

is made rapidly and quickly, only to be lost at each menstrual period. It is here desirable rather to limit the rapidity of the blood formation, so that when the severe vascular turgescence of the menstrual period comes, it will not find the blood vessels too distended with blood. This will lead to diminished catamenial loss, and so the blood waste will be economised. According to the experience of Dr. Brown Séquard and Dr. Hughlings Jackson, iron does not suit epileptics. It increases the tendency to fits. It may improve the general condition, but it aggravates the epilepsy.—*Med. Press and Circular*.

THE DESTRUCTION AND EXPULSION OF UTERINE FIBROIDS BY ERGOT.—Dr. William H. Byford, who contributed to Vol. 1. Gynæcological Trans., a report of three cases of uterine fibroid in which the administration of ergot resulted in their piecemeal expulsion, reports in the *archives of Clinical Surgery*, an additional case showing the great value of this agent. The patient was aged forty-seven, and had for three years been the subject of severe hemorrhage, leucorrhœa, pain in the uterus and general prostration. Examination revealed a large fibrous tumor of the uterus which extended to within two inches of the umbilicus, filling up the hypogastric region and extending to the ilium on the left side. The uterine cavity admitted the sound fully two inches. Dr. B. at once prescribed thirty drops of Squibbs fl. ext. of ergot three times daily, this dose gradually to be increased to one drachm. At first it had no perceptible effect; in a few days, however, the pain became so great that the medicine had to be omitted for several days at a time. It was resumed in smaller doses until the pain returned too severely, when it was again temporarily discontinued. She continued the medicine in this way until January 13th, 1877, when the tumor began to break up and be discharged. In a letter to Dr. B., the patient describes the appearance of the material discharged as "like sausage meat from a stuffer," four inches of which would be extruded and cut off daily by the patient. Its discharge was accompanied by sharp spasms of lancinating pains and an intolerable stench. On the 26th of January, the last portion was discharged, after which the patient soon regained perfect health. In commenting upon this case, the author remarked that "in the intramural tumor where the neoplasm is so situated that the greater portion of the muscular fibres surrounding it lies outside, the persistent use of ergot if it causes contraction will be very likely to cause its expulsion." The constant pressure on the fibres which lie on the inside, impairs their nutrition and soon results in rupture. With proper care in the examination of cases—with a view to determining the site of the tumour—the

cases in which ergot will result in their expulsion, can be predicted with a reasonable degree of accuracy.—*Med. & Sur. Journal, Toledo*.

MULTILOCULAR OVARIAN CYST COMPLICATED BY PREGNANCY.—Erskine Mason (N. Y. Pathological Society,) presented the uterus of a patient upon whom ovariectomy had been performed. The interest of the case rested on the fact that there was a fetus in the uterus, as well as a large ovarian cyst filling the cavity of the abdomen. A number of similar cases had been recorded, including nine by Spencer Wells.

The patient was thirty years of age, single, and entered Roosevelt Hospital July 30, 1877. Eighteen months previously the abdomen began to increase in size, beginning on the left side. This enlargement was at first slow, but during the past two months the increase was so rapid as to cause marked dyspnoea. A vaginal examination showed the uterus to be high up in the pelvis, and movable. The abdomen had distinct fluctuation, with an area of flatness not changed by the position of the patient. The measurements were: From the anterior spinous process of the one side to that of the other, nineteen and a half inches. From the ensiform cartilage to either spinous process, ten inches. Circumference of the abdomen at the umbilicus, thirty-nine inches. Circumference of the abdomen at the spinous processes, thirty-eight and a half inches.

The patient was examined by one of the most expert ovariectomists in the city, and was considered as a favorable case for operation. Ovariectomy was accordingly performed, and, on opening the abdomen, the trocar was passed into one cyst, and eight ounces of fluid evacuated. This, unfortunately, proved to be a pregnant uterus, and as soon as the mistake was discovered the uterus was closed with sutures and the abdominal walls brought together. The patient passed a restless night, and gave birth to a fetus at the sixth month. Death occurred eighteen and a half hours after the operation. The autopsy revealed a large multilocular cyst of the left ovary. There was no blood in the cavity of the abdomen. The uterus was closely contracted. There were no evidences of peritonitis.

Dr. Sayre said that too much credit could not be given to Dr. Mason for the frank manner in which he described the unfortunate issue of the operation, and he was of the opinion that, if other surgeons were equally honest in reporting cases, many more would be on record for the benefit of the profession.

Dr. Janeway referred to nine cases which Spencer Wells reported, in which pregnancy was found at the time of operation.—*N. Y. Med. Journal*.

A CAUSE OF INFANT MORTALITY.—We lately recorded a case where we believed the death of an infant had resulted from careless and injudicious feeding. Some correspondence having followed

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