

She was given chloral in forty grain doses, and she sleeps well at night. Her daughter, a young girl of keen observation, tells me that any noise, or the slightest touch from her (she shares the bed with her mother), will arouse her parent, but she falls again to sleep.

To sum up, then, I think it a valuable agent to procure sleep, particularly in feeble individuals. I have given it with the happiest effects, after depletion, in puerperal convulsions. To prevent convulsions, if such do not demand depletion, the same having been used, or never required, I have used it somewhat extensively, and have given it, in some instances, in doses as high as a drachm; to children in doses from six to twenty grains, according to age.

There are diseases in early childhood in which the use of chloral is indicated. I refer to some of the nervous affections. Dr. Parrish described a species of colic, to which was due an attack of convulsions resembling epileptic fits. Dr. Parrish, who described the phenomena well, was mistaken in the order of antecedent and sequence. The disease arose primarily from irritation in the nervous centres, and the spasm in the bowels is the consequence. Moreover, it is the opinion of Dr. Parrish, that if the child survive the period of dentition, it is usually safe. If the convulsive attacks continue during the period of dentition, and cease, they are apt to recur at the age of puberty, or later, and the sufferer becomes an epileptic. Such children are apt to be sleepless, particularly on the eve of an attack. It is here that chloral is valuable. It induces a quiet sleep, and if there be spasm in the muscular coat of the intestine, it produces muscular relaxation.

So, too, in that form of affection known as night terrors. The child sleepless, or even when it sleeps, slumber is disturbed, and it moans or it grits the teeth. All this should be overcome, or else the child in after-years will be an epileptic. Physicians ought to be aware of this. The great rules of hygiene as to diet, exercise, etc., should be strongly urged on the parent, and to procure rest (a most important point), chloral is the remedy, opium the poison.

The dose to children will vary from four to twelve or more grains, according to age. I always use as the vehicle with which to mix the chloral, the syrup of tolu.—*St. Louis Medical Journal*.

A Physician recently advertised for a partner who could "stand a confinement." He received an answer from six widows with sixteen children each.—*Ec.*

Extirpation of a Kidney in Man.

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In some English and French journals I find communications regarding the extirpation of a human kidney which I performed in August last at the surgical clinique of Heidelberg. These communications are due to medical men who, on their journey through Heidelberg, have seen and examined the patient. As, however, the said communications contain several inexact and erroneous statements, and as the publication of a full description of the case may most likely not take place for some time, I may as well give the following short abstract. I feel the more justified in so doing, as a sufficiently long space of time has elapsed since the operation, to enable us to judge fully of its results.

Our patient (a labourer's wife, æt. 46) was operated upon by Dr. Walther of Offenbach, on account of a cystoid tumour of the ovary, one year and a half previous to her admission into the Heidelberg Surgical Clinique.

After the abdominal incision was made, it was discovered that the ovarian tumour was so intimately connected with the very enlarged uterus, that that organ had to be removed at the same time as the degenerated ovary—i.e., that ovariectomy had to be combined with hysterectomy. But the ovarian tumour was not alone connected with the uterus, but also with the left ureter so that, at the removal, the ureter was severed in its whole circumference.

The patient recovered, but an abdominal-uretral fistula remained, through which all the urine which was produced by the left kidney involuntarily escaped. I attempted to cure this intolerable state by trying to make a communication between the ureter and the bladder, and by a subsequent occlusion of the abnormal passage, which opened through the abdominal walls and into the vagina. But after many unsuccessful attempts, during which even the life of the patient was several times at stake, we had ultimately to give up this plan of cure. Attempts to produce artificial occlusion of the ureter (and by that means obliteration of the kidney) had also to be abandoned on account of very dangerous symptoms, which made a favourable result most doubtful.

Ultimately I contemplated extirpation of the kidney. By perusing the literature of the day, by experimenting on dogs, by anatomical researches, and by comparing this operation with other some