

hand and replaced the protruding intestines, and, by friction and pressure over the abdomen, caused firm contraction of the uterus before I withdrew my hand. In course of 15 minutes, I repeated the ergot, in order to obtain continued contraction; and having succeeded in this, I applied a moderately tight bind and napkin to the vulva—waited another half hour—the contraction of the uterus continued. I gave gr. ij. of opium, and left orders to call me if anything unusual should occur. At eight o'clock in the evening, I called and found the uterus somewhat dilated, the patient otherwise comfortable. Ordered gr. ij. of opium at once, and to be followed with gr. j. doses of opium every two or three hours, if she was awake.

March 10th, at eight o'clock a.m., I found her feverish and uneasy. She had slept about three hours during the night, and passed urine twice. Pulse 112 per minute; respiration somewhat labored; tongue dry; considerable tympanitis and tenderness about the uterine region; lochial discharges suppressed. Ordered tinct. verat. virid., gtt. 4, every three hours, and pulvis opium and dydrag. submuriat., of each, gr. j., every two hours, with turpentine stupes over the abdomen: saw her at noon, when she was more comfortable. At eight o'clock in the evening, the pulse was 103 in the minute; the tenderness about the abdomen subsided. Ordered gr. ij. of opium, at bedtime.

March 11th, at eight o'clock a.m., pulse 106 per minute; no great pain; had slept several hours during the night, and taken some nourishment. Treatment continued, with longer intervals between the doses. Also, injection into the uterus of solution of acid carbol., gtt. vj. to the ℥j. of warm water, three times a day.

March 12. Symptoms much aggravated; pulse 120 per minute; tongue dry; tympanitis and tenderness increased; had passed a restless night. Ordered blister, 12×12, over the abdomen, to be left on for six hours. Internally, I ordered quinia sulph., gr. j.; pulvis opium, gr. ss. every four hours, to alternate with tinct. ferri, gtt. xx. On removing the blister, a large, warm flax-seed poultice was applied to the abdomen, and a full anodyne at night.

March 13th. Much improved; little pain besides the soreness from the blister; tympanitis greatly subsided; pulse 112 per minute; tongue moist; bowels moved for the first time since confinement; lochial discharges re-established; took considerable nourishment during the day.

March 14th. Improving; pulse 90 per minute; tongue moist; no pains; and but little tympanitis: treatment continued.

March 27th. Sits up and can walk across the floor. Secretion of milk liberal.

At the present writing, April 14th, 1869, both mother and child are doing well; the mother performs her ordinary household duties, yet complains of occasional soreness over the abdomen.

Dr. G. O. Paoli, in remarking on the foregoing case, gave the following statistics of ruptures of the uterus:—

In the Kingdom of Wurtemberg, in 219,535 births was observed six ruptures of the uterus, being only one in 36,539. Madam La Chapel observed in Paris Hospital only one in 20,000 births.

Professor Jocery Elipse observed two ruptures in 20,056.

Dr. Erringman, of Prague, from 1827 to 1833, observed seven ruptures in 28,085 cases.

Dr. Cedershold, of Sweden, from 1830 to 1831, observed two ruptures in 2334. Churchill, of England, in 42,768 there was 75 cases, making one in every 657 which occurred in Dublin.

Verbal reports of cases were made by Drs. Groesbeck, Paoli, Mitchell, and others.

Mr. T. D. Fitch, one of the surgeons to the Cook County Hospital, reported a case of death from the inhalation of chloroform, which occurred that day at the hospital.

The patient was an adult, native of Sweden, and a laborer. Several months since he suffered a severe injury of his foot and ankle, by a waggon-wheel passing over it. The injury had resulted in extensive destruction of soft parts by suppuration, and carries of the bones of the ankle.

He was admitted to the hospital only a few days since; and a consultation of the surgeons of the institution resulted in the decision that amputation was necessary. The patient had been kept on good diet and tonics during the short time he had been in the hospital, and had taken a glass of wine immediately before entering the operating room. No disease had been detected in the organs of respiration or circulation; and the patient was himself anxious to have the operation performed. The chloroform was administered on a napkin, held over the nose and mouth, not so close as to prevent the free access of atmospheric air.

When the inhalation had progressed from one to two minutes, and ten or twelve inspirations had been taken, an unusual sound was noticed, and the napkin immediately removed. A slight tremor of rigidity or spasm passed over the muscular system; three or four slight efforts at inspiration took place at long intervals, and then ceased entirely with complete muscular relaxation. The heart, however, continued to beat feebly for more than half an hour after the respiration ceased. The most strenuous efforts were made to revive the patient by artificial respiration, and otherwise, for more than one hour. The account of Dr. Fitch was corroborated by Drs. Bevan and Bogue, who were present and assisted in the efforts to restore the patient.

A minute and careful *post mortem* was made the following day, but no disease of the organs of circulation or respiration were found, and no congestion or even fulness of the vessels of the brain.

After the transaction of some miscellaneous business the Society adjourned.—*Chic. Med. Examiner.*

NEW YORK PATHOLOGICAL SOCIETY,

Stated Meeting, April 14, 1869.

Dr. L. A. SAYRE, President, in the Chair.

FATTY LIVER, ATHEROMA OF AORTA, TUMOR OF FALLOPIAN TUBES, ETC.

Dr. Fimmel exhibited several specimens. The first series was removed from a prostitute 45 years of age, who for the last three months of her life had been in a constant state of intoxication. She died rather suddenly. At the autopsy a fatty liver, weighing five pounds, was found, which was a beautiful specimen of its sort. The upper portion of the organ was globular, as is usual with tight lacers. The heart was hypertrophied, and the arch