

discharges as were taking place from the uterus and bowels. The loss of blood frequently brings on a state of great exhaustion; seldom syncope of the character observed in uterine hæmorrhage, but rather resembling collapse, or something between the two.

The usual remedies for uterine hæmorrhage will be of little avail in these cases. The state of the secretions and fever urgently demand repeated doses of calomel, opium, and ipecacuanha, followed by purgatives; and so soon as the former begin to improve, and the latter to subside, quinine and iron must be freely administered.

The same state of the uterus will be apt to recur with a fresh attack of fever; and to keep this off, the state of the bowels must be strictly attended to.

I have never found the affection followed by organic disease, or any material change in the functions of the uterus.

(To be continued.)

PRACTICE OF MEDICINE.

Conclusions respecting the Seat and Nature of Angina Pectoris. By Dr. KNEELAND, U. S.—Dr. Kneeland draws the following conclusions from his researches into the nature and causes of angina pectoris:

1. From the symptoms and morbid appearances, angina pectoris is not a disease of the lungs, heart and its vessels, or stomach, but an affection of the nerves supplying these organs.

2. Anatomy, physiology and pathology would lead us to place the seat of angina pectoris in the par vagum, and not in the sympathetic system of nerves.

3. Like other nerves, the par vagum may be affected with neuralgia or rheumatism; with inflammation; it may be compressed by morbid growths; its spinal origin may be compromised by hæmorrhage, accidental wounds, and various irritations—all of which may cause the symptoms of angina pectoris.

4. Angina pectoris and asthma are intimately related; the former being an affection more especially of the sensitive filaments of the par vagum; and the latter an affection of its motor filaments

Both are generally more or less combined in the same case.

5. Angina pectoris is a disease not necessarily fatal, especially in young persons, if accurately diagnosed, and properly treated.

6. In addition to the remedies of the books, special attention should be given to the inhalation of oxygen, and to the use of electricity.

7. In cases of angina pectoris, attention should be directed to the examination of the par vagum, from its origin to its terminations, which, doubtless, on careful examination, will exhibit lesions sufficient to account for a fatal result.—*Amer. Journal of Med. Science.*

On the Relations Between Epilepsy and Puerperal Convulsions. By Dr. TYLER SMITH.—Obstetric authors, when treating of puerperal convulsions, very commonly speak of it as puerperal epilepsy, or they divide puerperal convulsions into the hysterical, apoplectic, and epileptic varieties. The application of the terms epilepsy and epileptic to the convulsion of the puerperal state, shows that these maladies have been thought related to, or closely resembling, each other; and I believe, from my own experience, many persons believe in the existence of some actual connexion between them, and that epileptics are more prone than other women to puerperal attacks. It is this supposed connexion that I wish to examine in the present memoir.

Dr. Robert Lee, in his learned and comprehensive "Lectures on Midwifery," observes:—"Those women are most predisposed to the disease (puerperal convulsions) who have had hysteria or epilepsy in early life, who have suffered from injuries of the head, or who have had violent attacks of fever, with severe affection of the brain."

Drs. Hardy and McClintock, in their excellent "Practical Observations on Midwifery," express a different opinion. They say:—"It does not appear that females who are subject to epileptic fits are more liable, on that account, to attacks of puerperal convulsions. On the contrary, it would seem that they enjoy an exemption, and that even the epileptic attacks occur with less frequency, and with unmitigated severity, during pregnancy. This certainly was the case in