The strength of the injection has seldom to be increased beyond five grains to the ounce, although in one instance, that of an old gentleman, aged seventy-two, I had to increase the strength gradually to ten grains to the ounce before a satisfactory effect was produced. It is, however, always better to commence with a weak solution, which may be made stronger, according to the circumstances of each case, and the judgment of the practitioner. Some of my patients have hesitated about undergoing treatment by injections, in consequence of their advanced age, but though the disease is not in such cases so easily cured, as in the young subject, it is still in the great majority of instances remediable by the same means, as was proved by the great relief obtained by a patient aged seventy-six, who was under my care in the Montreal General Hospital, within the last month, into whose bladder I injected, on two occasions, a solution of nitrate of silver, two grains to the ounce. He left the Hospital of his own accord, May 23, quite free from his former complaint.

The Surgeon should, in fact, show his patient that all general treatment and local remedies having failed, he has only two alternatives to choose between—a life of misery and suffering, a burden to himself, and incapable for the enjoyment of society, or the performance of business—and submission to a plan of treatment, which has been eminently successful in cases equally protracted and aggravated as his own, and in patients equally old and infirm, and who like him had spent time and money, and exhausted their patience, in ineffectual efforts to get rid of a disease so formidable, so excruciating, and so disgusting to themselves and others, as chronic inflammation of the bladder. — *British American Journal of Medicine*, May 1849.

### MIDWIFERY, AND DISEASES PECULIAR TO WOMEN.

#### THE ENTRANCE OF AIR BY THE OPEN MOUTHS OF THE UTERINE VEINS CONSIDERED AS A CAUSE OF DANGER AND DEATH AFTER PARTURITION. BY DR CORMACK.

The paper consisted of three parts:—1. The various effects caused by the entrance of air into the veins, and the appearances found on dissection. 2. Statement of facts proving that the entrance of air by the open mouths of the uterine veins may cause dangerous symptoms, and even death. 3. Suggestions as to the prevention and treatment of such accidents after parturition; with remarks upon the precautions required in injecting the uterus after delivery for uterine hemorrhage. The opinion, that the entrance of air into the uterine veins might be a source of danger and death after parturition, had been enunciated by Legallois in 1829, and subsequently by Ollivier; it had likewise been supported by Dr Cormack in his “Graduation Thesis,” published at Edinburgh in 1837. Dr Cormack had attended cases in which air had been drawn into the womb after delivery by the sudden relaxation of the organ, and occurrences of this kind he supposed must be frequent. Dr Cormack quoted Dr Meigs’ very graphic description of the way in which air was often drawn in and then expelled with noise by the womb after delivery. Dr Cormack wished to prove that if any impediment existed to prevent the exit of the air which had been drawn in, it must, when the uterus acted, be thrown into the large orifices of the uterine veins, provided they were not secured by coagula, or by the apposition of their parietes from contraction of the organ. He also showed, by anatomical facts, and by referring to the experiments made by Dance, that the communication between the cavity of the womb, and the current of blood in the vena cava inferior, was direct and easy, and that air once introduced into the uterine veins must soon be carried to the right auricle of the heart; there, if in sufficient quantity, to cause frothing of blood, aeriform distension of the right side of the heart, obstruction of the pulmonary artery, and congestion of the pulmonary capillaries. Cases of this kind had actually taken place. One had been published by Lionet, and another by Wintrich. A case had also been
published by Dr Bessems, in which air had been thrown accidentally into the uterine veins when injecting the uterus to arrest hemorrhage. The woman died suddenly with symptoms of suffocation, and the right side of the heart was found distended by air. Dr Cormack showed, by a detail of experiments which he had performed, and also by cases, that the entrance of air into the veins, even in considerable quantity, was not necessarily fatal. A case communicated by Sir B. C. Brodie to Dr Cormack illustrated this fact. The general treatment for uterine hemorrhage, by inducing contraction of the uterus, also the plugging, would be the means by which the entrance of air into the uterine veins would be prevented. Should the accident occur, and the circulation and respiration become affected, and asphyxia be imminent, it would be necessary to unload the heart and pulmonary capillaries, by taking blood, following up the advantage so gained by aspersion of the face with cold water, the application of stimulating embrocations, sinapisms, &c., and the internal use of various stimuli. Dr Cormack stated, that in a case which he had watched for hours after the accidental entrance of a large quantity of air into one of the veins of the neck, no advantage was got from stimuli till the heart was somewhat relieved by venesection. This is the case which occurred at Barnes in 1848, and an account of the inquest on which appeared at the time in the "Lancet," and "Monthly Journal." In some cases little or no treatment may be required. If the air was in small quantity, it would be absorbed, if the patient survived a sufficient time, and no bad consequences might ensue. At the same time, in some animals experimented on, Dr Cormack found that though they recovered from the immediate danger, they ultimately died from pneumonia. The cases mentioned by Dr Simpson, in a communication to the late Dr John Reid, and published in his collected Memoirs, were examined, and stated to belong to a different class from those of Bessems, Lionet, and Wintrich.

Letters were read from Dr Collins of Dublin, and from Dr Lever of London, to Dr Cormack. The former knew of no cases of death from air entering the uterine veins; the latter had seen three.—From Lancet's Report of Westminster Society Meeting, of 23d March.

OPERATION FOR CALCULUS VESICÆ DURING LABOUR. BY M. MONOD.

A woman, aged forty, pregnant for the first time, had been in labour several hours; the membranes were ruptured, the pains frequent, but the labour did not advance, by reason of a large tumour on the anterior wall of the vagina. The tumour was hard to the touch, and completely filled the entrance to the vagina. From its form, position, &c, it was readily recognised as a vesical calculus. A sound, passed into the bladder with difficulty, confirmed the diagnosis.

M. Monod, finding that the operation of lithotrity was inapplicable, at once proceeded to remove the stone by an incision into the walls of the tumour. A curved bistoury, guided by the forefinger of the left hand, was passed into the vagina, and an incision made into the tumour. The stone was removed by the finger only: it weighed nearly three ounces; its surface was irregular, and its form that of a shallow bowl.

The patient had been previously chloroformised, and, as the state of insensibility continued after the removal of the stone, the forceps were employed to complete the delivery. The child breathed, but died in a few seconds, death being attributed to the pressure of one blade of the forceps on the umbilical cord, which was twisted round the neck.

The patient recovered without an untoward symptom. The urine passed by the urethra on the following day. This M. Monod explained by supposing a swollen condition of the edges of the wound produced by the manipulation necessary for the removal of so large a calculus through an aperture so small as he had made.—L'Union Médicale, and Med. Gazette, Mar. 29, 1860.
GANGRENE OF THE VULVA. BY M. MONAT.

Cases of this nature are not extremely uncommon as occurrences after labour at the full time, but they are in the highest degree rare, at least in the adult, as cases of spontaneous disease, or as a consequence of abortion in the early months of pregnancy.

A young woman, after a miscarriage, without any known cause between the second and third months, was seized with violent inflammation of the labia. In spite of assiduous treatment with local emollients, leeching, &c., gangrene came on at the third day. The labia majora were both completely destroyed. The patient soon recovered.

Sometimes this disease is epidemic. Such was the case in Lyons this winter. Six cases are recorded in the "Gazette Médicale de Lyon," where gangrenous ulceration of the vulva, vagina, or uterus came on after delivery. In 1815, and again, 4 years afterwards, the disease was epidemic in the Hôpital de la Charité. —Gazette des Hôpitaux, March, 23, 1850.

TWINS OF DIFFERENT COLOURS. BY DR CARTER.

"The negro woman Winny is 23 years old, of good constitution, and as black as the ace of spades. She has born three children previously to this labour. She says, that in April 1848, she had connection with a white man, and on the following day with a black one. About a week or ten days elapsed, when the catamenia failed to appear. In February 1849, about the middle of the month, she was delivered of twins, the dark coloured child being first delivered, and afterwards the mulatto. The children are robust; one of them is a mulatto, and the other as dark as negro children generally are. The woman is certain they were begotten by different fathers, and this is the conclusion to which all have come who have seen the children."—Philadelphia Medical Examiner, N. S., vol. v. p. 523, and Brit. and For. Med. Rev., April 1850.

REMARKABLE LENGTH OF CORD. BY DR NEUGEBAUER.

After a natural labour, the funis was found coiled round the child's body six times. It was of normal structure, but very thin, and is supposed by the author to be the longest on record. It measured 67 1/2 Schleswig inches (1653 metre). Busch, in 2077 births, found only four examples of the funis measuring from 40 to 46 inches. Osiander mentions one of 50 inches as a most rare occurrence. Siebold indicates one of 52, Michaelis one of 53, Baudeleocque one of 57; one of this last length having also been observed once in 12,329 births, at the Prague Lying-In-Institution. The longest, prior to the present one, was indicated as measuring 60 inches, by Michaelis.—Casper's Wochenschrift, 1849, No. 41, and Brit. and For. Med. Rev. April 1850.

SAVINE IN THE TREATMENT OF HABITUAL ABORTION. BY DR METSCH.

When the disposition to abortion is dependent upon a diminished vitality of the uterine system or functional weakness of its nutritive vessels, Dr Metsch says that medicines of a stimulant and strengthening description, acting powerfully upon the circulation of the organ, are indicated, and of all such substances savine is that which is most to be relied upon for this end. Of course so powerful a drug requires skilful selection of appropriate cases for its employment, or it may give rise to hyperemia of the pelvic and abdominal organs, inducing hemorrhage, inflammation, abortion, or death itself. Local or general plethora, or serious disease of any part, contraindicate its use. An infusion is made by adding from two to four drachms to six ounces of boiling water, a spoonful being given morning and afternoon during the intervals between the menstrual periods. On some occasions, before commencing with it catarrhal or gastric disturbances have to be allayed, as also irritation dependent upon congestion, rheumatism, or disorder of the nervous system. Small general or local bleedings, emetics, aperients, tepid baths, or friction of the surface are re-
quired in different cases. So too regulation of diet, abstinence from sexual excitement, rest in the horizontal position as long as pain is present, are then indicated.

If the disposition to abortion depends upon an augmented irritability and contractility (a condition not always opposed to the first named), the savine does not alone suffice, but a medicine is required that exerts a special effect in regularizing uterine irritability, the ergot of rye, which should be added to the savine infusion in the proportion of one to two, when former miscarriages have been induced by the primary contraction of the womb without preliminary hemorrhage. Another modification in the prophylaxis is to be made when former abortions have been attended with great urinary irritation, in which case six drops of tr. lyttce should be added to each dose. When, prior to former abortions, there has been great disturbance of the digestive organs, very small doses of ipecac may be alternated with the above.

The savine has also been found useful in various chronic diseases of the female genital organs, connected with vascular and secretory torpor, especially in passive hemorrhages and leucorrhoea. In the same way it is of good service, conjoined with mechanical means, in treating prolapus uteri consequent on frequent or difficult labours and abortions.—Zeitschrift für Geburtkunde, Band xxvi, pp. 339, 355, and Brit. and For. Med. Rev. April 1850.

ALBUMINURIA DURING PREGNANCY. BY M. BLOT.

In an inaugural thesis by M. Blot, on this subject, we find the presence of albumen in the urine noted in 41 out of 205 cases. Of the 48 cases collected by the author, only 7 had convulsions, and the quantity of albumen in these cases was not greater than in the other cases. In six autopsies of pregnant women with albuminous urine, the kidneys were quite healthy in three cases; in the other three cases the appearances were those assigned by Rayer to the third degree of Bright’s disease, viz., volume and weight a little augmented, cortical substance of a uniform pale rose, or slightly yellow colour, rather enlarged, especially between the pyramids; slight injection of mucous membrane of pelvis; no adhesion between capsule and substance, &c.—Gaz. Méd., March 9, and Med. Times, March 30, 1850.

Part Fifth.

MEDICAL NEWS.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Session XXIX.—Meeting IX.—March 20, 1850.—Dr John Gairdner in the Chair.

CICATRICES IN THE LUNGS.

Dr W. T. Gairdner produced a number of specimens and drawings, illustrative of the effects of tubercular softening, ulceration, pulmonary apoplexy, and gangrene in the lungs. When cure followed any of these lesions, the appearances found after death were so nearly identical, that, from simple inspection of the parts, it was often impossible to draw any just conclusion as to the nature of the disease under which the subject had originally laboured. Dr W. G. expressed his belief, that some specimens, generally regarded as