

hours of constant application of the most powerful hæmstatic and restorative remedies.

Results of the *post mortem* examination.—A portion of placenta the size of a large hen's egg was found firmly amalgamated with the womb, and its removal would have been a severe operation under the most favorable circumstances.

I subsequently learned that she had passed a large chamber-vessel full of blood clots and pieces of placenta at two sittings within three days after delivery, and yet I was told that no blood passed in that time, and I know there was no retained blood.

*Advice.*—Examine carefully every placenta, and trust to your own convictions sooner than to the statements of others.—*Boston Med. & Surg. Jour.*

### Chronic Dysentery—Death—Abscesses found in Liver.

John S., aged thirty-three years, a seaman, born in Ohio; was admitted to ward 18, bed 278 (afterwards 265) on the 23th Oct.

The patient stated that his health was always good until the recent war: during this period he was serving in a Confederate regiment stationed at Richmond, and while there he contracted syphilis. The primary sore was followed by cutaneous eruption, periosteal pain, and nodes. He was treated with calomel, iod. potas. and syrup sarsaparilla. In the summer of 1864 he suffered from diarrhœa, which reduced his strength so greatly, that he was transferred to hospital service. From that period to the date of his admission he was, for the greater part of the time, the subject of disordered bowels.

At the time of admission was a good deal emaciated, but able to walk from his bed to the stove and sit in a chair. His skin was generally dry, but as his case was generally complicated with intermittent fever, the paroxysms would terminate as usual in that disease, with sweats. His tongue was dry and red at tip, covered with a light-brown fur towards base. The alvine evacuations varied in number from five to fifteen or more in twenty-four hours, and were thin and watery with flakes of mucus, and occasionally pus and blood. The urine was scanty and passed with some difficulty, but was not abnormal in constitution. The patient complained of soreness over the abdomen and pain in the back and arms. His appetite was poor; having no desire for anything except articles of decided taste, either salt or sour; such as ham, lemonade, &c. His pulse was ninety-six; temperature normal; thoracic organs healthy; respirations twenty-four; liver and spleen normal in size; no symptoms present to indicate that either was diseased.

Ordered subnitrate bismuth, 5ij; pulv. opium, grs. ij; in six powders. One at every loose stool. Quinine in sol., grs. xv.; in two doses.

Oct. 29.—Continue bismuth and opium—drink of citric acid, 3j; syrup. lemon, 3j; infusion flax seed, one pint.

31st. Bismuth, 5i; tannin, ʒij; opium, grs. iv. No powders; one thrice daily.

Nov. 2.—Nitrate silver grs. iv.; pulv. opium, ext. hyoscyamus, ʒā grains xii.; pulv. ipecac., grs. v.; twelve pills; one thrice daily; ten grains Dover's powders at night.

Nov. 3.—Ext. hæmatoxylin, 5ij; tinct. catechu, tinct. opium, ʒā ʒss; cinnamon water, ʒj; teaspoonful every two to four hours. Barley water for a drink.

I think it unnecessary to occupy space which might be more valuably appropriated, by copying any more of the prescriptions made for this patient. Those copied afford a good idea of the general plan of treatment pursued. To gratify his constant desire for acids, he was several times supplied with a drink made by adding a tablespoonful of the following mixture to a tumbler of water:—Aromatic tincture sulphuric acid, 5ij; syrup ginger, 5j; water, Oj; mix. Occasionally, in lieu of this, the following was ordered as a drink:—Pulv. gum arabic, 3j; syrup lemon, 3j; water, Oj. Opium suppositories and enemata were resorted to; sulphate copper was used in combination with opium;—so was solution of permanganate of iron, everything which good nursing and careful preparation of his diet by the Sisters could accomplish, was done, but without any permanent good results.

The patient died on the 9th December. On examining the body in the anatomical room, Dr. Kelly found the liver the seat of a number of small abscesses. The following is his account of the appearances presented by the liver:—

These abscesses, to the number of a dozen or more, were found scattered through the organ and occupying both lobes; the greatest number and largest being situated on the convex surface, immediately beneath its peritoneal investment, which was unaltered in appearance. Each of these superficial deposits contained from about half an ounce to an ounce of pus. On making sections of the liver in various directions, several smaller abscesses were found, the largest of which did not contain more than a drachm. The pus, though, of course, somewhat changed in appearance by time, had, as well as could be determined, all the characters of healthy pus. No debris of liver tissue could be found in any of the abscesses; the hepatic substance in immediate contact with the purulent deposits was apparently healthy, and the organ, as a whole, presented nothing abnormal. The gall bladder was moderately distended with healthy looking bile.

This case teaches us how patient and undemonstrative the liver may be under even extensive ravages of disease, and how erroneous those pathological ideas must be, which ascribe so many human ills to mere disorders of the liver.—*New Orleans Jour. Medicine.*

## Medical Items.

### Specialties.

A distinguished correspondent of this month writes us as follows:—Old things are fast passing away, and he who would stand still and cling to antiquated ideas must needs be soon lost in this age of telegraphs and railroads. We are prompted to make these remarks by the rapid and long strides which the science of medicine is daily making. In the days of our grandfathers, when an individual put up his sign as a Doctor, he professed, and in truth advertised himself to pull teeth, doctor eyes, cut off