

not always be relied on; but he viewed it as the most reliable parturient remedy we have." Dr. Cronse thought that "when quinine was given in proper doses, it rarely disappoints."

On a former occasion, Dr. John Lewis said: "When I find a patient in labor, with a rigid os uteri, a tense pulse, and dry skin, I always give quinine freely, use dry cups over the sacrum, and the warm foot-bath, and expect the os uteri to relax, the pulse and skin to soften, the uterine contractions to increase in frequency and force, as surely and as certainly as I would nausea to follow the exhibition of ipecacuanha, or purging from jalap.

Bearing upon this subject we may mention that Dr. J. S. Rich, of Georgia, in the *Charleston Medical Journal and Review* for March, 1860, reports several cases of uterine hemorrhage of alarming character that were speedily relieved by the use of quinine, after the failure of all other known means. Prof. Edward Warren, now of Baltimore, says, "we have found nothing more likely to produce abortion in pregnancy than the administration of large doses of quinine." Several others have ascribed to it abortive powers, when administered in full doses. It is quite possible that it may be found to be a valuable parturient remedy, though in any ordinary doses we do not believe, as an abortive agent, it is at all to be feared.—*Med. and Surg. Reporter*.

SURGERY.

OPERATION FOR THE REMOVAL OF THE HEAD AND NECK OF THE OS FEMORIS, IN A CASE OF MORBUS COXARIUS—CURE OF PATIENT.

By E. S. Cooper, A.M., M.D., Professor of Anatomy and Surgery in the Medical Department of the University of the Pacific, San Francisco.

Master M. H., æt. thirteen, afflicted with hip-joint disease for four years, was brought to me in March, 1857. Six sinuses leading towards the joint were found; two terminating external to the trochanter major, and four considerably above, one near the crest of the ileum. But a probe could not be introduced so as to touch any portion of the diseased structures constituting the joint, though small portions of exfoliated bone had been thrown off through these sinuses at different times. The leg of the diseased side measured about two inches less in length than its fellow, and was only about one-half its size. The leg was flexed and fixed in that condition.

Operation.—The patient was placed upon the right side (the left being the seat of disease), an incision was made nine inches long, extending from the orifice of the upper, to that of the lower sinus. The lower part of the incision was made directly in front of the trochanter major. The upper extremity was made to pass through parts of the gluteus maximus and medius muscles. Having exposed a portion of the trochanter major, a bone chisel was taken, and the soft parts removed from the bone, following it along from the greater trochanter to the inner extremity of the cervix of the femur and the margins of the acetabulum. The capsular ligament was nearly destroyed but an adventitious formation, corresponding slightly to that tissue, was found connecting the internal extremity of the cervix of the femur to the margins of the cotyloid cavity. On pressing upon this structure, purulent matter was forced out through the openings made by the process of ulceration. After finding this state of the parts the joint was opened at once, and the true condition of the articulating faces revealed. The entire head of the os femoris was ulcerating, as was also the articulating face of the acetabulum. The head of the bone was therefore taken away, and likewise a small amount of the cervix. The major portion of the acetabulum was then removed with a bone chisel. The ligamentum teres had been destroyed by the process of ulceration.