

A KNIFE SWALLOWED AND PASSED THROUGH THE ABDOMINAL WALL, AFTER AN INTERVAL OF NINE WEEKS.

A female twenty-six years old, during an attack of delirium tremens, swallowed a dessert knife, the metal part of which measured six inches and a half. Eight weeks later a globular swelling made its appearance in the right side, nearly on a level with the umbilicus, and the sharp edge of a foreign body could be felt distending the skin, which was freely movable over the tumor. After some days the blade of the knife protruded through the skin, and was easily removed by slight traction without additional incision. The ivory handle had been entirely digested, and the extremity of the blade was rendered very thin by the action of the gastric juice. The nervous shock was considerable at the time of the removal of the offending body, but a good recovery was made without the formation of a gastric fistula.—*Lund: Liverpool and Manchester Medical and Surgical Reports, 1873.*

BILIOUSNESS.

Some day we may arrive at definite ideas respecting the conditions included under this term. At present it is employed to mean almost any derangement of the chylipoetic process. In consequence of some experiments lately made in Germany, by injecting cholesterine into the circulation of animals, Professor Austin Flint, jr., who had long previously worked at the subject, has re-stated his views before the New York Academy (*Med. Record, Dec., 1873*). He says the elements of secretion do not pre-exist in the blood; but those of excretion do, and they are separated, not manufactured, by glands. He finds that cholesterine is always present in the blood, which gains twenty-three per cent. of this substance by passing through the brain, and loses as much by passing through the liver.^a He concludes, therefore, that it is excrementitious—formed in the nervous system, and removed by the liver. If this organ becomes disorganized, it accumulates in the blood; and the term cholesteræmia is justifiable. Having been separated by the liver, the cholesterine in the bile passes into the intestines, and there changes into stercorine, of which some ten grains daily are discharged.

Dr. Barker alluded to the several sluggish conditions termed "biliousness," and which had also been called "cholæmia," though they have never been properly explained. But, if cholesterine be really the effete debris of nerve-tissue, we can certainly understand the torpor, headache, and some other symptoms that appear to arise in over brain work. Dr. Barker, too, has found convulsive cases sometimes depend, not on uræmia, but, perhaps, on cholesteræmia; and he has been successful by diverting attention to the liver, rather than the kidneys. Dr. Barker's name is a sufficient guarantee for his clinical facts; and it appears to us that the question of acting upon the liver is still one to be entertained, or at any rate, that imperfect function of that organ may give rise to disease.—*The Doctor.*

PEMPHIGUS.

Picot (*Jahresbericht Gesamten Medicin, 1873, from Gaz. des Hop.*) strongly recommends the treatment introduced by Hillairet, and which resembles that for burns, described in the last semi-annual report. It consists in applying to the affected skin, bandages soaked in a liniment of oil and lime-water. In the two cases reported by him, the bullous eruption extended over nearly the whole body, and was accompanied by severe itching. The fever was considerable. Both patients were bound up, from head to foot, in wadding, soaked in the preparation, which was daily changed. The general condition improved, the temperature sank without internal medication, and, later, the fever entirely disappeared. The excoriations, arising from the bursting of the bullæ, quickly dried, and healed in a short time. In one of the cases, no new bladders appeared after six weeks, while, in the other, perfect recovery only followed in two and a half months. In the latter case, a new eruption immediately followed a few days' interruption of the treatment. Hillairet has pursued this method for two years, in eight or ten cases, and always with similar results. In two cases of pemphigus foliaceus, it was less favorable.—*Boston Medical and Surgical Jour.*

A REPORT ON THE PROGRESS OF OBSTETRICS AND OF GYNÆCOLOGY.

By WILLIAM GOODELL, M.D.

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THE ABORTIVE ACTION OF QUINIA.

The thrice-vexed question of the action of quinia upon the uterus has claimed a large share of attention. That this agent does sensibly excite uterine contractions can hardly be doubted; the evidence on this point is overwhelming. Yet it is uncertain whether the few reported cases of abortion under its use have been owing to this action, or to the paludal poison for which it was prescribed. The testimony here is so conflicting, that the *Société de Médecine*, of Gand, Belgium, has proposed the subject as a prize essay for 1874. After carefully weighing the evidence of his own experience and that of others, your reporter has arrived at the following conclusions: 1. That quinia, by producing intermittent contractions of the womb, has, in large doses, occasionally brought on an abortion in the very early months of gestation. 2. That it should not on that account, however, be withheld from pregnant ægue-patients; for, other things being equal, an abortion is more likely to be induced by the visceral congestions and muscular succussions attending an attack of ægue than by the oxytocic property of the antiperiodic. 3. That the uterine action of this drug is too slow and too uncertain to be relied upon in the emergencies of ante or post-partum hæmorrhages. But that, in decided doses, it will often prove of service in menorrhagic or