

same Journal a very elaborate exposure of the ignorance and unscientific reasoning of those who accused the small amalgam filling as the cause of death. "It does not appear," says Dr. C. "*that mercury had not been taken by the patient before filling the tooth* for some other cause, and the system at that time somewhat under its influence and the salivation a simple coincidence only. It is clear from the evidence that the intoxicated dentist filled the cavity over the base nerve producing all the horrible symptoms described. The same thing would have occurred had gold been used."

"If the medical men in attendance had decided that the amalgam caused the trouble, and the tooth itself was sore and tender, they should have removed the filling or the tooth. If the trouble was that of salivation alone, from the vapour of mercury during the process of hardening of the amalgam, the effect in the mouth *would have been general, not local, nor confined to that tooth at all*, as the action of the vapor would have to take place, first through the lungs, then through the circulation, and locating itself afterwards, as the amalgam itself is not susceptible of producing any specific mercurial action, as no sensible change takes place in a filling in a tooth for a long time, and even then only a slight darkening, the result of *an oxide of silver, not of mercury, which is an insoluble, innocuous oxide and* and perfectly harmless anywhere in the body. The acids of the mouth are too weak to produce salts of the materials of amalgam." Dr. Cutler describes a case which troubled the patient for several years, and in which life was almost despaired of, "in consequence of temporarily stopping a tooth with *gutta percha*. The inflammation at first was erysipelas in character, accompanied with copious salivation, *very similar to mercurialization* though I am not aware that the patient had taken mercury any time very recently before the occurrence. Without the closest attention and treatment, I believe the patient would have died from suffocation in consequence of the *gutta percha* filling."

A couple of pages more follow; but the above will suffice to give your readers the other side of the story.

W. G. B.

Progress of Medical Science.

TREATMENT OF RIGIDITY OF THE OS UTERI.

BY A. B. ISHAM, M.D.

In speaking of the therapeutical means upon which we may most confidently rely as safe, reliable, and

entirely suited to the ends to be accomplished, Dr. Isham, for purposes of convenience, divides them into four classes:—

1. Those which may assist the inherent expansile power of the os.
2. Those which may bring about dilatation by pressure.
3. Those which may aid dilatation by producing muscular traction upon the os.
4. Those which may combine the aid of all the factors engaged in dilatation.

Therapeutic Agents of the First Class.—A continuous current of water, either warm or cold, applied separately or alternately, is an efficient means of producing an expansion of the os. It acts directly as an excitant of the circular fibres of the os and cervix, and it undoubtedly also secondarily brings into action the other forces of dilatation.

Burnes' water bag is a mechanical agent of great value, operating the same way as the water current, with the additional power of expanding pressure applied equally to all parts of the os.

The *electro-galvanic current* passed over the os furnishes another powerful stimulus to the nervomotor function, acting remotely in the same way as the other remedies of this class.

Agents of the Second Class.—*External pressure* upon the abdominal walls over the uterus, if well applied, supplies a power lacking in the uterine muscles, forcing down the contents of the womb against the os and substituting an artificial pressure of considerable power for the natural one.

Forceps may be called to aid if there is sufficient dilatation for their introduction. They afford a mighty power in traction, supplying from without the force wanting within, and producing gradual dilatation over them.

Agents of the Third Class.—*Chloroform* has the weight of high authority as being one of the first therapeutical agents, administered by inhalation in the treatment of complicated labor. Carried to full anæsthesia it perfectly relaxes every tissue in the whole system, and its efficiency in relieving spasm is manifest. It would thus enable the os uteri to be dilated by mechanical means, supplanting the place of all the natural forces of dilatation, and rendering delivery possible by instrumental aid. It has also another property, that of putting in abeyance the cerebro-spinal nervous sense, thereby undoing spasmodic action, while the play of muscular force may continue in operation. In this way it is a useful means of overcoming antagonism of uterine muscles. That chloroform is not applicable to debilitated subjects is apparent.

Sulphuric ether has properties analogous to chloroform, but it is considered by many to be the less hazardous remedy. They are both agents not to be trifled with, for, carried too far, they may produce paralysis of the heart or respiratory apparatus.

Hydrate of Chloral is a grand addendum to our therapeutical means. By its contact with the alkalies in the blood the chloroform is liberated. In doses of x grs. to 3 ss, repeated, if necessary, it quiets spasmodic action, restores balance to muscular effort,