. When a long dilator is used, and the cervix is not fixed, a much greater force may be in action than the operator has any idea of, and under such condition siderable. I am, of course, only referring to cases where the degree of dilatation required is that necessary to allow of the finger being passed into the uterus.

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Pathogénie du Choléra Morbus. Par Le Dr. Ladislas Druzylowski. Paris: G. Steinheil. 1891.

Cookery for the Diabetic. By W. H. and Mrs. Poole, with preface by Dr. Pavy. Price 2s. 6d. London: Longmans, Green, and Co. 1891.

Introduction à l'Étude Clinique et à la Pratique des Accouchements. Par le Professor L. H. Farabeuf et le Dr. Henri Varnier. Paris : Georges Steinheil.

Zoology Notes for Students of Medicine and Science. By Alexander Johnstone, F.G.S. Price 3s. 6d. Edinburgh: E. and S. Livingstone. Lessons in Elementary Biology. By T. Jeffery Parker, B.Sc., F.R.S. Price 10s. 6d. London: Macmillan and Co. 1891.

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