

cess, irrespectively of actual quantity, if it be unduly great in proportion to the size of the child. Here, again, it interferes with the action of the force which restores form, or the axial force. If, therefore, the parts of the child be not recognizable externally with ordinary facility during a relaxed state of the uterus; if *ballotement* be unusually facile, and especially can be felt during a pain, the probability is that there is a true excess of liquor amnii; and this condition would fully warrant the rupture of the membranes before the full dilatation of the os; the other conditions being favorable to the operation.

I have discussed this subject apart from the state of rigidity or dilatibility of the cervix, conditions which undoubtedly must be taken into consideration in determining any line of treatment in the first stage; but the subject of rigidity is one which requires discussion by itself, and would only tend to complicate and obscure the question.—*Clinic, Cincinnati*.

#### AMYL-NITRITE IN PERTUSSIS.

Dr. George Bayles reports experiments made with amyl nitrite in ten cases of pertussis. In all the cases the usual remedies proved as ineffectual as usual, and the whoop was established when the physician was called. In every instance, save one, regular treatment began with quinine, but sooner or later in each case amyl nitrite was employed. The other remedies used, as quinine, chloral hydrate, etc., all tended toward accomplishing the desired object, and though each gave evidence of its prime utility, it was reserved for the amyl to be the most promptly remedial.

"In quinine there appears to be a real antidotal action to the specific root-element of this disease (whatever that may be); employed throughout the progress of the disease, it cannot but be of advantage. Chloral is a sedative nervine of very efficient action, and beneficial in an eminent degree where nervous excitement is intensified by the apprehension of an approaching paroxysm of coughing. This agent, therefore, was the most serviceable in the cases of the elder patients.

"Amyl comes in as a direct anticipatory measure for the relief of the cough as to its frequency, and also its pacification as to paroxysmal energy. From this point on, the cases must speak for themselves, and, I think, they will be found to illustrate the positive value of nitrite of amyl in allaying the violence and limiting the duration of the cough of *pertussis*.

In all cases reported there was a diminution in the force of the cough, the sound of the whoop was not as marked, and the intervals between the paroxysms were lengthened, when amyl was employed. The remedy is given at the commencement of a paroxysm by inhalation, varying in size from one minim for a child five or six months old, to three minims in one at the age of twelve. The best way to administer it is to drop the amyl into the bottom of the interior of a tea cup which is to be inverted over the mouth and nostrils of the patient, not so closely, however, that

the edges of the cup would come in contact with the surface of the skin. This should be done the instant the period arrived for the violent cough to be repeated. The cough commencing and gather force is a signal to use the amyl. The prompt effect is so to modify the paroxysm as to silence the peculiar sonorous inspiration, repress the vomiting, and to allow the cough to assume the character of that which belongs only to acute bronchial catarrh.—*Virginia Medical Monthly, August, 1877*.

#### THE DESTRUCTION AND EXPULSION OF UTERINE FIBROIDS BY ERGOT.

Dr. William H. Byford, who contributed to Vol. I. *Gynæcological Trans.*, a report of three cases of uterine fibroid in which the administration of ergot resulted in their piecemeal expulsion, reports in the *Archives of Clinical Surgery*, an additional case showing the great value of this agent. The patient was aged forty-seven, and had for three years been the subject of severe hemorrhage, leucorrhea, pain in the uterus and general prostration. Examination revealed a large fibrous tumor of the uterus which extended to within two inches of the umbilicus, filling up the hypogastric region and extending to the ilium on the left side. The uterine cavity admitted the sound fully five inches. Dr. B. at once prescribed thirty drops of Squibbs fl. ext. of ergot three times daily, this dose gradually to be increased to one drachm. At first it had no perceptible effect; in a few days, however, the pain became so great that the medicine had to be omitted for several days at a time. It was resumed in smaller doses until the pain returned too severely, when it was again temporarily discontinued. She continued the medicine in this way until January 13th, 1877, when the tumor began to break up and be discharged. In a letter to Dr. B., the patient describes the appearance of the material discharged as "like sausage meat from a stuffer," four inches of which would be extruded and cut off daily by the patient. Its discharge was accompanied by sharp spasms of lancinating pains and an intolerable stench. On the 26th of January, the last portion was discharged, after which the patient soon regained perfect health. In commenting on this case, the author remarked that "in the intramural tumor where the neoplasm is so situated that the greater portion of the muscular fibres surrounding it lies outside, the persistent use of ergot if it causes contraction will be very likely to cause its expulsion." The constant pressure on the fibres which lie on the inside, impairs their nutrition and soon results in rupture. With proper care in the examination of cases—with a view to determining the site of the tumor—the cases in which ergot will result in their expulsion, can be predicted with a reasonable degree of assurance.

#### WHEN NOT TO GIVE IRON.

In the current number of the *Practitioner*, Dr. Milner Fothergill has contributed a few very practical remarks on the contra-indications for giving this.