grating felt on passing the catheters was no doubt due to their coming in contact with the calculi. The man had never before passed a calculus, and they seem to have been formed primarily in the prostate and then to have found their way into the pouch behind the stricture. The smaller stones came through the stricture first, and last of all the largest stone, which was evidently impacted in its first attempt at escape.

Staveley, Derby.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF RUPTURE OF THE UTERUS.

BY S. WILKINSON, M.R.C.S. ENG., L.R.C.P. LOND., L.M.S.,
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HONORARY SURGEON TO THE BIRKENHEAD LYING-IN HOSPITAL AND LADIES' CHARITY.

ON April 11th I was called to a woman whom I found in the following condition. She had very severe hæmorrhage, but no pains. The os admitted four fingers. She had placenta prævia centralis; the presentation was a vertex one and the head was very large. I separated the placenta as far as I could and in the meantime sent for an assistant to administer chloroform. Under the anæsthetic I easily obtained possession of a foot by separating one side of the placenta and brought it down through the os. As there were no pains I made traction on the foot with a cloth for about twenty minutes or half an hour. As the bleeding continued and there were still no pains I brought down the second foot and left the body for a little while in the os. I was then able to bring down the arms at short intervals, and, finally, after another wait, I delivered the head with face posteriorly and to the right. The hæmorrhage then ceased, and as I felt the placenta loose in the vagina I removed it with my fingers. Chloroform was given only at intervals and was ceased before the delivery of the head. Six drachms were given. The patient rallied, took some ergot, and assisted us with the placing of the binder and asked if all was over. She then became restless, and after about twenty minutes we saw that death was threatening and informed the friends. The restlessness had brought on fresh hæmorrhage. More ergot was given and ice was placed in the vagina, and the uterus felt for from the outside. Owing to the abdominal fat, however, it could not be felt. The pulse was 96 and hardly to be perceived, partly on account of the super-imposed fat. The patient died two minutes after we had informed her friends. No transfusion apparatus was at hand. The friends, supposing that she had died under chloroform, charged us with her death, and, becoming maniacal, assaulted us. They seized the ornaments and attempted to strike us. The midwife (who sent for help immediately on seeing the case) was seized and would have been hurt but for our interference. At last we were obliged to send for the police to assist us to recover our belongings, and extricate the midwife from the corner of the room where she was penned up. It was reported to the police and to the whole neighbourhood that we had murdered the woman with chloroform. On this account I thought it best that an inquest should be held; otherwise I should have given a certificate.

At the necropsy a rupture of the cervical and uterine tissues was found four inches in length and opening into the right broad ligament. The extravasated blood separated the layers of this, and I believe that during the subsequent restlessness the peritoneal covering burst, as was found. The immediate cause of death was hæmorrhage. The delivery took me about an hour and a half to accomplish, during which time bleeding continued at intervals. After the arms were brought down I felt the os and it was then intact. The rupture, which I did not suspect, must have been caused by the passage of the large head, probably by

the face (which was born first) passing over that site. The papers had the case reported as "Death under chloroform," but the resumed inquest entirely relieved me from this charge, though the report has certainly done me harm.

Birkenhead.

* * Mr. Wilkinson's case affords a very good example of the reckless allegations which get into the public press concerning the use of anæsthetics. To report this death as one of "death under chloroform" was entirely unjustifiable. Looking at the facts of the case it may be questioned whether, having brought the leg down, it would not have been better to have waited, giving ergot meantime, until pains came on, which must have happened sooner or later.—
ED. L.

THE LOCAL TREATMENT OF DIPHTHERIA WITH SODIUM HYPOSULPHITE.

BY HENRY A. WICKERS, L.R.C.P. LOND., M.R.C.S. ENG.

I HAVE for some time been using a solution of sodium hyposulphite as a local application in diphtheria and have been well satisfied with the results, three or four applications having generally been sufficient to clear away the false membrane. The solution is prepared for use by mixing equal parts of pure glycerine and a saturated solution of hyposulphite of sodium in water and is applied with a brush to the exudation and inflamed fauces once or twice daily or as often as may be deemed necessary. The glycerine by its adhesiveness keeps the solution longer in contact and also by its well-known local action helps to relieve that engorgement of the mucous membrane which seems especially favourable to the growth of exudation. It is probable that the hyposulphite has a continuing action as a germicide in the following manner: chemical decomposition is first set up by contact with the acid secretions of the mouth and throat, sulphur and sulphurous acid in a nascent state being set free; the latter being gradually converted by oxidation into sulphuric acid would in the same manner decompose further portions of unchanged hyposulphite, and so on until the hyposulphite was exhausted. Of course, this local treatment will not interfere with the general treatment, which must be adapted to the necessities of each individual case.

Upper Tollington-park, N.

A CASE OF ANTIPYRIN ERUPTION.

BY H. W. WEBBER, M.D. LOND.

THE patient was a woman aged fifty-three years who had two months previously undergone supra-vaginal amputation of the cervix uteri for cancer. On Dec. 7th, 1895, I found the entire surface of her body covered with a copious eruption exactly resembling in appearance that of a severe case of measles; the face and eyelids were also swollen. The temperature was 101.4° F. and the pulse 102. She had been taking ten-grain powders of antipyrin twice daily for the previous three weeks for the relief of pain extending down the right thigh. These had produced no ill effect, but it appeared that on the evening of Dec. 5th she had eaten some unwholesome food, the results of which no doubt interfered with the proper elimination of the drug. Three grains of calomel and a mixture of ammonium acetate were prescribed, and the next morning the skin was almost free from eruption, the swelling of the face had subsided, and the temperature had fallen to 98°. The antipyrin was omitted and pills containing a quarter of a grain of morphia were substituted. Finding, however, that these did not relieve the pain so well as the antipyrin had done, after a few days the patient re-commenced taking the powders. After the second dose swelling and redness of the face came on and she had again to leave them off. No symptoms of cardiac depression appeared to be produced by the drug in this case.

Plymouth.