

This comes from the membranes inside of the womb. You put your finger into the vagina and find the mouth of the womb but ever so slightly open, and yet a stream of blood is slowly trickling down and out. What has happened here? The placenta is not presenting at the mouth. Why is there bleeding?

The carriage-wheel falls suddenly into a deep rut while the woman is driving or she slips off the step of the carriage, or a load jumps out into her path, and causes a sudden shock to the nervous system and she bleeds. What has caused the bleeding? The jerk in one case, the mental shock in the other, has concussed the great system of nerves which preside over uterine action, and owing to a sudden irregular contraction of the uterus the placenta has become separated at some point, and from all the torn uterine sinuses the blood flows and runs down between the uterus and its membranes and so out by the vagina. This is what is called accidental hemorrhage, and you cannot put the placenta back and restore the continuity of its blood supply. What are you going to do? Why, if Mahomet will not go to the mountain, the mountain must be brought to Mahomet. If the bleeding is not stopped the woman will undoubtedly die, and if you tampon the vagina, the blood still continuing to flow from the open sinuses and corked up into the womb, will cause internal hemorrhage without any sign. You must make the womb come to the placenta, as the placenta cannot be made to go to the womb. You must rupture the membranes and so cause the womb to contract and settle down upon the placenta. The uterus, emptied of the amniotic fluid, will cling close to the body of the child, adapting itself to the foetal contour, and will bring the placenta down on the top of the child, and so compress it, and put an immediate stop to the hemorrhage.

In placenta prævia pus the vagina; in post-partum hemorrhage make the womb contract; in accidental hemorrhage rupture the membranes.—Hosp. Gazette.

BILIARY CALCULUS REMOVED BY OPERATION FROM THE GALL-BLADDER.—Mr. Bryant read notes of this case at the Clinical Society, London (*Brit. Med. Four.*) The patient was a single woman, aged 53, who was admitted into Guy's Hospital, under Mr. Bryant's care, in July, 1878, with two discharging sinuses of three years' standing, following an abscess, which had been previously forming for two. At first, the sinus was laid open, and pus alone escaped; but subsequently, as bile flowed in quantities from the wound, an exploratory operation was performed, and, at a depth of two inches, a biliary calculus, one inch long, turned out of the gall-bladder. Everything went on well after the operation; and although bile continued

to escape from the wound for about two weeks, the parts quite healed in about four months, and the patient left the hospital cured. The author brought the case before the Society as an encouragement to surgeons to apply their art in like or allied cases, for he was well prepared to support the suggestion of Dr. Thudichum, made twenty years ago, "that gall-stones might be removed from the gall-bladder through the abdominal walls"; and he pointed out that, under certain circumstances, the operation was justifiable when the sinuses by their presence were setting up inflammatory and suppurative changes about the gall-bladder, without any obstruction to the bile-ducts, as well as in that more serious class of cases in which the cystic or common bile-duct was obstructed, and dropsy of the gall-bladder, with jaundice, complicated the case, as shown by the cases of Dr. M. Sims and Mr. G. Brown. Mr. Hulke said there was no shadow of doubt as to the propriety of the treatment in Mr. Bryant's case. He simply rose to say that the whole question had been exhaustively treated in an early number of the *Mémoires de Chirurgie* of about the year 1706. In a case there discussed, the stone was withdrawn by the forceps, and the author drew an analogy between it and the operation of lithotomy.

THE VARIOUS APPLICATIONS OF CALCIUM PHOSPHATE IN MEDICINE.—The works of M. Dusart have contributed largely to the spread of the use of phosphate of lime for therapeutic purposes. The importance of this substance is shown by the fact that phosphate of lime is in largest proportion in those animals whose activity is greatest, and whose temperature is highest. Phosphate of lime administered in an insoluble state passes along the alimentary tract, and is for the most part ejected with the feces without causing any marked change in the animal economy. An entirely different action takes place, however, when the phosphate is dissolved in lactic acid. Under the form of lacto-phosphate, it stimulates the function of nutrition, whether in the adult or in the infant. In the latter under the influence of this substance the weight of the body undergoes a regular and progressive increase. Whilst exercising this general recouping influence, lacto-phosphate of lime exerts a special effect upon the osseous system, in which it causes an increase of hardness, or in cases of fracture, consolidation. This double action is the basis for the therapeutic applications of lacto-phosphate of lime. In rickets, M. Dusart finds that in every case in which the diet, though sufficient in quantity, was unsuited to the digestive organs, the addition of lacto-phosphate of lime caused rapid improvement. Very interesting observations upon this subject have been collected in the large hospitals of Paris. In wounds and fractures as in the preceding case lacto-phosphate of lime acts by its