

of Mr. Kilbride, whom I have to thank for his great care and attention of the case throughout.

* * * With regard to the subcutaneous injection of ether, there are one or two things which require further explanation. The first is the quantity to be used. This depends entirely on the patient's pulse. Professor Hecker frequently injects fifteen syringefuls (about ziv) from three to five at a time, at short intervals. The injection may require to be repeated, as the effect is very transitory. The part most suitable is the loose abdominal walls, but the gluteal region is easier got at if the woman has on a binder. The only thing to be attended to in making the injection is to pass the needle deep enough; if you fail to do this, you will probably have a troublesome abscess. Professor v. Hecker has never seen an abscess formed at the seat of the injection. The injection itself is rather painful, but this is of little moment if his statement be true, that it will in many cases render transfusion unnecessary; even if not quite so efficacious, it is at all events free from danger, and can be carried out without any assistance or complicated apparatus. Its use need not at all be confined to cases of post-partum hæmorrhage. I have myself since used it in accidental hæmorrhage, where it enabled me to deliver at once, though the patient had been pulseless for more than an hour. I have also used it in puerperal fever, but without permanent benefit, though the pulse, which could not be felt before the injection, returned almost immediately; also in a case of rupture of the uterus, where, I think, it prolonged life.

In surgical practice it was used long ago by Dr. Bennett for collapse in a case of strangulated hernia, and Mr. Croly has lately used it in a similar case—with what result I do not exactly know.

Professor Winckle, of Dresden, has used it with great success in a case of pulmonary embolism following confinement, where it completely relieved the intense dyspnoea.

There is, I think, little doubt that this treatment is deserving of our careful consideration, though only a more extended trial by different and unprejudiced observers can finally determine its exact therapeutic value.

The President had recently been asked to visit a case of placenta prævia. On his arrival he found the patient pulseless—in fact, she appeared to be moribund. The vagina had been promptly plugged, but the hæmorrhage previously had been very great. She had got out of bed early in the night to pass water, and while she was in the act of doing so severe hæmorrhage set in. A large chamber utensil was two-thirds filled with blood, and the bed was saturated. Brandy had been given freely, but she had vomited it as rapidly as it was taken. He decided on trying the treatment suggested by Dr. Macan, and injected two syringefuls, or about a drachm, of ether. In a short time he was able to leave the patient, and next morning he delivered a dead foetus by version. She recovered without any bad symptom. In ether they had a stimulant which could be given hypodermically, safely and efficiently, when the condition of the stomach rendered it impossible to give stimulants in any other way. Within ten minutes after the injection they could smell the ether in the patient's breath.

Dr. Wilson hoped that the new mode of treatment recommended by Dr. Macan would be extensively published as one adopted by the Irish school of surgery.

Dr. McClinton thought that the treatment adopted was a valuable acquisition to our resources, and possessed several advantages over transfusion. He thought it might be useful in cases of chloroform poisoning. — *Obstetrical Journal*.

A PLEASANT SOLUTION OF SULPHATE-QUININE. — In many cases we wish to prescribe sulphate quinine, and to get a solution clear from turbidity is a *desideratum*. With aromatic sulphuric acid we get a passable solution, but the acid is often objectionable, if not absolutely contra-indicated. In practice, I find the spiritus ætheris dulcis to be all that is desired. One ounce of it will dissolve about two drachms of quinine, giving a transparent solution. I am not aware that this solvent has been recommended. To those who have not used it, a trial will, I believe, be a success most agreeable to both patient and physician. — ISAAC SMITH, JUN., in *N. Y. Med. Journal*.