

marked swelling in the pelvis, more persistent vomiting and a considerable bloody discharge from the vagina. I urged her to come to the hospital. On the 22nd she consented to go into the Western Hospital. On the 23rd she entered and was seen by Dr. Macdonald and myself immediately after she entered. She was still vomiting and very weak. Assisted by Dr. Macdonald I operated at 10 a.m. 24th. We found dark blood clot showing through before the peritoneum was opened. The hæmorrhage had been large, was entirely intro-peritoneal, the pelvic peritoneum being full of clots and dark liquid blood in which the fœtus and placenta were lying unattached and came out at once. There appeared to be no new hæmorrhage. We tied off the adhesions and stopped bleeding points, flushing with hot saline water, and packed with iodoform gauze and dressed wound in the ordinary way. The patient took chloroform well and came from under the effects without pain or vomiting. She kept about the same till 3 a.m. on 25th, and then began to sink. She died about eight o'clock, twenty hours after the operation.

The *post-mortem* showed the dressing almost dry in the cavity, and we believed that an earlier operation would likely have saved the life of our patient.

TYPHOID FEVER.—Dr. Louis Henry, Melbourne, Australia, in the *Medical Age* for 11th May, 1896, claims that meat broths and milk greatly favor the growth and development of the typhoid bacillus. It is of little use to employ intestinal antiseptics while such nourishment is supplied to the patient. Instead of meat, broth, eggs and milk he orders fruit acid, fruit pulp, and vegetable infusions. The results obtained from this method of treating the patients have been very gratifying. Many acid fruits contain some nourishment, which is sufficient for the patients to sustain life during the early period of the disease. The dietary consists, in addition to the above, of barley water, rice infusion and oatmeal water. As a jelly, Iceland moss is recommended. Towards convalescence a combination of ground malt, wheat flour, potassium bicarbonate and water is of much value. This is warmed and stirred until it becomes thick. In a short time this becomes thin, and should be boiled and strained through muslin. A mixture of quinine, gr. ss. to gr. i. in chlorine is preferred as an intestinal antiseptic. For heart failure ether is frequently repeated. Strychnine is given hypodermically up to gr. $\frac{1}{6}$, and atropine by the mouth.