mother nor the child have presented evidence of injury from the administration of the antipyrine.

I report this experience thus briefly in order that other observers may test the validity of my results. Should there be concurrence of opinion, the first stage of labor will be rendered practically painless by antipyrine, even as the second and the third may at any time be made through resort to chloroform.—*Dr. Egbert H. Grandin, in New York Medical Journal.*

SALINE PURGATIVES IN THE TREATMENT OF TYPHLITIS AND PERITONITIS.

At a recent meeting of the Midland Medical Society I showed a patient who had recovered from an undoubted attack of acute peritonitis, secondary to typhlitis. In this case opium and belladonna failed to give relief, while the administration of sulphate of magnesium and sulphate of sodium in half-drachm doses with ten minims of tincture of belladonna every four hours was quickly followed by improvement, the motions, at first liquid, becoming more and more solid till normal stools were passed. Two or three slight relapses in this case were at once checked by the mixture, and the man rapidly recovered, there remaining a small induration in the right iliac fossa.

Since the above case was recorded, I have had under my care at the Workhouse Infirmary a severe case of typhlitis. I gave the same mixture as in the first case, with great relief; in fact, enemata of soap and water and of glycerine failed to evacuate. After continuing the medicine for a week the bowels failed to act, and in a few days the abdomen was distended, there being dulness in each flank, with a distinct thrill on percussion, all the signs, in fact, of fluid in the peritoneal cavity being present. The patient was very prostrate, having been allowed only a pint of peptonised milk and a pint of beef-tea a day. I gave him three ounces of whisky, and the next morning he passed an enormous liquid motion containing scybala. I continued the stimulant and allowed him another pint of milk. He continued to pass large motions with scybala, the enlargement of the abdomen and other signs of fluid in the peritoneal cavity completely disappearing. Evidently the saline aperient had caused a large flow of fluid into the intestine, but the bowel was not sufficiently powerful to evacuate it; restoration of tone by stimulants at once enabled the bowel to empty itself. At this time another complication appeared in the form or a painful swelling of the left parotid gland, which, however, subsided without suppuration. Finally, the patient competely recovered, and was discharged six weeks from the time of his admission.

It seems to me that in typhlitis due to fæcal retention, and in peritonitis from the same cause, saline purgatives are of great value, especially if enemata fail to act. In moderate doses they do not cause peristalsis, their action is quite painless, and they are exceedingly useful in washing away hardened scybala. During their administration the abdomen should be frequently examined, and any accumulation of fluid in the intestines treated by stimulants.—*C. W. Suckling, M.D., M.R.C.P., in Brit. Med. Journal.*

INCISED WOUND OF THE HEART.

In the *Centralblatt für Chirurgie* a notice is given of the following case of incised wound of the left ventricle of the heart, where healing had taken place, reported by A. P. Kiawkoff in the *Russkaja Medizina.*

In a quarrel one Cossack stabbed another in the left side. When the surgeon arrived, the patient was found lying insensible and breathing stertorously. On inspection, a wound was found one and a half inches in length, in the fourth intercostal space, in the mammillary line, and running parallel with the borders of the ribs. The wound was washed off, a bandage applied, and restoratives given, on which the patient recovered consciousness. Next day the general condition was good. Pulse ninety and small, temperature 100° F. On percussion the upper border of the dulness was found in the fourth intercostal space; no apex beat could be made out; lower border of dulness at the upper border of the seventh rib; the right border lay to the right of the right parasternal line; the left