

ing from which dissection was of a horse-shoe shape. Three quilled sutures of thick silver wire were then deeply introduced, and the denuded parts being freed from blood were brought into close apposition; finally, the outer margins of the labiæ were stitched together by five small interrupted sutures of silver wire. The patient being removed to bed, water-dressings were applied, and a pill containing a grain of opium given, which was directed to be repeated every fourth or fifth hour, as might be required, and the urine to be drawn off by a catheter every sixth hour.

30th: Notwithstanding the use of the opium the stomach continued very irritable. Effervescing mixture and hydrocyanic acid were now prescribed.

31st: The pills were discontinued, as she attributed to them the irritability of her stomach.

Jan. 1st: Stomach quiet and slept well.

2nd: The deep sutures were withdrawn. The interrupted sutures were removed on the two following days.

8th: The parts were found to be firmly united.

10th: Complaining of some uneasiness in her bowels, a mild purgative was given, followed by an enema of warm water and olive oil, which relieved her; and on the 25th she left the hospital cured, and expressed herself most grateful for the relief afforded by the operation.—*Dublin Medical Press.*

PUERPERAL CONVULSIONS.

A very interesting discussion took place at the Philadelphia County Medical Society on the 9th October last, a portion of which is extracted from *The Medical and Surgical Reporter* of December 14, relating to Puerperal convulsions, its causes and treatment, in which, after allusion to the various theories suggested as to their cause, concludes with the following summary of treatment.

Except the Germans, who believe in uræmia as the only cause, nearly all recommend free and decided general and local bleedings; the emptying of the stomach if it contain ingesta; the evacuation of the bowels by enemata and brisk cathartics; cold to the head in the form of the douche and ice cap; and sinapisms and blisters to the thighs and calves of the legs. Chloroform has been advocated and condemned. Braun reports 16 cases in succession, successfully treated by anaesthesia, and either benzoic, citric, or tartaric acid, for the purpose of exciting the kidneys to vigorous action, and the removal thus of the urea from the blood. Though thus successful on these occasions, it seems this author did not meet with a like degree of success afterward, as Krassnig reports 16 cases in 1857 and 1858 in Braun's Clinic, at Vienna, of which 9 died.

Simpson, Channing, Seyfert, and Scanzoni favor chloroform.

One of the opponents of this agent says: "Since the irruption into the quiet domain of obstetrics of the vast army of chloroformers and etherizers, there has arisen an increasing disposition to crush out all movements and tendencies to eclampsia, under the force of anaesthetics. Some regard the results as admirable and cheering. I, for my part, cannot adhere to this dogma, for I regard it but a dogmatic institution." (*Dr. C. D. Meigs.*)

Opium and ether are advocated and opposed. The former, however, is more generally commended. It is generally regarded as preferable after blood-letting and the emptying of the uterus. Braun, however, recommends the use of opium where blood-letting has not been practised, and directs from 1 to 6 grains, or $\frac{1}{4}$ to 1 grain of acetate of morphia within six hours, and at the same time 20 to 30 drops of an anodyne injection. This he specially recommends where the chloroform and acids do not operate quickly and permanently enough, when the delivery has been effected and the fits continue. "My observations," says Braun, "completely agree with Kiwisch, Scanzoni, and others, in regard to the