

plete, whatever may be the size of the parturient ring; and the tissues composing it are those of the cervix proper, and not the uterus. Under such circumstances, I believe the membranes may be ruptured with advantage. It is, however, unnecessary, in many cases, to wait for the full development of the condition above described. I have taken the extreme state as being most readily understood, and indicating the direction in which our observations should be made.

Another class of cases, or it may be only an additional character to those of the first, are where the action of the uterus seems to be effecting, not steady dilatation, but extreme thinning of the tissue of the cervix; and also where the head is felt to be in close contact with the parturient ring, there being little or no bag of waters.

The next point to be considered is the quantity of liquor amnii; not the actual quantity, as is generally referred to when speaking of it being present in excess, but the proportion its amount bears to the size of the child, and also to the capacity of the amniotic sac. This latter is rarely quite filled; otherwise, it would remain much more tense than it usually does in the intervals between the pains. If it be nearly or entirely distended, it will interfere with the power of restitution of form, by preventing alteration in the form of the uterus, and consequent action on the foetus, even though the actual quantity of waters is not greater than ordinary. In this circumstance, it must be regarded as really in excess, quite as much as where there is excess in actual quantity. Undue tension, therefore, of the membranes during a relaxed state of the uterus must be regarded as unfavorable to the mechanism of labor, and as warranting an earlier rupture of the membranes than under other circumstances.

The liquor amnii must also be considered in excess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility during a relaxed state of the uterus; if ballottement be unusually facile, and especially can be felt during a pain, the probability is that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os; the other conditions being favorable to the operation.

THE TREATMENT OF MALIGNANT PUSTULE.

Bompaire has frequently observed anthrocoïd affections amongst the numerous tanners living at Millau (Aveyron). He recommends, in the *Montpellier Medical* for January, 1877, the following treatment: 1. In slight forms of malignant pustule, when the surgeon has been called in at the beginning, a simple cauterization with Vienna paste is sufficient, and Dr. Bompaire believes that it stops the disease in the majority of cases. 2. When the tumor has acquired a certain development, when the general symptoms

have shown themselves in the usual way toward the fourth or fifth day, cauterization should be preceded by a crucial incision through, as far as possible, the whole depth of the slough. 3. Finally, when medical assistance has been called in late, when the malignant pustule has reached the seventh or eighth day, and œdema has invaded a large surface, action must be taken even when the general symptoms are very serious, and life itself seems in danger. Observation shows that, in these cases, the excision of the slough, combined with vigorous cauterization with sulphuric acid, may be of great service and save the patient. Antiseptics, such as carbolic and salicylic acid and tonics, should be administered internally. —*The London Medical Record*, July 15, 1877.

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OUR SIXTH VOLUME.

Our present issue is the first number of our sixth volume. We enter upon it in the hope that the revival in business, which is said to be taking place, may be felt by ourselves, for we are free to confess that the past year has been a hard one with us. Regularly every three months we have had to pay the printer; but very few, comparatively, of those to whom we believe we have been, during the year, a welcome visitor, have sent us any of the needful, to assist us in doing so. We have had to draw upon our private resources, and, to-day, the *Record* is very considerably in our debt. Now this should not be. Our subscription list is quite large enough to cover the entire cost, and, with a view of ensuring prompt payment, we have placed its subscription at the lowest possible rate. If, however, some subscribers must have from one to four years' credit, and we must pay for our work what is equivalent to cash, no other recourse is left open to us but to increase the subscription rate to those who are thus dilatory. We have, therefore, altered the terms of our subscription as follows: To all who pay for the *Record* previous to the end of the volume, the price will remain as now, two dollars a year, after that it will be charged at the rate of three dollars a year. These new terms will only take