The relief was marked by the subsidence of all the distressing symptoms in a few hours, and the application was repeated twice the next day. No other treatment was applied except the free use of warm teas. The recovery was more rapid than I had before seen in such cases, and without any disagreeable sequel.

Two other members of the same family were treated by the inunction with the same favorable result.

I have since used the plan of treatment in a number of cases and with uniform and prompt relief.—North Western Journal.

On the Entrance of Air by the Open Mouths of the Uterine Veins considered as a Cause of Danger and Death after Parturition .- Dr. Connack read an elaborate paper illustrated by experiments and cases.—The paper consisted of three parts :- The various effects caused by the entrance of air into the veins, and the appearances found on dissection. 2. Statement of facts proving that the entrance of air by the open mouths of the uterine veins may cause dangerous symptoms, and even death. 3. Suggestions as to the prevention and treatmentof such accidents after parturition; with remarks upon the precautions required. in injecting the uterus after delivery for uterine hæmorrhage. The opinion, that the entrance of air into the uterine voins might be a source of danger and death after parturition, had been enunciated by Legallois in 1829, and subsequently by Ollivier ; it had likewise been supported by Dr. Cormack in his "Graduation Thesis," published at Edinburgh in 1837. Dr. Cormack had attended cases in which air had been drawn into the womb after delivery by the sudden relaxation of the organ, and occurrences of this kind he supposed must be frequent. Dr. Cormack quoted Dr. Meigs' very graphic description of the way in which air was often drawn in and then expelled with noise by the womb after delivery. Dr. Cormack wished to prove that if any impediment existed to prevent the exit of the air which had been drawn in, it must, when the uterus acted, be thrown into the large orifices of the uter ne veins, provided they were not secured by coagula or by the apposition of their parietes from contraction of the

organ. He also showed, by anatomical facts, and by referring to the experiments made by Dance, that the communication between the cavity of the womb and the current of blood in the vena cava inferior was direct and easy, and that air once introduced into the uterine veins must soon be carried to the right auricle of the heart; there-if in sufficient quantity-to cause frothing of blood, aeriform distension of the right side of the heart, obstruction of the plumonary artery, and congestion of the pulmonary capillaries. Cases of this kind had actually taken place. One had been published by Lionet, and another by Wintrich. A case had also been published by Dr. Bessems, in which air had been thrown accidently into the uterine yeins when injecting the uterus to arrest hæmorrhage. The woman died suddenly with symptoms of suffocation, and the right side of the heart was found distended by air. Dr, Cormack showed, by a detail ef experiments which he had porformed, and also by cases, that the entrance of air into the veins, even in considerable quantity, was not necessarily fatal. A case communicated by Sir B. C. Brodie to Dr. Cormack illustrated this fact. The general treatment for uterine bæmorrhage, by inducing contraction of the uterus, also the plugging, would be the means by which the entrance of air into the veins would be prevented. uterine Should the accident occur, and the circulation and respiration become affected. and asphyxia be imminent, it would be necessary to unload the heart and pulmonary capillaries, by taking blood, following up the advantage so gained hy aspiration of the face with cold water, the application of stimulating embrocations, sinapisms, &c., and the internal use of various stimuli. Dr. Cormack stated that in a case which he had watched for hours after the accidental entrance of a large quantity of air into one of the veins of the neck, no advantage was got from stimuli till the heart was somewhat relieved by venesection. This is the case which occurred at Barnes in 1848, and an account of the inquest on which appeared at the time in the Lancet. In some cases, little or no treatment might be required. If the air was in small quantity, it would be absorbed, if the patient survived a suffi . cient time, and no bad consequences might ensue. At the same time, in

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