

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation, the tumours ceased to pulsate, and favourable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, and applied firm pressure between the tibia and fibula, whence the blood was found to issue.—Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Medical Science, April, 1851.*

#### ON THE TREATMENT OF REMITTENT MENSTRUATION BY SULPHATE OF QUINA.

By Dr. Edward John Tilt.

[Dr. Tilt says he uses the term remittent here in the same sense as in the pathology of fever. This variety of menstrual derangement being characterized by a change from the habitual type to some other, so that the menstrual periods are brought nearer, and tend to run into each other. The first case occurred in a tall slender woman, aged twenty-nine. In this case menstruation commenced between fourteen and fifteen, and continued regular until six months since, when she left her native country, Lincolnshire, for town. For two months, although she menstruated as usual, she was troubled with leucorrhœa between each menstruation. The menstrual periods then came on every fortnight and lasted eight instead of five days. Although she had tried several practitioners, the disorder remained the same, and, continues Dr. Tilt.]

On the 25th of October she applied to me at the Paddington Free Dispensary. The patient was weak and exhausted, but not chlorotic; she had just passed a menstrual period; there was an absence of pain and of other symptoms of uterine disease; therefore, notwithstanding a discharge of which she complained, I omitted all local treatment, and ordered the following pills and mixture:—sulphate of iron, two scruples; sulphate of quina, ten grains; extract of hyoseyamus, a scruple: mix for twenty pills, one to be taken night and morning. Camphor mixture, six ounces; liquor potassæ, four drachms; tincture of hyoseyamus, six drachms; tincture of cardamoms, two drachms. Half an ounce to be taken thrice daily. An opium plaster to be applied to the pit of the stomach.

The patient's general health improved, menstruation returned to its wonted type, and from that time she only took one pill every night, until the approach of the ensuing epoch, which passed on as it ought to do; and the patient was discharged on the 26th of December.

Miss M. A. L——, aged 16, with dark hair, grey eyes, slender, and of middling height; has lived in town all her life. She first menstruated between fourteen and fifteen; and regularly, for four months after its first appearance, did menstruation adopt the monthly type. Since seven or eight years of age she had been subject to leucorrhœa, which for the last three months has preceded and followed the menstrual flow; the latter has made its appearance every fort-