

labor had continued for twenty-four hours; that the advance of the head had not been in proportion to the severity of the pains; that the pains had suddenly ceased; that the administration of ergot and stimulants had failed to produce any effect. Upon examination I found the patient terribly exhausted, vomiting, difficult respiration, and no labor pains. My notes do not state, nor can I now remember whether the forceps were used or not. Craniotomy was had recourse to, but the mother died within an hour after the operation.

Monsters.—Two cases. The first, a female, had no neck; the head squatting on the trunk and bent back so that the occiput seemed to be attached to the dorsal vertebræ, consequently its face was where the top of the head ought to have been. The second, also a female, had no forehead: and on the top of its head was a peculiar fungoid growth, with an aperture through which the finger could be thrust down to the brain. Both children were born dead.

Remarks.—Ergot I use very sparingly. Chloroform I have never used.

My patients are allowed to choose that position which seems most comfortable. My French patients prefer a half-sitting position on the floor; the English prefer the bed or a lounge, lying either on their side or back. I never interfere during the first stage of labor; but if the second is likely to be prolonged, thereby exhausting the mother and endangering the life of the child, I at once use the forceps, from the use of which I have never seen any ill effects. I never support the perineum, for *gentle* pressure is totally inadequate to prevent rupture, and excessive support, while retarding delivery, is apt to produce the laceration we are so anxious to avoid.

Progress of Medical Science.

A NEW TREATMENT OF CATARRH OF THE BLADDER.

Prof. Dr. G. Edlefsen, of Kiel, publishes in the *Deutsch. Archiv. Klin. Med.* XIX, 1, 1877, a long essay on the treatment of catarrh of the bladder. The author first considers the previous and prevalent methods of treating this affection, and recommends a new treatment, which has proven of signal efficacy in his hands.

The view lately advanced that the best method of treating cystitis, even acute cases of it, consists in the introduction into the bladder, through the urethra, of water or medicated fluids, is not in accordance with the author's observation. There are connected with this treatment dangers which have induced the author to limit it to cases in which

internal general medication has failed, that is to old and obstinate cases.

The urine is a very sensitive solution of highly decomposable substances, and it becomes all the more sensitive, and all the more inclined to putrefactive changes when it contains, as in cystitis always white blood corpuscles, albumen and mucin. Besides, the mucous membrane of the bladder is exceedingly sensitive, and nothing acts upon it more injuriously, at least when it is in a pathological condition, than alkalinity, and above all things the ammoniacal alkali of the urine. In spite of the most scrupulous care and cleanliness—the experience of catheterization has abundantly proven it—the entrance of minute organisms cannot always be prevented, and once entered, those organisms, in their swift reproduction, speedily excite or accelerate decomposition of urea, which in turn mingled with blood (pus) serum, leads to alkalinity of the urine. Thus damage is inflicted upon the mucous membrane by the very means employed to prevent it. Hegar has reported a number of mishaps with the local treatment of catarrh of the bladder. But entirely aside from this question, the author claims that that treatment should have the preference which is the least severe, and this is the case with medication by the stomach, provided such medication exercise no injury upon any organ of the body. The author subscribes with his whole heart to the principle established by Prof. Dittel, of Vienna, to the effect that no instrument should ever be introduced into the bladder in cystitis, unless imperatively necessary. There are cases of cystitis attended with urethral structure of high degree, in which the introduction of fluid is impossible, and yet the treatment of the cystitis is just as satisfactory.

The new remedy which the author employs, is the chlorate of potash. In the dose required, this remedy exercises no bad effect either upon the stomach or any individual organ of the body, and from the observations made as to the effect of this agent, after its ejection with the urine, upon the mucous membrane of the bladder, the author believes that it will eventually be used by injections into the bladder wherever injections are permissible. The most effective remedies hitherto employed besides water irrigation and diet regulation, were oil of turpentine and balsam of copaiba. "Whoever has used these agents must agree with me when I maintain that there are but few cases of vesical catarrh which resist these agents, and these cases are either due to tuberculosis, cancer or other incurable disease, or they are cases of very long standing, before having been submitted to this treatment. No other remedy, according to the author, will so quickly render acid the alkaline urine of cystitis as the oil of turpentine, and in the second rank, the balsam of copaiba. They are now not to be confined, as Felix v Niemeyer maintained, simply to the chronic cases; they furnish the best results in recent cases also. The author always prescribes the balsam of copaiba so soon as