

arrangement is probably best expressed by the formula $\text{Fe}_2 \text{Cl}_6 23 \text{Fe}_2''' \text{O}_3$. It should be added, however, that chemists, as yet, are not fully agreed as to the exact formula. Each fluid ounce of the solution contains twenty-four grains of iron.

Dialysed Iron is a permanent, neutral, inodorous liquid, of a deep red color, but transparent in thin layers. It has none of the styptic taste so common and disagreeable in ferruginous preparations. The solution should not be allowed to freeze, as this has the effect of thickening it. But if, by evaporation, freezing, or otherwise, it becomes too thick or gelatinous, the addition of a few drops of *distilled* water will bring the solution to the proper consistence; but water containing salts precipitates with it. With arsenical salts, Dialysed Iron acts with great rapidity—even more quickly than the freshest preparation of the precipitated oxide of iron, which has heretofore been held to be the surest antidote for arsenical poisons introduced into the stomach.

Dialysed Iron may be administered for months together for all the purposes for which ferruginous preparations are usually exhibited. Becquerel says of it—and his observations are confirmed by physicians of eminence everywhere—that “it produces neither heartburn, diarrhoea, constipation, eructations, nor, in short, any gastric disturbance; and, which is a matter of much importance, it *never blackens the teeth*.” It is especially in anæmia, chlorosis, palpitations, chronic diarrhoea, gastralgia, dysmenorrhœa, etc., etc., that its use is indicated.

But its *specific* virtue is as an antidote for poisoning by arsenic. Dr. H. C. Wood, in the *Philadelphia Medical Times*, July 21, 1877, says, “Judging from its behavior in the test tube, it is even a better antidote to the poison than is the freshest precipitated oxide. Experiments upon animals are, however, necessary before a final judgment can be reached upon this point.” When Dialysed Iron is taken into the stomach, gelatinous ferric hydrate is produced. It also possesses the great advantage of being always ready for immediate use, and, possessing the virtues of iron in general, will hereafter be found in every drug store and in the saddle-bags of every country physician.

The dose of Dialysed Iron, for tonic purposes, is from five to twenty drops four or five times daily. It may be taken, however, without inconvenience in doses several times larger than those stated, but to no advantage, as only a certain amount can be absorbed into the system.

Dialysed Iron is best administered by itself upon

sugar, or mixed with some simple syrup which is free from an acid, as an acid admixture converts the preparation into a salt of iron. It may also be conveniently given in wine, or in coffee, etc.

We can, as we have always stated, commend this preparation from considerable actual experience of its use. See advertisement on page facing last page of reading matter.

Retarded Dilatation of the Os Uteri in Labor.

By ALBERT H. SMITH, M.D., Philadelphia.

This little brochure was offered to the Medical Society in the form of two papers during the month of August 1877.

The first paper discusses “Delays arising from conditions of the cervix,” “usually included under the general name of rigidity of the os uteri.” This rigidity is treated as either *active* or *passive*. The active form is well discussed and affords a good summary of the treatment generally adopted for the relief of this form of delay. There is, however, a statement in regard to the manner in which the dilatation of the os is effected previous to the rupture of the membranes. It is a well known fact that the head of the child recedes from the os at the commencement of each pain and is not “driven against” it as stated by the author. The paramount value of opium is insisted upon, but the importance of determining whether such labor is premature or not is overlooked. The investigation of the foundation cause, viz., an immature condition of the decidua, is not even mentioned. When the labour is even a few days before time the opium will often enable the patient to reach her full term and have an easy accouchment. The forcible dilation of the os should never be resorted to unless the uterine pains cannot be controlled or labour has to be promoted for urgent reasons. In such cases the writer well insists upon the danger of incisions of the os, and the advantages of a properly constructed forceps, for both dilatation and extraction.

The author is not so happy in his remarks concerning the “forcing open of the os by traction with the finger upon the anterior lip.” The dangers of laceration are quite as great whether produced by the finger or sponge tents. Such efforts are useless for the purpose spoken of, and can only irritate the lip and render future dilatation more tedious. It also