PROGRESS OF THE CASE.

Sept. 6th.—Had a restless night; slept about two hours; pulse 140, rather tense. To have pulv. opii gr. i. every four hours; gruel ad lib. Evening—Pulse 140, tense; face flushed; restless. Continue opii pulv., adde tr. aconite rad. gtt. i. every hour.

7th.—Morning—Had some sleep; pulse 130, softer; still restless and flushed; tongue coated with brownish fur; bowels have not been moved. To have hydrarg sub. mur. gr. v. in a dessert-spoonful of castor oil; continue treatment. Evening—Bowels have been moved twice; tongue better; pulse 120, soft.

Sth.—Bowels moved once during the night; tongue clean; pulse IDS, soft; lochial discharge, which up to this time was normal, offensive. Stop aconite; to have pulv. opii gr. i. every six hours; chicken broth or beef tea; a hot poultice to vulva, and hot stupes over uterus.

9th.—Feels more comfortable; pulse 100, soft; tongue clean; lochia still offensive; slight tenderness over uterus. Continue opii; to have a chop or steak and beef tea, broth or milk, ad libitum.

10th. Pulse 109; bowels have not been moved the 7th. To have a tablespoonful of castor oil, and tr. aconite gtt. i. every four hours; continue opii and diet. Lochia less offensive.

11th.—Bowels have been moved; had a good night; pulse 96. Pulv. opii gr. i. every eight hours.

12th.—Slept well; pulse 82; lochia normal. It is unnecessary to pursue the case further; there were no more bad symptoms, and she made an excellent recovery.

In reference to this case, I may be permitted to remark that although I was aware that the great weight of authority is opposed to incising the os, I felt that it was the only hope left of saving my patient's life. I had not the alternative of ultimate dilatation, or splitting, or actual tearing off of the whole cervix. The natural powers had given way, notwithstanding that food and, latterly, stimulants, had been perseseveringly administered; and it is a rule of obstetric surgery not to let a patient die undelivered. Dr. Ramsbotham says, in reference to incising the os: "I should consider it as one of those

"exceptional modes of treatment which are geons are sometimes driven to undertake, in consequence of encountering some extraordinary difficulty, not provided for by the legitimate and established rules governing surgical science." But there are great names in favor of the operation, and "who shall decide when doctors disagree?" Clearly, all such cases must be left to the experience, the judgment, and the common sense of the attending physician.

I would not be understood as advocating surgical interference. On the contrary, I deprecate any such practice. During eleven years' experience of a pretty extensive practice, in which I have met with a good many cases of rigid on I have always found the ordinary means sufficient to overcome the difficulty. But, having me with a case in which extraordinary means had to be resorted to, I felt it to be a duty I owel to my professional brethren to place it upon record.

TRICHINA SPIRALIS.

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In 1860, Professor Zonker, of Dresden, added another to the long list of diseases to which human flesh is subject, and what is more important in a medical point, he at the same time fully described the etiology and pathology of the disease, which, from the worm causing it, he called Trichinesis. In order to understand the subject in its full extent, it is necessary briefly to review the history of the trichina spiralis.

Tiedeman, in 1822, gave a description of what has since been thought to have been triching but no attention was paid to it. Mr. T. Hilton demonstrator of anatomy at Guy's Hospital, in 1834, while dissecting the body of an old may who had died of cancer, observed numerous small white bodies in the voluntary muscles. These on closer examination, he found to consist of oval calcareous cysts. He gave a description of them in the London Medical Gazette, vol. xi page 605, in February, 1833. He thought the cysts were those of a new class of intesting animals, but of no important consequence to the human system. Mr. Paget, while a student of