

The medical staff is likewise unpaid. The noble self-denial of the eminent physicians attached to the institution is deserving of the highest praise. They are not only decidedly popular on account of their scientific achievements, and the results of their labours, but moreover they are respected for their piety, which prompts them to serve the poor for the love of God.

The first on the list is Dr. A. M. Roseburgh, a well-known authority, and of great experience in ophthalmic and aural science. He is ably assisted by Drs. R. A. Reeve and W. F. Coleman, while Dr. Wm. Canniff acts as consulting surgeon.

The Eye and Ear Infirmary is partly supported by voluntary contributions. All annual subscribers of one dollar and upwards are members, and entitled to vote at general meetings and elections. Any person subscribing and paying at one time fifty dollars, is a member for life, and entitled to the same privileges as annual subscribers.

At a recent meeting of the Board of Management, Mr. Francis Hart and his wife were unanimously appointed Superintendent and Matron to the Infirmary. Both have had some experience in this kind of work in days gone by. Mr. Hart settled in Toronto as recently as December last, in consequence of the severe weather in the North, which was too trying for his more delicate partner. He was connected with the Toronto and Provincial Press. Mr. Hart is said to be of a very cheerful and benevolent disposition, and will doubtless try to render all the comfort in his power to the poor afflicted sufferers committed to his charge. All communications to be directed to Mr. Francis Hart, Superintendent, Box 1260, Post Office, Toronto. We have great pleasure in directing attention to this useful charity, and trust that our contemporaries will disseminate information regarding it, for the sake of the afflicted whom it is designed to benefit.

KINGSTON HOSPITAL.

CASE OF NECROSIS TIBIÆ.

Under the care of Dr. A. S. OLIVER; Reported by Mr. K. N. FENWICK.

Annie F—, æt. 8 years, was admitted June 3rd, 1873, with a leg presenting the following appearance. A large piece of tibia protruded from the front part of the left leg extending from the tubercle to about two inches from the internal malleolus, having a dark and most fetid odour. Several small sinuses were apparent near the ankle joint. The leg itself was flexed upon the thigh, but the joint possessed perfect motion, though the leg could not be straightened out. The previous history was that of periostitis from injury, and she was sent to this institution to have the leg amputated. The necrosed tibia was cut down upon towards the lower part of the leg, and with a pair of forceps a sequestrum of bone seven inches in length and the whole thickness of the tibia was removed. The skin was found to be healed up underneath the dead bone to the extent of about three inches, and a new bone had been formed to replace the old one which

nature had been endeavouring to cast off, and no doubt would in time have done so herself if left alone. The wound was dressed first with carbolic oil and then with a wash of sulphate of zinc. Some sloughing occurred, but the wound rapidly filled up by granulation, so that by the 16th August it was completely healed. The limb was still somewhat contracted but when she was discharged she could extend it far enough to touch the ground, and no doubt in a short time will have the limb as useful as ever.

A HUMAN TABLE.

In the Italian section of the Vienna Exhibition Dr. Marini exhibits, among an assortment of human feet, hands, legs, arms, and busts of shrivelled proportions and deep-brown colour, a large, round plateau, evidently of hard and polished material, which has been likened to stale gelatine or potted boar's head. It is a conglomerate of specimens, illustrative of an art invented by him—the petrification and mummification of human corpses. It was this very Dr. Marini who petrified Mazzini, and executed his work so well that the admirers of the arch-conspirator proposed to set up the corpse on the capitol and save economical Italy the expense of a statue. The doctor's preparations are weather-proof, and will not only stand wear, but take on a high degree of polish. His mummified specimens, by a process known to him alone, can be restored to their original size and elasticity; while the petrified ones are as hard, and possibly as durable, as granite. The top slab of the table is composed of muscles, fat, sinews, and glandular substance—all petrified together in a block, the surface of which has been planed and polished till its face resembles marble. Certificates from Nélaton and other distinguished surgeons are attached to the specimen limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their pristine softness and pliancy by Dr. Marini.

OBSTETRICS.

ERGOTINE IN POST-PARTUM HÆMORRHAGE.

By Dr. JAMES BRASSEY BRIERLEY, Manchester.

Mrs. M— was delivered at 6:30 p.m. on July 12th, 1873, by me, after a rather rapid labour. Immediately after the birth of the child, the placenta being in the vagina, I removed it, and on finding the uterus well contracted I applied a binder and a good pad. In twenty minutes the patient complained of being cold. On examination of the napkin applied to the parts, I found there was no hæmorrhage externally, and so gave the patient a small quantity of brandy, and put on more bedclothes, after which she said she felt better and more comfortable. I remained for nearly an hour after the labour was over; but as the patient felt uncomfortable I removed the binder and found the uterus much expanded. I immediately introduced my hand into it, and found it filled with clots, on removal of which the blood gushed copiously from the uterine vessels, filling it as fast as I could empty it. I kept up firm pressure externally, and the uterus con-

tracted on to my hand, but very irregularly. I gave a large dose of the liquid extract of ergot with opium, and applied cold cloths and pressure to the abdomen; but, despite all, the uterus refused to contract but partially. I again introduced my hand, and found it filled with clots. The patient was now well-nigh exhausted, and I sent for my friend Dr. Woodcock; but everything we tried failed to produce regular contraction. A large quantity of solution of perchloride of iron (1 to 4) was injected into the uterus, and afterwards two to three pints of ice-water. Ice also was applied externally. At 8:00 I injected ten minims of the solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm, and in a few seconds the uterus gradually contracted, and did not again give way. The advisability of such a proceeding in a patient exhausted from loss of blood may probably be questioned; but the treatment was made use of as a *dernier ressort*. Still I should not be inclined again to allow a patient to go so far before I made use of a remedy which proved so speedily effectual, and that without giving rise to the slightest appearance of danger in its administration.

At 12:30 a.m., on the 12th inst., I was summoned to see a patient who had been confined two hours previously, and had been attended by a midwife. The attendant had been alarmed by the fainting of the patient several times, but could not account for it, as there was but little external hæmorrhage. On arrival I found the patient almost pulseless, sighing and yawning at frequent intervals. The uterus appeared to be quite relaxed, and was very large. I gave a draught of forty minims of tincture of opium, sixty of liquid extract of ergot, and forty of aromatic spirits of ammonia. I then introduced my hand into the uterus, emptied it of an enormous quantity of clots, and endeavoured to get it to contract on to my hand, but without success. I used severe pressure and cold applications externally, but all without effect. I now injected ten minims of a solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm. This I did twice, as my syringe being out of order I could but use five minims at each operation, and an interval of several minutes ensued between the first five minims and the second injection. The effect was not so immediate as in the first case. However, there was very decided contraction of the uterus at intervals, it relaxing every few seconds. By this time I had procured some ice, which I applied to the abdomen; nor did I experience any further difficulty in keeping the uterus moderately contracted. There was no appreciable quantity of bleeding from the time I injected the ergotine, although I am much inclined to give a share of the credit to the cold and constant pressure I kept up externally.

There is but little known, I believe, of the action of ergotine in similar cases, as it has not been extensively used; but I feel satisfied that future experience will prove that we have in it an effectual and safe remedy for checking post-partum hæmorrhage.