

Dr. Russell Fosbrook says he had a case of impending death from apoplexy. He took a pint of blood from the arm. The face, which was livid, rapidly assumed its natural hue, the dilated and fixed pupils contracted and became mobile, and the patient became conscious.

Dr. Clark, of Oswego, bled a boy, of less than five years, to the amount of sixteen and a half ounces. The boy had convulsions, was in deep coma, pulse small and weak, surface pale and cool. The relief from this enormous depletion was so great, that he found him at play on his next visit.

I have seen many cases of eclampsia. I have treated them with chloroform, with chloral and the bromides, with morphia, with calomel and croton oil, variously combined, and with blood-letting, and although of course all cases do not require depletion, I can say, that I never regretted having used the lancet, though in cases where I neglected to bleed I have more than once felt sorry for the omission.

In one of my cases, a very large fat woman, I had been giving morphia freely for neuralgic pain, when the first convulsion occurred. It was early in my practice, before the days of chloral and the bromides. I had no chloroform with me. I had to make a dissection before I could find a vein, but when I did, I took blood to the amount of seven or eight pints before I made a decided impression on the circulation. The convulsions ceased, and before my father got there to my assistance, and I got a supply of chloroform, my patient was sleeping quietly, and she recovered from the abortion which ensued, as readily as if she had not lost an ounce. I would not advise bleeding in all cases of eclampsia, but where I had the slightest doubt, I would bleed.

Dr. Wilks had a case of uræmic convulsions, where his patient was comatose, face and extremities livid, skin cool, the woman nearly pulseless, and said to be dying. He bled freely, when the pulse rose, the lividity passed off, the skin became warm, and the patient recovered. He reports another case with albuminous and scanty urine, engorgement of the lungs and hæmoptysis, in which the good effects of venesection were as clearly and speedily manifested, and as permanent. Some medical men who have tried bleeding in uræmia, have failed to see much or any benefit from it.

Even the presence of tuberculosis, according to many observers, need not deter us from using blood-letting where the state of the system seems to require it. Dr. Huggard, of Davos, says, when hæmorrhage from the lungs takes place in a plethoric patient, he does not hesitate to bleed, in some cases to forty-eight ounces. In all such cases it lowered the temperature, improved the pulse, and, at least, had no unfavorable influence on the tuberculous disease.

Cases of chlorosis and anæmia, where we should suppose loss of blood could do nothing but harm, are frequently benefited by moderate blood-letting; the loss of a few ounces of blood seeming to stimulate the blood-forming organs, and to greatly assist the action of iron and the bitter tonics.

As the result of my experience and investigations, I am strongly convinced that while we have adopted many of doubtful utility, we have, in blood-letting, discarded an old one of great power and value, an agent whose therapeutical actions and capabilities are well worthy of a new, patient, and impartial investigation. That while in the present state of our knowledge we cannot consider it a remedy for any special disease, there are many pathological states and conditions, which it will counteract more promptly certainly, and perhaps more safely than any other agent at our command. This is the conclusion Dr. Pye Smith arrives at in a paper read before the Royal Medical and Chirurgical Society. He tells us it is especially useful in local congestions, cyanosis, and engorgement of the right side of the heart. He has used it with advantage in cases of miliary tuberculosis, broncho-pneumonia, apoplexy, epilepsy, and uræmic coma; in all cases of which there was this condition of local congestion.

A UNIQUE VAGINAL ATRESIA.

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On the 14th of August, Mrs. H. came to me for relief from pains in the lower abdomen. These being periodical, suggested examination of the uterus. Before doing so, my patient, a young healthy married woman, gave me a history of perfect health till her recent marriage. Since that event, she had suffered from difficulty and distress in coitus, and from this inferred that she