

calculus, and the stone is passed in fragments. At some future time, by the aid of the litholyte, chemical force will be set up at the surface of the calculus, and it will be passed in solution, or as an impalpable precipitate.—*Med Times and Gazette*, January 1, 1853, p. 21.

## REMEDY FOR THE STINGS OF BEES.

*By M. Gumprecht.*

The stung place is to be rubbed with the freshly-pressed juico of the honey-suckle. (*Lonicera caprifolium*.)

The expressed juice may be kept in closely-stoppered bottles for this purpose.—*Dingler's Polyt. Journal*, CXXVI. p. 80.

A common Canadian remedy for the stings of bees is the blue bag used by the washer-women. The blue bag is a piece of flannel containing moistened indigo, and if applied to the wound has a surprising effect in relieving the pain. I once saw a child that had been fearfully stung, and was in a dreadful state of irritation; upon the application of the blue bag by a neighbour, the pain immediately subsided and the child went to sleep.—*Ed. U. C. J.*

## ON THE INDUCTION OF PREMATURE LABOUR, BY THE METHOD OF PROFESSOR KIWISCH, OF WURZBURG.

*By Dr. W. Tyler Smith.*

[Hitherto the main agents in exciting the gravid uterus to expel its contents have been—the administration of ergot, dilatation of the os uteri by sponge-tents, the separation of the membranes from around the os and cervix uteri, or puncturing the membranes by some convenient instrument. The ergot is uncertain in its operation, and the use of sponge-tents is not only uncertain in its effects, but in some cases the application is difficult if not impossible. The same remarks apply also to the separation of the membranes].

The operation of puncturing the membranes is far more effective than either of the preceding methods. It almost invariably brings on labour within a few days of its performance. But cases of deformity are met with, and these are cases requiring most imperatively the induction of premature labour, in which the most experienced practitioners are unable to enter the uterus. In cases requiring the induction of premature labour, in the early months, before the development of the cervix uteri, the attempt to puncture the membranes must always be a serious undertaking. Numerous instances are on record, in which serious results have occurred from the attempt to evacuate the liquor amnii. Two or three years ago a patient died after the performance of this operation, in whom, upon a post-mortem examination, the internal iliac was found to have been punctured. Dr. Radford has related a case, in which the Cæsarian operation was performed successfully, but the woman becoming pregnant again, an operation for inducing premature labour was performed with a fatal result. The difficulty of reaching the os uteri, in cases of great pelvic deformity, was referred to the discussion at the Medico-Chirurgical Society last year, as a justification of the Cæsarian operation; and the possible and known dangers of the proceeding were among the grounds of opposition to this great obstetric advance, put forward in the most recent discussions of the French Academy.

But the operation of puncturing the membranes, even when it can be performed readily, has its disadvantages. This is particularly the case when the operation is performed in the eighth or ninth month, with a view to save the child. The evacuation of liquor is always an unfavourable commencement of labour, particularly in cases of distortion, when turning may have to be performed, and when the child is subject to long-continued pressure