

Case II.—Mrs. H——, age 32, sixth pregnancy. I attended her within the preceding twelve months, when a dead child of full term was born. This experience had repeatedly occurred with her. On one occasion a foetus was expelled at six months, another at seven, the others had reached full term, but only one of them had lived long enough to draw a single breath. The children were well formed and well favoured as to flesh, but for a reason entirely obscure had died in utero, at which time the mother would experience a chilly or cold sensation, followed in a fortnight by the delivery of the dead fetus, excepting in one case named, when the child had gasped and expired. When attending her, and learning her history, I impressed upon her that should conception occur again I should be consulted at once, and as I know of no specific or other taint, I encouraged her to believe her child could live. This she did. I prescribed potass iodidi and iron in various mixtures, enjoined caution during the third and seventh months. The child was born about the beginning of the eighth month, had a decidedly senile appearance, but lived and grew to be as fine a child as there was in the vicinity, so said the proud father.

Case III.—Mrs. H——, age 28, married five years. Has had three miscarriages at various stages, but all earlier than the fourth month. Has had treatment for uterine trouble in a western town before coming to the city. August 29th, was called early in the morning and found that a pregnancy of exactly three months had existed, uterus was beginning to dilate, would not admit index finger, pains had been felt during the night and a hemorrhage had occurred, when quite a large-sized clot had been expelled. This was conclusive to my mind as a corollary upon many other cases, that a miscarriage was certain to follow. There was a feeling of soreness about the rectum and ovarian regions, which, in her other misfortunes, had been the precursor of labor that nothing could prevent. In this, as in the other case mentioned, it was difficult to ascertain any sufficient cause of an external nature perhaps a corset too tight for a woman three months pregnant may have sufficed, where the aborting habit seemed to have come to stay. But a handsome woman must look decent, at least, to go to church. Alas for vanity!

Well, it seemed here as if an attempt should be made, though the circumstances seemed unpromising. This time viburnum opulus (Hayden's compound) was given, a drachm every twenty minutes in hot water. Quiet ensued, and after belladonna suppositories gr. i. had quieted the pelvis, the rectum was emptied by an enema of hot water with the hope of dispelling the irritable condition complained of, and, perhaps, produced by the downward pressure of that aforesaid corset. Nothing further occurred. The viburnum was continued three days, then ordered to be taken twice daily for a month in combination with elix. gent. et tr. ferri mur. āā 30 minims. The patient rose on the fourth day, and though reasonably quiet, moved about the house without discomfort. The viburnum has produced a good effect. Before the belladonna was inserted, it was accorded some virtue in this case, and will be used again if indications call for it.

A SUBSTITUTE FOR INTUBATION.

BY L. L. PALMER, M.D., TORONTO.

From some reports we read, one might conclude that intubation was short-lived, and that O'Dwyer's tubes would soon share the same fate as Bonchut's, of earlier date, but I observe that adverse criticism is mostly at the hand of those of little experience with the operation, or no experience at all, the latter of course being strongest in their objection—the objections and experience being in inverse ratio. I shall not here argue the pros and cons, but merely venture the opinion, after an experience in 150 cases, that intubation has come to stay, (1) that in chronic stenosis of the larynx, it takes first place, even when compared with such recent appliances as Mackenzie's, Schrotter's, Fränkel's, etc., ingenious though they are, (2) that in stenosis of the larynx due to inflammation • whether diphtheritic or other, it also takes first place, and as compared with tracheotomy is simpler, quicker, less dangerous, accompanied with fewer unpleasant sequelae and more favourable results, and furnishes all the relief that could be obtained in any case by the cutting operation.

With this opinion you will scarcely look for a substitute from this quarter. But O'Dwyer's tubes