

vicle—an application I look upon as an almost certain preventive of cardiac mischief. In all my cases I have had only *one* instance of *original* heart complication, and that was a case rather of carditis than of rheumatic fever (the patient was well and dead in thirty-six hours).

Dr. THOROWGOOD, in a communication to the *Lancet* on Torpor of the Colon as a complication in Dyspepsia, says:—

By careful attention to mastication and digestion of the food in the first instance, and by regular exercise, with the use of cold bathing, and sometimes by wet compress worn over the course of the colon, much may be done to restore tone and to obviate the need of aperients. If, however, these means are insufficient to rouse the bowels to a healthy action, then some of the medicines already named may be tried, or a pill may be given at night containing half a grain to a grain of the watery extract of aloes with extract of henbane, or else a little extract of belladonna. The belladonna often of itself will prove an efficient laxative in cases where pain, spasm and irritability are prominent symptoms. Here, too, the pill of zinc and henbane finds a good opportunity. From ten to twenty grains of good precipitated sulphur, taken in milk and water, with three or four drops of the liquor strychnine or the tincture of nux vomica, first thing in the morning, I have found a valuable medicine in giving tone and regularity of action to the large intestine. Lastly, I should be sorry not to mention a very mild extract of aloes, made by Corbyn and Co., and known as the extractum aloes glaciale, which I have given as a gentle laxative in cases of uterine disease and piles, and have found the patients to speak highly of it.

In a letter in the *Chicago Medical Examiner*, from its correspondent in Vienna, the following occurs:—I shall first speak of the department of obstetrics and diseases of women, and how they are studied. About 10,000 women are delivered in the two lying-in wards annually. In one of these wards the material is used by Professor Späth, for the instruction of midwives; the other is accessible to students of general medicine, male and female. Adjoining the ward is an amphitheatre, where Professor Braun delivers a clinical lecture, five times a week. Difficult cases are brought in, and delivered, on the table before the class, by the forceps, version, craniotomy, etc., as the case may require. Students are sometimes called upon to apply the forceps. I may here state that a female student (Russian), though strong and vigorous, has been entirely unable, through want of strength, no one or two cases, not very difficult, to extract with the forceps—if it be any argument against female practitioners.

In the valedictory address to the graduates of the Miami Medical College of Cincinnati, reported in the *Lancet and Observer*, we notice the following:

When we contemplate the untold suffering saved to humanity by the discovery of Pare, what need to say another word in extollment of the physician.

Just imagine for a moment one of the battle-fields of our late war without the knowledge of ligating an artery. Arms and legs shot away, wounds from sabres and bayonets in the trunk and about the head and neck innumerable, yet until Pare introduced the use of the ligature, the best thing science could do to staunch blood was to apply boiling pitch, or sear the wound with a hot iron. The spectacle presented by a field hospital, surrounded by furnaces, with cauldrons of boiling tar, and the bleeding victims of war being borne to the horrible ordeal, is one from which the imagination recoils, and the heart sickens to contemplate. John Bell says: "The horrors of the patient, and his ungovernable cries, the hurry of the operators and assistants, the sparkling of the heated irons, the hissing of the blood against them, *must* have made terrible scenes, and surgery *must*, in those days, have been a horrible trade."

Medical Societies.

CHICAGO MEDICAL SOCIETY.

FRIDAY EVENING, April 16, 1869.

Society called to order by the President, Dr. R. G. Bogue.

Reports of cases being the order of the evening, Dr. N. T. Quales reported the following interesting case of rupture of uterus:—

March 9, 1859, at 2 o'clock p.m., I was called to tend Mrs. L., a strong, healthy Irishwoman, aged 28, in her third confinement—two previous having been instrumental deliveries—told me she had been sick since five o'clock in the morning; pains having been strong and regular; membranes ruptured half an hour before my arrival, and about 15 or 20 minutes later (the pains having continued with increased severity) she felt something "give way," and the pains almost instantly ceased.

On examination, I found the os uteri fully dilated, the cord down, but no parts presenting. By introducing the hand, I found the promontory of the sacrum unusually prominent, and by carrying the hand further, it came in contact with the umbilicus, and I made out the position as transverse, the abdomen presenting—the head to the right, and the feet to the left, side of the mother. In passing my hand (right) round in order to get hold of the feet, I found a longitudinal rupture of the posterior wall of the uterus, above the promontory of the sacrum, about $2\frac{1}{2}$ —3 inches in length, with intestines protruding. My feelings at this discovery can better be imagined than described. I despatched a messenger for my friend Dr. Paoli.

With the conviction that immediate action offered her the best chance, I decided to turn and deliver at once. I brought down the left foot, and, by gentle traction, succeeded in delivering her, in course of 15 or 20 minutes, of a fullborn, healthy male child—apparently stillborn, yet, after some patient effort, I had the satisfaction of seeing vitality restored.

By gentle traction on the cord, the placenta was expelled in about three minutes. There was now some considerable flooding. I at once gave ʒij. of the fl. extract of ergot (Duffield's), introduced my