may be anæmic for a long time after great loss of blood. In such cases tonics are demanded: the pyrophosphate, the sulphate, and the perchloride of iron, the syrup of the hypophosphites, small doses of arsenic and strychnia, with plenty of fresh air and sunlight.

Post-partum hæmorrhage may be due to other causes, such as laceration of the perinæum, vagina, or cervix uteri. One of my friends told me of a very interesting case following laceration of the perinæum, in which a large branch of the perineal artery had been ruptured. Of course the proper preventive treatment there would have been to have watched carefully the distended structure, and so to have prevented the accident. When the laceration has occurred the only thing, of course, is to ligate the artery at once.

The presence of a uterine polypus or tumor very often causes hæmorrhage. In these cases we may have to resort to the use of the persalt of iron to stop the bleeding. I have, however, been very successful with ergot.

I once saw hæmorrhage caused by an enormously distended bladder from which I drew off two quarts of urine. Of course the hæmorrhage at once ceased, and the uterus contracted. Last year I had a case caused by too rough handling of the patient by the nurse, causing sudden congestion of the uterus. I treated this case by opium, vinegar to the congested womb, and leeches over the lower part of the abdomen.

Again, only a short time since, I was called to a case occurring fully six weeks after the birth of the child. I searched very carefully, and could discover no cause for the bleeding. Upon close questioning the woman said that her husband had had connection with her that morning. Here the irritation of the act of copulation had brought on sudden congestion of the womb. I gave opium and ergot, and applied alum water to the vagina.

THREE CASES IN PRIVATE PRACTICE.

BY C. B. NICHOLS, M. D.

Rupture of the Heart. — E. J., aged seventy-four, a farmer, who had always been a healthy, hard-working man, was plowing, and in lifting the plow around at the end of the furrow felt a sudden sharp pain over the region of the heart, from which he became faint. He gave up his work and walked to his home, a short distance. The next day, the pain not having disappeared, I was called, and found the patient in bed, lying upon his back, breathing easily, pulse irregular and intermittent, ranging from 70 to 80 per minute, tongue clean, bowels regular, appetite good. There was pain over the region of heart in taking a long breath or moving. A well-marked arcus senilis was observed. At my second visit the next day I found him sitting up, feeling nicely, the pain entirely gone.

On the third day I was suddenly summoned, and upon my arrival his *widow* stated to me the following: Mr. J. arose in the morning in good condition. It being Sunday he shaved himself, and took a walk in the garden for a short time. He had had no pain since the night of the first day. During the middle of the day he went to the water-closet, and as he was gone some time she became anxious and sent one of the children for him, who found him lying dead upon the floor.

Autopsy, twenty-four hours after death. Lungs healthy. Old adhesions of pleura. No signs of recent inflammation in pleura or pericardium. Pericardium fully distended with blood. Upon removing the heart, a rupture large enough to admit my little finger was found at the upper and middle portion of the left ventricle; the walls of the heart were flabby and soft, very pale, and easily lacerated. Liver pale and soft. Other organs normal.

Rupture of the Heart. — S. D., aged forty-three, overseer in woolen factory, for a few days had had a bad cold. During the night of November 6, 1875, he was taken with very severe pain two inches above the left nipple. He applied a mustard paste, and took "something hot," and in a short time felt easier. He breakfasted, and went to business as usual. About ten A. M., in attempting to throw a web of cloth from his shoulder, he fell backwards upon the floor, and when I arrived, fifteen minutes afterwards, I found him dead, not having spoken or moved.

Autopsy, twenty-four hours after death. Rigor mortis well marked. Brain healthy. Old pleuritic adhesions. Pericardium distended. Signs of inflammation along the course of the aorta from the origin up over the arch. There was a rupture of the right ventricle the size of a goose-quill. At the point of rupture there was a melanotic deposit about the size of a pea, and around this point there were signs of recent ulceration. There were five other points of deposits of melanotic matter about the heart and the arch of the aorta. On the internal surface of the aorta, covering a space of about two inches in the arch, was a scale-like deposit of cretaceous matter rendering the vessel stiff to the touch. Scattered throughout both lungs there were innumerable points of melanotic matter about the size of a millet seed, rendering them of a dark, somewhat grayish color. All the other organs were healthy.

Rupture of the Uterus. — I was summoned to attend Mrs. A. during confinement. Upon arriving there I found that a "doctor" had been in attendance some thirty-six hours. Mrs. A. was of English descent, fifty-one years old, and had had nine children.

Upon entering the room I found the patient *in articulo mortis*, and from the husband and attendant obtained the following history: For the first twelve hours her labor pains were rather light, and after trying the effect of walking and several positions to assist in the descent of the child, it was discovered that the cord had presented at the vulva.

The previous attendant not deeming this of any advantage to the case it was cut as short as possible, and each end was tied, after which the patient was allowed a few hours' sleep, and then exercise and position were again resorted to with better success than before. This time a hand and arm presented themselves and demanded exit, but the attendant, preferring not to accept of such a small portion of a presumably good-sized child, made several ineffectual attempts to "shove" the offending arm back. Not being able to accomplish this the arm and some portions of the vagina were amputated, the arm at the elbow, and the vagina in small lacerated pieces. After this there was a hæmorrhage sufficient to saturate the bedding and run down on to the floor, The husband, becoming anxious in regard to the safety of the child, suggested a consultation, and I was sent for. It being some sixteen miles I did not arrive until the patient was nearly dead. Under these circumstances I refused to make any attempt at delivery, as the child had been dead for some time, and the mother was nearly so. The vagina was badly swollen, the patient was pulseless and cold, and a few moments closed the scene.

After waiting a proper length of time I made a post-mortem examination. Upon opening the abdomen the back and nates of the child presented, and farther examination showed a rupture of the uterus from fundus to neck. There was a small quantity of blood in the pelvic cavity, and the walls of the vagina were lacerated in several places.

RECENT PROGRESS IN ANATOMY.

BY THOMAS DWIGHT, M. D.

Methods. — Carrière¹ describes the methods by which he has been remarkably successful in finding anastomoses between the processes of the large nerve cells of the anterior horns of the spinal cord. His figures are so convincing that we must believe that it is through imperfection of method that their frequency is not more generally recognized, unless, indeed, as is not impossible, they are more frequent in the young than in the adult animal. He took the fresh cord of a calf four weeks old and cut it into small pieces, some of which he put into a bichromate of potash solution of one to six hundred, and others into a solution of the same strength of chromate of ammonium. After ten days he removed the pieces from the first solution, washed them, and put them in the usual carmine solution. In five days more they were ready for use. Those in the second solution were left there for two weeks, and then similarly treated, but they required only three days in the carmine to become sufficiently soft." He then separated the anterior horns from

¹ Archiv für mikroskopische Anatomie, Band xiv., Heft 2.