

ence with twenty-three cases of snake bite in rattlesnake (*Crotalus horridus*) and eight of water moccasin (*Trigonoccephalus piscivorus*), with the study of many cases reported to me by capable physicians, leads me to believe that alcohol is the antidote to snake venom, and the only reliable one. Laboratory experiments on the lower animals are of no real value in therapeutics as applicable to man, and those referred to by Dr. Hudson were fallacious in themselves. The admixture of a few drops of alcohol or any other supposed antidote with snake virus is misleading, for the quantity of the antidote is infinitesimal as compared with the concentrated and deadly animal poison. To illustrate: A private in the Second U. S. infantry was bitten by a moccasin, and within less than four hours he swallowed under my direction three quarts, and a little over, of good apple jack, without any symptoms of intoxication until after the last three ounces, and then only slightly. His pulse and respiration failed promptly unless thus stimulated for nearly the whole time. Now, knowing that the snake venom is a powerful cardiac and nervous depressant, is it not reasonable to say, that the enormous stimulation was borne only because of the persistent reduction of vitality by the virus injected by the reptile? Where would a few drops of alcohol be in such a case? I have seen and examined the body of a child killed in fifteen minutes by a rattlesnake, where the temporal vein received the poison. She had no treatment. Ammonia is too fugacious, bromine and permanganate are useful locally or internally, so also is the reputed cure-all, wild violet (*V. sagittata*). The majority of presumed deadly bites are given by non-venomous reptiles, and the escape of the snake or the loss of presence of mind on the part of the person bitten leads to mistakes; but in bona-fide venomous bites, alcohol in some form is an absolute antidote, when promptly and freely used. The failure of the pulse is the guide, and as the poison is rapidly absorbed, all ligatures, excisions, and cauterizations are simply useless and aggravating. Intoxication is not desirable, but stimulation should be evident to avert sudden heart failure, and I may say in this connection, that in two instances the subcutaneous injection of atropia was markedly serviceable in maintaining respiration.

My cases occurred during my army life, between 1861 and 1872, and in the States of Alabama,

Georgia, Tennessee and Virginia, two during the war and the rest after that eventful period.

MIDWIFERY.

Early Signs of Pregnancy.

There are probably very few physicians who have not at times felt the need of some trustworthy means of deciding upon the existence or absence of pregnancy at a time when if present it could not be far advanced, and when it is too soon to expect to hear the sounds of the foetal heart or to obtain the confirmation of *ballotement*. In this country Hegar's sign of pregnancy, which has been well described by Dr. A. K. Bond, in an article in the *Maryland Medical Journal*, in the early part of this year, has not received the attention it deserves, and American physicians have failed to appreciate, or at least to practice, Hegar's method.

This sign is to be determined by combined rectal and abdominal examination. It consists in the detection of an unusual softness, thinning, and yielding condition of the lower uterine segment—that is, of the part immediately above the insertion of the sacro-uterine ligaments. This condition of the part is perceptible whether the rest of the body of the uterus feels firm and hard, or soft and elastic. Even in the latter case it is always possible to compress the lower uterine segment, to draw it out to a certain degree with the fingers, and so to distinguish it from the part above it; while below, the cylindrical cervix of firmer consistence is felt distinctly coming off from it. The yielding and flaccid condition of the part may be so great that one may doubt whether there is any connection at all between the neck and the larger swelling in the abdomen or pelvis. This is especially true when pregnancy occurs in the uterus with hypertrophic elongation of the cervix; and even laparotomy has been done under the mistaken idea that the pregnant corpus was a tumor independent of the uterus. The condition referred to depends upon the fact that the lower uterine segment, as the thinnest part of the corpus, on account of pregnancy, becomes succulent, of looser texture, thinned, and extremely elastic. According to Reine, "failure to find this, however, in no way excludes pregnancy, since it is easy to say that with marked chronic infarctio uteri (hyperplasia) pregnancy may exist without rendering this condition of the lower uterine segment very evident."