heart passed into the aorta, a portion of it was forced into the d. arteriosus and from thence through the pulmonary artery into the lungs. Thus, by a reversed current, the work of aeration was carried on.

(2) The amount of extra work thrown upon the right ventricle, in forcing the current through the abnormal aortic opening and attempting to force it into the normal passage, would account for its hypertrophy.

(3) The systolic sound heard was undoubtedly pulmonary, obstructive at least in part.

(4) The attacks (in which he fought for breath) were probably due to a pulmonary stasis, caused by the temporary arrest of heart action, which always accompanied these attacks. The attack sevens week before death was evidently epileptoid in character and due in part to the excess of venous blood in the brain and the action of this impure blood on the nervous system.

(5) Why the child remained free from the attacks early in life I am not prepared to say. I believe that at an earlier period the pulmonary orifice in the right ventricle was very much more patent than at present. The orifice as now seen is occluded by hypertrophied columnæ carnæ and ventricular walls, and it may be readily understood, that if this hypertrophy were absent (as in earlier life) we would have a more patent artery. This may probably account for the non-appearance of the attacks before the third year of the child's age.

(6) Morgagni has said that in these cases the cyanosis is probably due to the general congestion which is present. Hunter, on the other hand, has claimed it to be the result of the admixture of venous with arterial blood, which is constantly going on. Probably both of these factors enter into the maintenance of that condition of peculiar discoloration, known as cyanosis.

CREOLIN AS AN ANTISEPTIC.—If creolin be as sure a germicide as the authorities now state, it must soon supersede the bichloride. It is harmless to the human organism; is cheap, and does corrode instruments. It is used in one-half to 3 per cent. solutions.

A CASE OF THROMBOSIS OF THE UTERO-VULVAR CAVAL RUPTURED DURING LABOUR.*

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On the 22nd of March last, I was called to attend Mary C., aged 17 years, primipara, a short, stout, full-blooded girl. She had been in labour for four or five hours, as it was not the intention of her friends to have a doctor, her grandmother being a local midwife. I was told that her pains had been very hard and constant, that the waters had broken, but there had been no discharge of blood. Upon examination, I found things about as stated. The head was at the brim, and had been in the first or second position. I waited about for over an hour, and, as things did not appear to be any farther along, I decided to deliver her with forceps. I may say that during my wait I could not decide what was the cause of the delay, as the parts were natural and good-sized, and the head did not give one the idea that it was unnsually large. I chloroformed her, and had great difficulty in getting the left blade of the forceps introduced and in position. However, after some time, I got the forceps (Simpson's medium) locked. After giving a little more chloroform, I waited until I felt the uterus contract, then made gradual traction, using very little force. All at once came a gush of blood, which appeared to come from the upper part of the canal; it fairly poured out. My first thought was a ruptured uterus; then a ruptured vagina; but that could not be. The blood was not dark and in clots, but as thick as ordinary venous blood, and it coagulated at once in the vessel I put below the edge of the bed to catch it. I put my hand on the uterus above, and found it contracting from time to time. The hemorrhage still continued; not in gushes, but slowly and steadily. My patient's face and pulse now began to tell a tale, so I decided to send for my friend, Dr. Page, who lived near at hand. Dr. Page came at once, bringing stimulants with him. Before this I had removed my forceps and discontinued the chloroform. We decided to deliver her at once. I gave a small quantity of chloroform, and Dr. Page delivered her with his own forceps with very little difficulty.

* Read at the Annual Meeting of the N.S. Medical Society, 1888.