since, in such extreme cases as described, a few minutes are of such vital importance, requiring the most prompt and decisive actien on the part of the practitioner, would you, Mr. Editor, advise the substitution of this treatment, viz.: three drachms of crystalized acetate of lead (180 grains) in preference to introducing one hand into the womb and turning out the clots and grasping it with the other, at the same time giving ergot; or should this treatment fail, would not the injection of diluted olcohol into the womb be preferable to waiting for ʒ iii of the crystals to dissolve in the stomach before entering the circulation? W. A. C.

Campden, Ont., Jan., 1874.

"Doctors differ," is an old and a true adage, and in the matter of treating post partem hemorrhage—perhaps at this moment they differ more than upon most other points, as the discussions which have lately taken place at the London Obstetrical Society proves. We have, of course, read the paper to which our correspondent refers, and, as he asks a candid question, we give him our opinion. Having used acetate of lead in a good many cases of menorrhagia, with almost negative results, *we* would not feel inclined to rely upon it, in post partem hemorrhage, where the delay of a very few minutes might prove fatal. We would introduce our hand into the uterus, and if ice were to be had, we would introduce it into the womb and give ergot. We have seen the very best results, from the most alarming hemorrhage, from a piece of ice inserted into the womb. If within a reasonable time these means failed, we would not hesitate for a moment to inject into the cavity of the womb, a solution of the perchloride of iron, with glycerine of the strength of one to ten. The two cases reported by Dr. Channonhouse, were very instructive ones, and illustrated in a remarkable degree the development of an effect from large doses of acetate of lead, which, according to several authorities, it is said to possess. Practitioners in many districts have often to work with limited tools at command, and we confess we are often amazed at the satisfactory results which ensues. In this, we must say, it redounds to the credit of our Canadian medical men.

Progress of Medical Science.

THE TREATMENT OF BILIARY COLIC.

Dr. W. Pichler, physician to the Carlsbad watering place, makes the following communication to the *Allegeime Wiener Medizinische Zeitung*, Nov. 18, '73.

Gall stones are daily occurrences to the busy practitioner in Carlsbad. It is not remarkable therefore that the Carlsbad physicians possess a rich experience in this field. In every session of the Carlsbad Verein für Natur und Heilkunde are reported cases of cholelithiasis which are of the highest clinical importance. In the last session were abundantly exhibited specimens of the size of a chestnut, which had been discharged, of course, not by natural passages, but abnormally in consequence of chronic inflammatory adhesion of the gall bladder to the intestine, ulceration, perforation and escape of the voluminous concretions. If those cases are remakable for size, others are equally remarkable for number. In one case some 30 stones of the size of a pea escaped in one act of defecation. In another especially remarkable case nearly 300 stones from the size of a barley corn to a pea escaped. I could cite a whole series of cases of biliary colic of real clinical interest from their long duration, their intensity, their complicated course or their implication of the nervous centres. I withheld a communication upon these cases as well as a discusison of the mechanism of the incarceration of biliary concretions for another occasion to mention in few words, upon this occasion, the treatment.

The pain of biliary colic, as is well known, is extremely severe, and women often declare that they are worse than labor pains. The painfulness of the disease, the reflex manifestations associate, vomiting, chills, epileptiform and other convulsions, etc., call for narcotics in the chief role along with heat in the form of cataplasms and baths. Opiates, morphia internally and hypodermically, chloral are used alternately.

In the selection of narcotics, the physician has, of course, a wide field, and he can never be at loss to relieve pain. In my experience, derived from treatment of a great number of cases of extreme severity, I have convinced myself by repeated experiment that the best result is obtained by the use of chloral hydrat preceded by a dose of morphia, internally or hypodermically.

Very frequently the pains are so intense as not to be allayed by morphia internally or even hypodermically. Large doses are dangerous. If in such cases the morphia be followed by chloral, surprising relief is obtained and also permanent relief without subsequent danger of hypnosis. This occurs, as is easily demonstrable in any case, when either of these agents alone is insufficient.

After I had made this discovery I found in various French and German papers a record of analogous results as attained after attention had been directed to this combination by physiological experimentation, Nussbaum, for instance, observed that a patient, who had accidently received a subcutaneous dose of acetate of morphia before an operation and was chloroformed just previous thereto, did not awake as usual after the narcosis, but slept on twelve full hours, and remained insensible to every kind of pain during all this period.