

and the cervix uteri, even at the end of that period, was for a closer examination inaccessible. The patient was not confined to bed.—*Med. Record.*

In the Report of proceedings of the Obstetrical Society of Boston, in *The Boston Medical Journal* we find the following:

*Obstinate Vomiting in second month of Pregnancy.*

—Dr. Putnam reported a case in which he was consulted with reference to effecting an abortion, on account of excessive prostration. The condition of the patient being very hazardous, it was decided to accomplish it. To this end a sponge tent was inserted, and in twenty-four hours, there having been slight dilatation, another of larger size was introduced. The next day the cervix was soft and dilatable, but the inner os not dilated; in the meantime, however, the vomiting and general distress had lessened, and further operations were of course suspended. The patient continued to improve, and gestation progressed satisfactorily.

Dr. Putnam had known another case which had terminated in the same way, under similar treatment.

*Hæmorrhage from Umbilical Cord.*—Dr. Ayer reported a case of hæmorrhage from the umbilical cord which took place recently in his practice. The cord, in this instance, was dark and soft. It was carefully tied and dressed, in the forenoon; but, in the afternoon, he was called, and found it bleeding. The hæmorrhage appeared to come from the surface of the cord. Tannic acid was applied, but the cord bled after that, more or less for two days. The bleeding, however, was mostly on the first day.

*Hæmorrhage from Umbilical Cord in Utero.*—Dr. Hooker reported a case of hæmorrhage from the cord *in utero*, and death of the child. The labor was short, lasting but two or three hours; and the placenta and cord were otherwise normal.

*Detached Placenta; Death of Child and Mother.*—

Dr. Hooper also reported a case which he had seen in consultation. The patient was found pulseless, and the child was removed with the forceps. There was a considerable quantity of clots. These coagula were dark colored; and the placenta had probably been entirely detached half an hour previous to delivery. The child was dead, and the mother sank in an hour.

Dr. Reynolds thought this was a strong case for the application of forceps; as by this means two lives might have been saved.

*Amenorrhœa; Icterus; Purpura Hemorrhagica; Death; Autopsy.*—The following history of a case was given by Dr. Reynolds, together with an account of the autopsy. The substance of his remarks is given in brief: The patient was an ambitious young American woman, twenty-five years of age. She

ceased to menstruate in July last; and consequently became jaundiced. At times there was extravasation of blood in the skin, and beneath it. She had intense pain one night, two months previous to her death. Ecchymoses formed on the calves of the legs, and elsewhere, two or three days before death. There was vomiting, and she sank, and appeared to die from exhaustion. At the autopsy, there was found to be extensive disease of the liver. Around the ovaries, coagula were found the size of the fist; and, in the pelvis, there was a large quantity of fluid blood. In the right ovary, there was a cyst. The patient had never been impregnated. A large gall-stone was found in the gall-bladder. The patient had bled from the mouth; and, with the jaundice, there had been intense general pruritus, for which nothing gave relief.

*Subinvolution of Uterus.*—Dr. Parks reported a case of subinvolution of the uterus. The patient was thirty-five years old. Five years ago, she miscarried. Since that time, has been accustomed to flow incessantly. Examination showed the cervix uteri to be enlarged. It was an inch longer than natural. This was treated with nitrate of silver and the application of issues of potassa cum calce. The anterior lip of the uterus had become thinner than usual; and during the application of the caustic and leeches, there was profuse hæmorrhage. This continued, more or less, for five or six days, when it subsided, together with the congestion. The patient subsequently regained her health, and her menses appeared. The length of treatment was from July to February.

*Phlebitis with Otorrhœa.*—Dr. Putnam had seen in consultation two cases of phlebitis, in both of which inflammation of the ear was one of the earliest symptoms. A lady of rather feeble health, eighth month of gestation; had kept her bed for two days on account of earache. The next day had pain, swelling and erysipelatous redness of the left arm, and subsequently of the neck and right arm. Pulse rapid and feeble. On the following day labor came on, and the child—footling—was suddenly expelled, still-born. Death occurred within a week. At the autopsy, extensive inflammation of the veins, with purulent deposits especially about the uterus. A more minute account of this case will be given.

In the second case the disease occurred after healthy parturition. It resembled the former in being preceded by otorrhœa and grave constitutional affection. It proved fatal in three weeks, during which time several metastatic abscesses formed about the wrist and arms.

HOSPITAL surgeons in Paris are now expected to retire at 63, instead of 60 as formerly.