

3. In a laparotomy, when the strangulated coil of bowel is gangrenous, it should be brought out of the wound, and the gangrenous knuckle resected. The proximal and distal ends of the resected bowel should then be stitched to the edges of the wound, and an artificial anus established.

4. Nélaton's operation of enterotomy should be undertaken in all cases of intestinal strangulation, when laparotomy is rejected or seems inapplicable, as well as in cases of intussusception in which the invaginated bowel cannot readily be released. It should be performed in the right groin, or, rather, right iliac fossa.

5. If laparotomy succeed, the cause which called for it is removed, and the normal action of the bowel is restored. If resorted to early, and as a rule of practice, it is probable that it would be more successful than the treatment, by opium, inflation, or purgatives, which has hitherto been in vogue.—*British Medical Jour.*

THE TREATMENT OF PUERPERAL SEPTICÆMIA.

Were I called upon to sum up the treatment of a declared undoubted case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphine hypodermically.

2. Wash out the uterine cavity with antiseptics.

3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.

4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.

5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.—*Dr. Thomas, in N. Y. Med. Journal.*

where the only remedy at hand was a bottle of whiskey. He promptly soaked a napkin in the whiskey, and introduced it into the uterine cavity, with the result of stopping the hæmorrhage. Encouraged by his success, he states, he has now used injections of alcohol in several similar cases, and with such good results that he recommends this treatment to the consideration of the profession.—*N. Y. Med. Journal*

TREATMENT OF PUERPERAL CONVULSIONS.

At the meeting of the New York State Medical Association, Dr. Darwin Colvin read a paper on Venesection in the Convulsions of Pregnant and Parturient Women.

The speaker based his remarks upon a combined experience of his father and himself extending over a total period of ninety-two years. Most of the cases recorded in his father's notebooks occurred at a time when chloroform was unknown and before albuminuria was heard of, while his own cases belonged to a later period, when anæsthetics were in daily use, bleeding was out of fashion, and the pathology of puerperal eclampsia was beginning to be better understood. In none of his father's cases did convulsions occur when venesection had been practised upon the appearance of threatening symptoms, and even in those in which convulsions had already occurred a prompt withdrawal of blood averted the fatal issue. When the writer himself began practice, chloroform was just coming into use, and he was anxious to make use of it in puerperal eclampsia. In a case seen with his father a convulsion had occurred, and consent was given reluctantly to make trial of the anæsthetic. This was done, but the convulsions were not averted, the patient grew worse and worse, until finally phlebotomy was insisted on. Thirty ounces of blood were removed, the convulsions did not again recur, and the patient recovered. The author related a number of cases occurring in his own practice in later years in which chloroform, chloral, the bromides, and opium were used persistently, but the patients continued to grow worse; but when, finally, venesection was with many misgivings resorted to, improvement

ALCOHOLIC INJECTIONS IN UTERINE HÆMORRHAGE.—*Dr. Hapgood (British Medical Journal)* reports a severe case of uterine hæmorrhage