altogether. I have tried all these with other modes, and am fully satisfied that the only beneficial treatment is that which withdraws the poison from the system, and arrests its progress in the early stage. The only mode of effectually accomplishing this is by the abstraction of the blood and fluids that contain the poison while it is yet confined to the point of inoculation. Incisions will accomplish this to a limited extent, but the most effectual of all remedies is the application of leeches directly to the pustule, and if applied early will effectually arrest the disease, I am confident, in every case; if one be not sufficient, a second may be applied. The bleeding should be allowed to continue for some hours, although the pain and swelling will almost immediately cease. If the disease has been allowed progress to an advanced stage, no local applications are of any benefit, cutting is out of the question. The treatment should consist in the administration of tonics and diffusible stimulants, administered in full doses, as brandy, quinine, ammonia, &c.

Z. S. Boorn, M.D.

Jersey City, Sept. 28, 1868.

LABOR TERMINATING IN EXPULSION OF HYDATIDS.

By JAMES I. ROOKER, M.D., Castleton, Marion Co., Ind. I DEEM the following case of sufficient interest to warrant its publication.

Mrs. W—, the wife of a *mule*, married six months, called at my office for advice Dec. 12, 1867, supposing herself in the fifth month of pregnancy. For the first two months "suffered severely," from morning sickness; abdomen has gradually enlarged, and says she has had quickening for the past six weeks. From the absence of menstruation, with morning sickness, enlargement of the abdomen, and "quickening," I had no doubt of pregnancy. The indication for treatment in her case was *anæmia*. The usual remedies were prescribed, and I heard no more from her until Dec. 28th, when I was called to see her, and found her suffering from slight labor pains, coming on every half hour. *Os uteri* dilated sufficiently to admit the index finger, which came in contact with what I supposed to be the placenta. The hæmorrhage, which at this time was slight, made me fear *placenta prævia*. This was at 9, A.M. Gave an opiate, enjoined rest in the recumbent posture, and took my departure, with orders to let me know of the slightest increase in the hæmorrhage. 3, P.M., I was summoned in haste

to see her again, messenger stating that Mrs. W— was "flooding to death." I found her pulseless at the wrist, blood dropping through the bed, and quite a pool had formed on the floor. Was informed that the flooding had gradually increased for the past three hours; the pains had been regular and "labor like," up to the past half hour, when they had ceased. On making a vaginal examination, I found the os dilated to the size of a half dollar, and relaxed, blood slowly oozing away. This examination went to confirm my former opinion that I had to treat a case of *placenta prævia*, with *breech* presentation, and I feared my patient would not survive a half hour. Despatched a messenger for assistance, and my instruments; introduced immediately tents made of rags, saturated with solution of perchloride of iron; gave ergot and stimulants. In a short time could detect some pulse at the wrist, with a return of the pains. Removed the tampon, and hooked my finger over and pulled away what I supposed to be a portion of the placenta. This was followed by a discharge of about one lb. of spurious hydatids. After this the hæmorrhage principally ceased, and in fifteen minutes I had succeeded in emptying the uterus, by "piece meals," of about five lbs. of a similar substance. The vesicles were from the size of a pin head, up to that of a large grape. An abdominal bandage was applied, and in short the patient was "put to bed" in the usual way, and ordered full diet, stimulants and tonics. From this time she made a good recovery, and at the present time, Aug. 4th, 1868, is in the enjoyment of good health.

Cases of this kind are remarkably rare in rural districts, and appear to occur only in debilitated subjects.

CASE OF INTUSSUSCEPTION.

Reported by HENRY H. A. BEACH, M.D.

MALE, æt. 24. This patient had always enjoyed good health, with the exception of occasional attacks of obstinate constipation; a condition hitherto controlled by laxatives. When first seen by me, he was in a state of anxiety and distress on account of severe abdominal pain, which was deep-seated and referable to the iliac region of the left side only. There had been no fecal matter discharged for eighty-five hours, although he had taken two doses of castor oil, two pints of the solution of citrate of magnesia and repeated injections of tepid water. There had been considerable nau-