of the purulent discharges from the bowels. By his direction the os uteri was dilated with sponge tents. Interior uterus healthy.

Early in December, the pains increased, the suffering became very severe; patient confined to bed. The lower portion as felt from the rectum rapidly increased in size, and became very tender to the touch. A spontaneous discharge of pus from the bowel took place, lessening somewhat this portion of the mass.

Profiting by this hint of nature, and believing that a chronic abscess was at least part of the trouble, at my request Dr. Storer passed an exploring trocar, on the 15th, from the vagina and obtained pus; an opening was made, by which a small quantity of pus escaped. This opening closed in a few hours.

Four days later, I etherized the patient, and entered a large curved trocar posteriorly, and to the left of fundus uteri, and drew off about 20 oz. of thick, fœtid pus.

My firm unyielding tumor of 12 months standing softened and disappeared, leaving only a thick indurated sac, which was enlarged to admit the finger, by cutting with a bistoury entered from the opening made by trocar. A profuse discharge of purulent secretion continued. The sac was washed out daily with warm water, after which a solution of carbolic acid was thrown in.

Kept the opening from closing, by applying a silver female catheter to which a piece of flexible rubber tubing was attached. This was readily retained by a napkin, allowing the patient to keep the sac empty and syringe at will.

A rapid improvement in both local and constitutional symptoms followed. Suppuration lessened; the sac gradually contracted until the catheter could not be retained.

The patient has fully regained her flesh and strength. Only a slight thickening can be felt to mark the place of the abscess.

May, 1868.

EPISTAXIS, FOLLOWING A BLOW ON THE NOSE FROM A BASE BALL.

By GEORGE DERBY, M.D.

APRIL 28th, 6, P.M.—Called to see a boy 14 years old, with violent epistaxis. History of case was as follows. Six days before, or on April 22d, he was struck by a base ball on the nose, fairly in front, and over nasal bones. There was free bleeding at the time, which stopped in about twenty minutes. During the five following days he went to school and played base ball as

usual. Had several bleedings during this period, but they seem to have been not violent, and the amount of blood lost not sufficient to prevent his exercising as usual. Several times on getting up in the morning a moderate bleeding occurred. On the afternoon of the day I was called, and six days from date of original injury, while playing base ball on the Common he bled profusely, fainted and was carried home. When I reached him he was still bleeding from left nostril. On filling left anterior nares with sponge, the bleeding was at once stopped. Next morning, at 7 o'clock, it recurred in spite of the sponge plug. I then carried a small bit of sponge moistened with sol. per sulphate iron as far into the nose as could be reached with dressing forceps, bringing it out again, and plugging left anterior nares with sponge and sol. per sulphate iron. The bleeding at once stopped. This plug remained in place 48 hours, being removed on the morning of May 1st. I then washed out the nares with a solution of tannin, and supposed all trouble was over, but took the precaution to have a Belloc's canula with posterior plug at hand ready for immediate use. That night at 11 o'clock I was summoned in haste. A temporary plug of sponge and iron, prepared for such an emergency, had checked the bleeding till my arrival. On removing this the hæmorrhage from left nostril was profuse, and distinctly arterial in color. I immediately plugged the posterior nares with dry sponge, and the anterior nares with sponge and per sulphate of iron. This stopped the bleeding effectually. Pulse 120 and feeble. Gave beef tea and wine at short intervals, and tinc. mur. ferri. Next day, May 2d, no bleeding, but great discomfort from tension on nose and cheek. May 3d, tension relieved in a degree by the escape of bloody serum through lachrymal duct into the internal angle of eye.

At the end of 74 hours from the time when plugs were last introduced, a small stream of fresh blood was observed trickling down the lip and cheek, and was traced to an opening at inner side of anterior plug. This was stopped by pressure with sponge. Partially decomposed serum and mucus continued, however, to ooze from the edges of plug. Dr. Hodges saw the case in consultation at this period, and with his concurrence the anterior plug was removed. It was followed by a stream of arterial blood. Sponge with per sulphate iron was immediately thrust into the nostril, but did not entirely control it as before. Dry sponge was then crowded in until the bleeding

ceased. Posterior plug not disturbed. Next day, May 6, plug was found to be gradually protruding, and at 3, A.M., of May 7, bleeding recommenced. Both plugs were at once removed, the posterior having become very offensive, after a retention of five days. The hæmorrhage this time was less violent, and apparently not arterial. A sol. of carbolic acid, 3i. to Oj. was syringed through the nasal cavity, with a view to clear it of decomposing material, preparatory to putting in a fresh posterior plug, but the hæmorrhage diminished, and, by the application of ice, stopped in about 15 minutes. Communication with posterior nares being kept by means of a string on which was tied a plug ready to be drawn up at a moment's notice, the nasal cavity was now left exposed, and no more bleeding occurred. The young man was much reduced by this experience, but has now nearly recovered his strength.

The case seems to be singular and interesting from the fact that dangerous bleeding did not commence until six days after the reception of the injury, and then with great violence. It seems to me probable that a splinter was detached from one of the nasal bones, which by its pressure upon some considerable vessel, perhaps the nasal branch of the internal maxillary artery, caused the separation of a slough. There is, however, no visible deformity or displacement of any part of the nose.

No hæmorrhagic tendency could be proved to exist in the family of the patient, and the blood at all times coagulated firmly. The father of the young man died from pæmmonous erysipelas, following a wound of the palmar arch from broken glass, but not from hæmorrhage.

Another observation which I would make with regard to this case is, that it seemed to me, although the styptic applications were temporarily useful, they were attended with certain disadvantages when used upon sponge and left in the bleeding cavity. The styptic quality of sponge itself, which depends upon the entanglement of coagula in its porous texture, was certainly diminished by the firm coating made by the iron upon its surface. After a retention for a day or two these sponges were covered with "clinkers" (so to speak), which prevented the penetration of the blood, and must have irritated, to a certain extent, the surface with which they were in contact. I would therefore advise, in a similar case, after a fair trial of iron styptics, to plug with dry sponge before and behind, and tie the two sponges together by a double thread passing from the posterior and over the anterior plug.

TREATMENT OF THE VOMITING IN COLIC.

MR. EDITOR,—The vomiting that so often occurs in colic, rendering its course so uncertain and protracted, led me, several years since, to seek a more prompt and reliable remedy than that usually employed. I used Dr. Mackintosh's tobacco injection, which, at first, seemed to answer the purpose. But its depressing, if not dangerous effects occasioned me to substitute tincture of lobelia, a safer yet equally efficacious agent. I had long found the tincture an invaluable remedy for the relief of constipation, used as an enema. One or two teaspoonsful in a quart of water thrown up the rectum will, in the early stage of colic, afford immediate relief.

But a more simple and efficient method of treatment of common colic may be found in the hypodermic injection of morphia. By dissolving one third or one half of a grain of acetate or sulphate of morphia in the smallest quantity of water, and injecting into the arm, the most certain relief may be obtained. If, however, after waiting ten or fifteen minutes, any pain should remain, the dose may be repeated.

During the last season, cases of cholera morbus were treated in a similar manner with success, though perhaps not in sufficient number to justify me in offering an opinion.

Were it necessary, many cases of colic might be adduced illustrating the benefits derived from the proposed method. A single case is sufficient.

A large, well-formed person was suddenly attacked with agonizing pain at the epigastrium, attended with retching and vomiting. Opiates were given and repeated; mustard was applied; enemata were used. Waiting several hours, with no amelioration of the symptoms, I then injected one half a grain of sulphate of morphia in the arm over the deltoid muscle. In ten minutes, the patient was perfectly tranquil. The next day, having had no recurrence of the paroxysm, she appeared well. No other remedies were given or required.

In the management of many similar cases during the past few years, I have had no occasion to resort to any other method than the one now proposed. The happy effects so frequently observed have induced me at this season of the year to submit these remarks, with the hope and expectation that others may be equally successful.

GEO. ATWOOD.

Fairhaven, July, 1868.