duration. It is not possible to determine upon the action of a hæmostatic, except when, in the same individual, the hæmorrhage, after being reproduced with its particular characters, is then suspended by the action of the remedy. A woman, for example, is the subject of metrorrhagia, which usually lasts four or five days; and if on giving her the ergot it continues only twenty-four hours, to return again in its ordinary manner on the suspension of the remedy, we may then decidedly assert that the medicine is of service. But the other varieties of hæmorrhage are essentially transitory, hæmoptysis, or hæmatemesis, occurring at near or distant intervals, never to be foreseen or determined. In the majority of cases, too, these bleedings stop spontaneously, and medicines that may have been administered, sometimes acquire a reputation which they have no right to. At all events ergot, or ergotine, has no advantage in these cases over any of the numerous other hæmostatic agents: and if it is more successful in the case of uterine hæmorrhage, it is not so because it acts upon the hæmorrhagic element itself, but because it exerts a special action upon the uterus, by virtue of which the fibres of this muscular organ undergo contraction.

Professor Trousseau concluded his lecture by referring to another case he had treated with large doses of digitalis, as recommended by Dr. Howship Dickinson. The hæmorrhage did not recur, but as it had already stopped prior to the administration of the medicine, the case proved nothing more than the innocuity of the medicine in infinitely higher doses than the Professor had ever before employed it. He thinks the method well deserves further investigation.—*L'Union Médicale*, 1859, No. 36.

A SUCCESSFUL CASE OF RESUSCITATION.

By H. R. Silvester, M. D.

On Sunday night last, I was sent for to a patient in Union-road, Clapham, and found her confinement with her first child just commencing. Although the presentation was cranial, and there appeared to be nothing abnormal in her condition, she continued in labour until Thursday night, when symptoms arose which rendered speedy delivery advisable. I accordingly had recourse to the forceps, and readily extricated her from her perilous condition. The child, however, was apparently quite dead. Sprinkling with cold water, &c., produced no effect, probably owing to the insensibility arising from compression of the head by the instrument, or from the unusual severity of the labour. The case was given up as hopeless by the bystanders, when I determined to try my method of resuscitation, and, arising the child's arms up by the sides of his head, I extended them gently and steadily upwards and forwards for a few moments, thus enlarging the capacity of the chest by elevating the ribs through the pectoral muscles. By this means, I induced a tendency to a vacuum in that cavity, and an inspiration of air was the result. Next, by turning down the little patient's arms, and pressing them gently against the sides of the chest, I produced a forced expiration. In less than ten minutes the natural respiration was established, and I am happy to be able to add that the mother and child are progressing favourably.—*Lancet.*

SURGERY.

INCISIONS IN ANTHRAX.

Maurice H. Collis, Surgeon to Meath Hospital, says (*Dublin Quarterly Journ. Med. Sciences*, August, 1859) that "the incision into anthrax, whether made early or delayed till sloughing has done part of the surgeon's work, must be deep rather than extensive. Usually it is said anthrax is a flat swelling. The fact of its flatness, or rather of its ex-