soluble by the gastric juice. M. Luton administers it in average doses of 1½ grains daily, either in pills or held in suspension in some preparation of gum. The cyanide of potassium is more active; is administered in maximum doses of ffom 1½ to 2¼ grains, and preferably in pills on account of its disagreeable flavour. The pills should be silvered and kept in a stoppered bottle. The cyanide may be taken during or after meals, if there be any advantages in so doing. M. Luton reports many cases in support of the proposed medication.

TETANUS.—*Chloral and Bromide of Potassium.*—In a case of tetanus in a boy fourteen years of age, ten grains of chloral hydrate and twenty grains of bromide of potassium in syrup and water were given every three hours, the case being watched with great care. The next day the same was given every two hours, with the result of procuring four hours' sleep, with diminution of the tetanic spasms. The case went on satisfactorily, and on the fourteenth day the chloral was discontinued, as its action was so marked, but the bromide was continued in ten-grain doses for a few days longer. The noteworthy feature in the treatment of this case is the quantity of chloral taken by the patient, he having taken 1140 grs. in sixteen days (equal to fully 71 grs. a day) in a most acute attack of tetanus, with the result of the spasms leaving him on May 12th, exactly eighteen days from the date of seizure; while in their place the peculiar action of the medicine showed itself in a variety of ways. All kinds of delusions ensued. (Dr. J. B. Carruthers.)

ON THE INDUCTION OF PREMATURE LABOR.

(Abstract of a Clinical Lecture delivered at the Allgemeines Krankenhaus, Vienna.)

Reported by G. Wilds Linn, M.D.

Gentlemen,—I propose calling your attention to-day to the various methods made use of in the operation for the induction of premature labor. The manner of performing an operation so often required at the hands of the obstetrician, and upon which is dependent so much of good or of evil to mother and child, is, as you may suppose, of the greatest importance. It has taxed the ingenuity of the accoucheur for a century, and there yet remains in the mind of the profession much doubt and speculation upon the subject. There are those, it is true, who, by a complication of modern contrivances, claim to achieve brilliant successes, and to make this one of the easiest operations we have to perform. I hold in highest estimation the man of practical mind who makes use of few measures and those the most simple, while, on the contrary, the man with theoretical ideas and a multiplication of means is least to be trusted.

Without risk of incurring the charge of egotism, I think I can say I have had as many opportunities of ascertaining the relative values of the various methods used as any other man living,—certainly as many as any man in Germany; and therefore when I speak upon this subject I assume the right of speaking with some authority.

In considering the methods employed, or any particular method, it is first absolutely necessary that we bear in mind the character of the organ with which we have to do. Suffice it to say that the pregnant uterus and the non-pregnant uterus are two very different organs, and the treatment of these must be correspondingly different. He who thinks otherwise has had but little experience, and errs very much. The uterus of the pregnant woman is an exceedingly sensitive organ, and in all our operations upon it the fewer manipulations we make consistent with the necessities of the case the better.

The old method which was employed when the induction of permature labor was first sanctioned by the profession was the simple opening of the amniotic sac. This plan was for a long period practised, and with very good results. In time, however, it was affirmed that this early draining away of the amniotic fluid was inconsistent with the gradual dilatation of the cervix, and, hence, with the normal progress of labor. Then it was suggested to open the sac higher up at a distance from the os; and this method is still used by some who claim to have thereby good results. In reality this makes no difference in the progress of the case, as the rent made will proceed to the cervix so soon as labor-pains are developed.

The old writers, who entertained different ideas from those we hold concerning the length of the cervix in the latter months of gestation, deviated in time from the original simple plan. The first change made was in the introduction of the trocar with stilette. The danger in using this is at once apparent when we remember that very frequently the cervix lies horizontally in the vagina, so that the point of the instrument, if not carefully introduced, will pass through the posterior wall of the cervix. If force be used, it may not only pass through the wall, but, entering the peritoneal cavity, be made to enter the posterior wall of the uterus, and give exit to the amniotic fluid through the false passage so formed. In such a case, which is far from being impossible, the physician is not at the time aware of the injury he has done, and probably will not be until the death of his patient from parametritis or peritonitis reveals it in a post-mortem examination.

The mechanical dilatation of the cervix by the various speculæ devised for that purpose as a means of provoking labor are entirely disapproved of by me. Some of these speculæ I here show you. These all bear an antediluvian appearance. Some such instruments have been found among the ruins of Pompeii, and, though strongly advocated by some such men as Busch and Krause, are found deficient on trial.

The use of sponge tents has become very popular in late years in this operation. Simpson, who designed the tent, devised it for the non-pregnant and not for the pregnant uterus. That its use here is often productive of most serious if not fatal results cannot be questioned. It is often productive of parametritis, and pyæmic symptoms arising from the absorption of the foul discharges to which it gives rise are of no infrequent occurrence. That it is un-