half, Mr. Draper applied the forceps, and delivered a fine male child alive; it was slightly asphyxiated, but was quickly restored. The placenta was expelled in about twenty minutes, with only the usual discharge of blood, and the patient appeared quiet and comfortable. In three-quarters of an hour the convulsions returned, the paroxysms being more severe than before. Mr. Draper, having secured the tongue from injury, ordered sinapisms to the back of the neck and to the calves, cold to the head, and a powder containing five grains of calomel and twenty grains of jalap on the return of power of swallowing; also the following draught every hour: half a grain of tartar emetic, ten grains of nitrate of potash, twenty grains of potassio-tartrate of soda, and one ounce of camphor mixture. The greater part of the powder was brought up again. After this treatment the patient remained tolerably quiet for about two hours, when she had a second relapse, the fits being more violent and recurring more rapidly than hitherto, and she remained quite unconscious between the paroxysms. The face, as before, was flushed; respiration hurried and short; pulse 120-30, hard. As there was no albumen of consequence in the urine, about twenty-five ounces of blood were taken in a full stream from the arm. The pulse then became soft and compressible, and the patient shortly became conscious. She was now ordered five grains of calomel and one drop of croton oil; the above saline mixture to be continued. After this the patient had no return of the fits, slept moderately well during the night, and made a good recovery.

Such was the treatment indicated and pursued in the above case. But examples of puerperal convulsions occur from time to time in which, on account of the feeble condition of the patient, the practice of bloodletting is contra-indicated. In these the convulsions are satisfactorily treated by chloroform, its anæsthetic and sedative action being kept up so long as the disposition to their return shall continue, the bowels at the same time being properly cleared out by an efficient enema and a purge containing three or four grains of calomel. Should the patient not have been delivered, the relaxation of resisting tissues which chloroform induces will be a gain in the labour, and render delivery by the forceps, should it become necessary, sooner possible. As illustrations of the above remarks, the following two cases, which have recently occurred to Dr. Davis, may be quoted from his notes.

One was a primipara of about twenty-seven, not a plethoric subject. She had had before delivery much œdema of the ankles, of the hands, and also of the face in the morning. The urine was ascertained, by heat and nitric acid, to contain a large quantity of albumen. The os uteri was of about the size of a half-crown. Many paroxysms had occurred. Chloroform was exhibited and kept up for the necessary period. The convulsions were quickly subdued, the soft parts dilated rapidly, and an early delivery by the forceps of a living child was the result.

Another case of puerperal convulsions contra-indicating the treatment by bloodletting was that of a lady who had had four or five children. She was unhealthily fat, and of a highly nervous temperament. The disease came on some days after a natural delivery, and was consequent upon a mental shock. She had severely bitten her tongue before assistance was obtained. The urine exhibited no albumen. Violent convulsions were recurring at short intervals. Chloroform, given at each threatening of a paroxysm, was resorted to during about seven hours, the bowels being at the same time freely purged by aperients. With a little necessary care in regard to diet and due action of the bowels for a few days, this patient did well.

WESTMINSTER HOSPITAL.

TWO CASES OF ACUTE RHEUMATISM, WITH CARDIAC AFFECTION.

(Under the care of Dr. RADCLIFFE and Dr. BASHAM.)

THE good effects resulting from judicious stimulation in heart complications of rheumatic fever are well shown in the following cases, for notes of which we are indebted to Dr. Maclure, registrar:—

Ann H—, aged thirty-seven, was admitted on the 14th of May, having had rheumatic fever for twelve days. Her ankles, knees, and wrists were red, swollen, and painful; and she had profuse acid perspirations, with considerable fever. She was ordered a pill with a quarter of a grain of opium every six hours, and a draught containing half a drachm of bicarbonate of potash and ten grains of nitrate of potash in an ounce of camphor mixture every four hours; beef-tea and milk.

On the next day she complained, in addition to the other symptoms, of sharp pain in the left side, with dry cough and dyspnœa. Respiration 36; pulse 120, small and weak. A loud friction sound was audible over the cardiac region, but no endocardial murmurs. A blister was applied over the heart, and the pills and saline draught continued.

May 16th.—She had passed a restless night, and the cough and dyspnœa were much increased. She was obliged to sit up in bed. The face and lips were blue, and there was great anxiety and distress. Respiration 40; pulse 112; the skin moist, and the bowels confined. She was ordered two eggs and coffee in addition to the beef-tea and milk, and half a drachm of sulphate of magnesia with ten minims of Battley's sedative solution in one ounce of acetate of ammonia mixture every three hours; sherry wine, six ounces.

On the 17th and 18th she remained much the same. Her nights were restless, with delirium, and there was extreme dyspnœa with much cough. The friction sound was no longer distinct, and the heart's sounds were muffled. Loud bronchial râles were heard all over the chest; pulse 130, weak; the bowels open.

19th.—Being no better, she was ordered six ounces of brandy instead of the wine, and a draught containing five grains of carbonate of ammonia and thirty minims of sulphuric ether in one ounce of camphor mixture every three hours.

21st.—She was better, having had quieter nights, and the breathing was much easier. The cough was less frequent and more loose; the bronchial râles less loud; pulse 100, weak; the joints were free from pain. The same medicines were continued.

From this time she gradually improved. She slept better, and had only occasionally some attacks of dyspnœa. On the 31st she was so much better that the sulphuric ether and ammonia were discontinued, and she was ordered a grain of quinine three times a day. The friction sound did not reappear, and the respiration became natural.

She was discharged recovered on the 10th of July.

Sarah B—, a pale, delicate-looking young woman, aged seventeen, was admitted on the 16th of August, under the care of Dr. Basham. She had had rigors on the 13th, followed by pain and swelling of the elbow and knee joints, and fever. This was the third time she had suffered from rheumatic fever, and the heart had been affected in one of the previous attacks. On admission, the pulse was 90, full and sharp; the skin hot and dry; and the tongue furred. On examining the heart a loud systolic murmur, most distinct at the apex, was heard; but its action was regular, and there were no signs of recent pericarditis. She was ordered ten grains of Dover's powder at night; and a draught, containing twenty grains of nitrate of potash, every four hours.

The patient complained on the 20th of dyspnœa and faintness, which came on during the previous night. There was some tenderness about the intercostal spaces over the heart, its action was very tumultuous, and the sounds less distinct than they were, without any alteration in the murmur; pulse 108; respiration 42, short and catching; bowels open; tongue furred, but moist. A large, hot linseed poultice was ordered to be applied to the chest, and changed frequently. The Dover's powder and the saline draught were continued.

She was worse on the 21st. There was much dyspnœa, the respirations being 50 in a minute, with a rapid pulse; tongue furred; skin perspiring; countenance anxious; action of the heart violent, with diminished impulse; no fresh murmurs. She was ordered to take five grains of Dover's powder every four hours; six ounces of wine; beef-tea and milk.

On the 22nd she passed a restless night, and the dyspnœa continued, with lividity of the countenance; respiration 70; pulse 120, and more steady; urine scanty, and high-coloured; bowels open; temperature of the axilla 100.2. She was ordered twelve ounces of wine, and a draught, containing fifteen minims of sulphuric ether and three grains of carbonate of ammonia in an ounce of camphor mixture, every four hours.

24th.—She was better; had had some sleep, and the face was less livid and anxious. Pulse 118; respiration 60; temperature 99°.

26th.—Aspect much improved; breathing easy; respiration 36; pulse 100. The tongue was cleaning, and she had slept well. Up to this time her distress was too great to admit of a satisfactory examination of the chest, but to-day the left side was found to be dull posteriorly, with bronchial breathing; mixed with fine crepitation; and there was some bronchophony. On the right side the sounds were healthy. The heart's action was more tranquil. There was some dry cough.

28th.—Breathing continued comparatively easy; respiration

30; pulse 100. The respiration on the left side was tubular, with bronchophony, but there was no crepitation. Bowels open; temperature 100°.

Sept. 1st.—Being in every way better, the medicine was changed, and she was ordered a draught containing ten minims of tincture of sesquichloride of iron three times a day.

10th.—The vesicular murmur was natural on both sides, and the breathing easy. She complained chiefly of weakness.

On the 18th she was convalescent.

ST. THOMAS'S HOSPITAL.

CASE OF SEPARATION OF EPIPHYSIS OF CLAVICLE.

(Under the care of Mr. LE GROS CLARK.)

THE mode in which the injury was produced constitutes the interesting feature of this case. There was no evidence whatever of passive violence being offered to the bone, either directly or indirectly, and, therefore, the conclusion is that the accident resulted from violent muscular action during the efforts which the patient was making in performing his gymnastic feat.

C. R.—, aged eighteen, a gymnast, was performing on the trapeze, and whilst hanging by his toes and trying to draw his body between his legs, he felt something give way on the left side of his neck. No blow was received. On June 22nd, when admitted, the injury was diagnosed as one of dislocation of the clavicle at its sternal end. Unavailing attempts were made to reduce the bone to its normal position. When seen by Mr. Le Gros Clark, the swelling had somewhat abated, and he ascertained that the injury was a fracture or separation of the epiphysis of the clavicle from the shaft of the bone. The inner extremity of the shaft rested upon the sternal end of the bone, which still occupied its normal position in relation to the sternum. The case was treated as one of ordinary fracture of the clavicle.

INJURY TO THE ABDOMEN.

J. M.—, aged thirty-eight, admitted on June 22nd, having fallen from a scaffold forty feet high. He was perfectly insensible at first, but on arrival at the hospital he had recovered consciousness, though he remained in a state of collapse. Several of the lower ribs on the left side, as well as the scapula, were found to be broken. Warmth was applied, but no stimulus was given. About three hours after admission, when reaction came on, he began to complain of pain deep in the splenic region, which was relieved in a measure by pressure. This increased until the patient rolled about in agony. He passed two pints of bloody urine, of a dark-claret colour. A grain of opium was ordered by the house-surgeon; and, in addition to this, forty minims of the solution of morphia were given by a mistake of the nurse. Still no relief was obtained, though the pulse and temperature improved. One-grain doses of opium were continued through the night, at intervals of two hours, when the pain began to abate; and after its continuance at longer intervals through the following day, the pain entirely ceased, and the urine was no longer coloured with blood. From that time he went on uninterruptedly well.

Where was this pain located, and to what is it to be assigned?

Provincial Hospital Reports.

SWANSEA INFIRMARY.

TWO CASES OF STRICTURE TREATED BY HOLT'S DILATOR.

(Under the care of Mr. DAVIES.)

FOR notes of the following cases we are indebted to Mr. G. Mowat, house-surgeon.

CASE 1.—J. J.—, aged thirty-six, a labourer, admitted Nov. 28th, 1865, with retention of urine. Before his admission an unsuccessful attempt was made to pass a catheter; immediately after he was admitted he had a severe rigor. Ordered a warm bath and a full dose of opium. About eleven P.M. he was able to pass a small quantity of urine in drops. It was decided not to attempt the introduction of an instrument at that time.

About twenty years ago he had an attack of gonorrhœa, which, he says, was cured in a fortnight. Three or four years afterwards he first noticed a difficulty in passing his urine, and that the size of the stream was getting smaller. Soon after this he went to Constantinople, where he got good employment in the arsenal, and drank very freely. After a series of debauches he found so much difficulty in emptying his bladder that he was unable to work, and came home to Greenock in a very bad state of health. He was immediately admitted into the infirmary of that town. Several unsuccessful attempts were then made to pass an instrument, and the only way he could void any urine at all was by standing in front of a fire. At the end of six weeks No. 2 was passed, and No. 5 when he was discharged three weeks afterwards. He then went to Edinburgh, and was admitted into the Royal Infirmary under the care of Prof. Syme, who passed No. 5 at once; but he still continued to void his urine in drops. Four days after admission the strictures were divided externally in the perineum by an incision about an inch and a half in length. A catheter was retained in the bladder for a week; the wound healed in a week more; and he was discharged after five weeks' residence, when he could empty his bladder in as full a stream as ever. He abstained from drink for about three years, when he broke out again, and, the old symptoms returning, he was readmitted into the Edinburgh Infirmary, where he remained eleven or twelve weeks. Gradual dilatation was resorted to, and No. 12 could be passed when he was discharged. He continued to micturate in a full-sized stream until about five months since, when, as he was at work, he fell with his perineum across the edge of a plank. After this he passed blood and pus, and retention came on. He came to Swansea to obtain work, and was admitted as described.

Dec. 1st.—Several attempts have been made to pass a catheter, but the instrument gets between the bladder and the rectum. As the man can empty his bladder in a small stream, it was decided not to make another attempt for a few days.

Jan. 18th.—Mr. Davies passed Holt's dilator with ease. Chloroform was then administered, and the stricture split. No. 10 catheter was then passed, the bladder emptied, and the patient put to bed. A full dose of opium was administered; subsequently he had a warm bath.—Ten P.M.: No rigor; no pain.

19th.—Slept well; passed urine twice in the night in a stream; no unfavourable symptoms. Ordered an aperient.

20th.—Urine passes in a very small stream. No. 8 passed.

21st.—Complains of pain in voiding urine. None at any other time.

22nd.—Stream continues small. No. 8 passed.

25th.—Stream very small indeed. No. 8 gum-elastic passed and fastened in the bladder.

27th.—Slight shivering and feverishness. Catheter withdrawn. Some purulent discharge from urethra.

28th.—Urine passes in a full-sized stream. No instrument passed.

29th.—Stream less in size; pain and discharge continue.

Feb. 1st.—No. 8 passed easily.

3rd.—Nos. 8 and 9 passed.

6th.—Nos. 8, 9, and 12 passed.

10th.—No. 10 passed. Discharged. Made out-patient.

15th.—No. 10 passed.

27th.—No. 10 passed easily.

March 6th.—Says he passes a good stream. Nos. 10 and 11 passed.

21st.—Stream rather smaller. No. 10 passed.

25th.—Nos. 10 and 11 passed.

CASE 2.—T. P.—, plasterer, aged twenty-eight, admitted Sept. 21st, 1864, suffering from retention of urine. A warm bath was given immediately, and No. 3 passed with difficulty.

About three years ago he suffered from gonorrhœa, since which he has noticed his stream of urine gradually decreasing in size. Says that about twelve months ago he was obliged to have a catheter passed twice in order to relieve retention.

Sept. 22nd.—Mr. Davies passed Holt's dilator and split the stricture. No. 12 catheter was immediately passed, and the bladder emptied. Chloroform was not administered. During the day the patient suffered a good deal of pain, which was relieved by opium and a warm bath.

23rd.—Has slept. Not much pain; no rigor. Urine passes in a small stream only.

24th.—No. 10 passed easily. As he appeared perfectly well, he was allowed to leave the infirmary, on his promising to attend the out-patients' room when required.

26th.—No. 10 passed. He neglected to attend after this date.