length, were lying in the wound. The jagged ends of the bone were separated from each other about three inches, besides the splinters, which extended from the ends of them as much more. Altogether, six inches at least of the bone had been injured. It was perceived, of course, that amputation, if performed at all, must be performed so high up as to make it almost equivalent to an operation at the hip-joint. The pulse remaining very feeble, and the stomach still sympathizing, it was concluded that an operation of such a serious character, under such circumstances, could do no more than hasten the impending catastrophe, and it was therefore decided not to amputate the limb. An effort was made to quiet the stomach and relieve the pain, by the administration of large doses of liq. morph., creasote and chloroform, but with only partial success. Death relieved him from his sufferings four days afterwards.

I have thus attempted to give a brief account of this hospital, and of some of the most important cases sent here for treatment. I did intend to have referred to several other subjects, and, particularly, to have offered some hints in relation to the United States hospital system in general, and the means by which greater efficiency could be imparted to it and the expenses diminished. Both these points must soon assume an importance scarcely conceivable at the present moment. I am admonished, however, that my communication has already greatly exceeded anything I had expected or intended, and that therefore I must postpone any further remarks till some future opportunity.

Desiring earnestly that this wicked rebellion, which has already carried wounds and death to so many of our citizens, may be speedily brought to a close, and that all those now in the field may soon be at liberty to return to their homes and to the cultivation of the arts of peace, I am

Very respectfully yours,

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MISCARRIAGE, FOLLOWED BY ACUTE PERICARDITIS. DEATH.

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A LADY, aged 30, in the sixth month of pregnancy, miscarried, having had more or less flowing during the previous fortnight. She was attended by a midwife. There was some trouble about the delivery. The midwife reported that the shoulder presented, and that she delivered by turning. Other accounts represented it to have been a breech presentation.

For the three days following the miscarriage, the lady was ailing; she had fever, but what was the precise trouble, I could not ascertain. On the fourth day, she was much better, sat up in bed, and received company. On the evening of the fourth day, she had chills, followed by fever, and a severe pain at the lower part of the ster-

num. She passed a restless night, and I saw her, for the first time, the next morning.

She was a delicate woman, with an infant a year old, which she had weaned only three months before her miscarriage. I found her very sick. The pain, which she referred to the lower part of the sternal region, was very severe. Respiration was very painful at that spot. She lay on the back, with her head raised, and her feet drawn up. She had a high fever: pulse 110 to 120, full and strong. There was no abdominal pain, tenderness, or swelling; not much headache; no cough: the tongue was dry and coated, and the thirst considerable. Auscultation revealed nothing abnormal in the cardiac and respiratory sounds, and percussion was natural over the whole chest. There was no nausea. She had taken a cathartic, which had operated favorably. The great complaint was of the excessive pain, already spoken of, in the region of the sternum.

In the evening, after the application of leeches, counter-irritation, and the administration of small doses of Dover's powder, this pain was a little relieved. But the pulse continued rapid, the fever ran high, and she again passed a very restless night.

The next morning she had an attack of vomiting, followed by purging, and when I made my morning visit she was dying: there was no pulse at the wrist, the extremities were cold, and she was insensible. She died at 10 o'clock, A.M., thirty-six hours from the time of the attack.

An autopsy was made, twenty-four hours after death. Two or three ounces of bloody serum were found in the pericardium: its internal surface was inflamed, with numerous red spots, to which were attached patches and flocculi of soft, recently formed lymph. Flocculi of lymph were also floating in the serum. The lungs were healthy. No disease was found in the uterus, or in the other abdominal organs.

The only symptoms suggesting disease of the heart in this case were the severe pain at the lower part of the sternum, and the dyspnoea. The cardiac sounds, so far as noticed, were normal. The pulse was regular. The effused serum was hardly enough to produce marked dulness, but probably sufficient to prevent a friction sound. The death was sudden and unexpected; the symptoms, the night previous, though severe, not indicating immediate danger. The fatal result was, undoubtedly, owing in part to the debilitated condition of the patient, resulting from the miscarriage, and her previous delicate health. The uterine organs being free from disease, their condition probably had no direct influence in causing the pericarditis.

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