

August, 1875, and was in the person of a boy about fourteen years old. Like the preceding case, he was healthy, and of healthy origin. The cut was made with the axe, as in the former instance, but nearly opposite the site of the other, and about the same length. I did not see this boy, however, till suppuration had taken place, so that he had only to be turned over to relieve the joint of its contents. It only filled once, fortunately, and, with the aid of the splint already noticed, and alterative doses of iodide of potassium combined with a bitter tonic, and free painting of the joint, soon all traces of disease disappeared. About the middle of the following October he was able to do full duty upon the farm.

With reference to the third case I promised to speak about, I might say that, like the other two, he was apparently healthy and of robust parentage, while his age was about thirty years. He is married, and his occupation that of carpenter. While working at the frame of a building his adze, from some cause or other, missed and struck him a blow just underneath, and a little to the right of the patella, causing a wound fully an inch in length, and penetrating the joint. I saw him within two hours of the accident. He had lost only a trifling amount of blood, but the wound was gaping to such an extent that the synovial membrane was visible for more than the length of the cut. Thus you will perceive the cavity of the joint received all the fresh air you could ask for. This fellow I strapped with the ordinary adhesive straps in such a manner as to prevent any motion whatever of the joint, and enjoined him on no account to step upon the foot. He returned twice afterwards, for a renewal of the dressing, which, with a simple wash of carbolic acid, was all that was required for the cure of the wound. The wound healed by the first intention, and consequently no inflammation supervened, or, in fact, any other untoward event. In less than four weeks he was as well able to work as ever.

These, gentlemen, are all the leading facts and particulars of the three cases, with the exception of the passive motion used in order to prevent ankylosis, and which I forgot to mention in the proper place. I shall be glad to hear any remarks you may choose to make.

Dunham, Que., March, 1878.

Progress of Medical Science.

A METHOD OF SHORTENING THE FIRST AND SECOND STAGES IN NORMAL LABOR.

A perfectly normal labor, lasting twenty-four hours or thereabouts, with regular, strong pains, occurring in a healthy, sensible woman, no one, I should imagine, wishes to interfere with; but there are many labors occurring in general practice in which there may be no mechanical obstacle to the passage of the child, no great rigidity of the os, no apparent ill health, nothing at first sight to remove them from the ideal class of natural labors, but in which the natural powers are rendered useless or next to useless, the patient becomes exhausted without having arrived at a satisfactory result, and after many tedious hours recourse is at last had to the forceps, from the fact that the patient is fast becoming worn out by fruitless efforts. These cases are generally those of strong, healthy, but nervous women, surrounded by silly, helpless, tactless relatives, where possibly no previous experience of her medical attendant has awakened a sense of confidence in him. And here I must beg the forbearance of the older members when I say that a young man of no very imposing appearance finds that the assurance of his teacher is scarcely true, that a quiet, confident, pleasant manner is always sufficient to bear up against and outweigh the accumulated anxiety of patient, mother, and mother-in-law, sisters *et hoc genus omne*, especially if some one is good enough, as she often is, to relate a hair-raising tale of recent midwifery horror.

There are other labors, too, commonly described as protracted labors from inertia of the uterus. I need not say much about these, as their description may be found in any text-book. In this class of cases the plan I am about to recommend will also be found useful. But before explaining this allow me to call your attention to the remedies already advised by authorities. I cannot find that much has been said with reference to the first class beyond the moral treatment already alluded to.

With reference to inertia, Dr. F. H. Ramsbotham advised warm diluents, stimulants, ergot and borax, external warmth, external pressure by hand or bandage, friction and electricity, change of position; Denman—warm diluents, weak brandy and water, ergot, bleeding, laxatives, exercise, erect position, and exhortations to patience; Playfair recommends enemata if rectum is loaded, rupture of membrane if uterus is unduly distended, alteration of position, opiates, chloral, ergot, and pressure on uterus externally, and, if all fail, forceps. I might enumerate other authors; but as their advice is practically the same, and as we have, by this selection, included the representatives of the old and new school, I refrain.

When I first began to think about these cases my attention was drawn to two facts which doubtless have been often noticed by members, of all labors. They were these: First, that the lower the head comes, and therefore the greater extent of the vagina pressed upon the stronger and more uncontrollable