

noise is not productive of any discomfort or diminution of hearing power.

The treatment of the case has been partially detailed. After the purulent discharge appeared, the meatus was treated with powdered boric acid and occasionally syringed with warm alkaline lotion. A mixture that acted well as a general sedative and sleep persuader contained Tr. Belladon, m. vii ss., and Chloral Hydrat, gr. xv, in each dose. Tonics and Alteratives at intervals were also exhibited.

NOTES OF A CASE OF UTERINE HYDATIDS.

Read at the October meeting of the Pictou County Medical Society.

BY DR. J. F. MACDONALD, HOPEWELL, N. S.

MRS. —, Aet. 49, mother of eight children. Youngest child 4 years old. Aborted 14 months ago, after which Catamenia appeared for two months, then ceased for six months; after this they occurred in a very irregular manner for 7 months.

May 20, 1888, began to feel unwell. Stomach irritable; for two weeks nausea and vomiting pretty constant. Still attending to her household duties. Getting much worse. On June 5th I was called to see her, when the above history was given. Is now in bed, nausea constant, vomiting violent and frequent, pain in back, stomach and abdomen, tenderness on pressing over stomach. Uterus large as at six months pregnancy, outline irregular, at times firmly contracted, again relaxed. Upon Auscultation a loud, distinct bruit is heard apparently placental, but no foetal heart sounds could be detected.

Examination per speculum. Os large (about 2 in. in diameter), hard to touch and extensively ulcerated, continuous discharge from os of brown or rust colored mucous. The nausea, vomiting, gradual enlargement of uterus, (about 4 months since she first noticed it) and bruit, indicated pregnancy. The condition of the os and cervix, would account largely for the nausea and vomiting. All treatment directed to the gastric disturbance was without benefit. But as the ulceration healed and the enlargement subsided, the stomach improved a little. Suspecting pregnancy, and the ulceration having healed, the applications to cervix were discontinued when all the symptoms became as severe as before. The vomiting became almost incessant, the pain and tenderness on pressure continuous.

July 6th. One month from my first visit. Examined patient in consultation with Dr. Miller. The examination and consultation revealed nothing new. The os and cervix still large and oedematous, but no ulceration. Still suspected pregnancy, Gave Cocaine, and applied it to os; seemed to have no beneficial effect. Patient becoming much weaker, the nausea, vomiting and pain still severe. Advised emptying the uterus. Waited for patient's consent and continued the Cocaine.

July 14th. She was taken with sharp bearing down pains, sudden and copious hemorrhage, "felt as if something was coming from the womb" when a large mass was expelled, the delivery being materially assisted by the patient's own hand. Nearly two hours elapsed from the time hemorrhage began until I reached the patient's bedside. I found her pale and weak, but feeling easy, said she felt much relieved. The os was filled with a soft, solid mass, which I took away, and emptied the uterus, or rather completed the operation. The os was largely dilated, soft and flabby, inside surface raw looking. Uterus contracted quite firmly after washing out with carbolized solution, hemorrhage ceased. Ordered the vagina to be syringed twice a day with carbolized water, using a half gallon at each time. During the following three days the discharge was copious and very offensive, necessitating the use of the syringe more frequently. After this the discharge gradually lessened.

21st. Uterus nearly normal in size. Os and cervix smaller; discharge small, not offensive. On passing the sound into the uterus about half an ounce of pus flowed away; no odor. Patient is comfortable, though weak. No nausea. Appetite good. From this time patient progressed favourably. Examining the discharged mass, found it easily broken up; in color resembling liver. Imbedded in the mass or forming the larger portion of it were clusters of clear globular bodies, in size from a small grape to that of a millet seed, much resembling clusters of grapes; they were easily separated from the mass and contained a clear fluid. The quantity discharged was about 6 lbs., some of it I could not find; it had been buried. The progressive enlargement of the uterus, its size, the body causing the enlargement being within the uterus, the placental bruit, the nausea and vomiting indicated pregnancy. While the other symptoms, pain in stomach with tenderness on pressure, uterine contractions, occasional hemorrhages, absence of foetal heart sounds, together with the age of patient, caused considerable doubt as to correctness of diagnosis of pregnancy, they did not disprove it, for we know that they may and do occur during pregnancy.

Since the above notes were written, on September 23rd, the patient had a sudden and copious hemorrhage with discharge of hydatids, but no return of other symptoms. Had the Cocaine anything to do with the manner in which the case terminated?

WOUND IN AXILLARY REGION.

Charles P—, aged sixteen, while working in a mill July 20, was struck with an edging from a circular saw, in the right axilla. It passed between the axillary artery and the shoulder joint. The men at the mill pulled the stick out, and I passed my finger in the wound, and concluded it was all removed; but on turning him over I found it bulging close to the spine, alongside the sixth spinal process. I cut in, and with considerable difficulty removed a stick 6 inches long, and over an inch in diameter. I placed a long drainage tube in the wounds, both front and back, and dressed them with carbolized oil. He was very much prostrated when he