In the Transactions of the American Academy for 1833, the late Dr. J. E. Worcester published an article on longevity, and in it is a short notice of Gilley and of many other very old persons. It is there stated that he was born in Ireland in 1690, came to this country about 1750, lived on the Kennebec river nearly fifty years, and died July 9, 1813.

His weight was generally 112 to 116 lbs.; and when in his best condition, 124. An illiterate man, but of cheerful disposition; accustomed to hard labor and coarse fare; and retained considerable strength and activity until a short time before his death. Habits not remarkably temperate, nor yet intemperate.

EXHAUSTIVE UTERINE HÆMORRHAGE.

By J. W. TRADER, M.D., Sedalia, Mo.

I WAS called to a case of exhaustive uterine hæmorrhage of twenty days duration.

The woman was about 25 years old, of a thin, bilious temperament—married, and has borne children, and with the exception of a miscarriage four or five years ago, has never been irregular. The present hæmorrhage came on after a laborious day's cleaning, hanging window curtains, &c. I prescribed the usual constitutional remedies—first, gallic acid and opii, but finding little benefit therefrom, I made a digital examination, and found *proidentia uteri*, with the os dilated and patulous. I now used the cotton packing, cold water and laudanum injections into the rectum and cold cloths applied to the vulva, with plumbi acetas and opii internally.

After three days the uterus was in its normal position, but the os was still dilated and bleeding. Believing, with Dr. Sims, that "where there is an inveterate menorrhagia, there will always be some abnormal cause for it," I made an examination with the speculum, and found extensive granular erosion of the os and cervix, with blood flowing in a small continuous stream. After wiping away the clots with moist cotton, fastened on the end of a small pine stick, I could see the blood issue from the granulated surface like the sweat from the pores of the skin, and, as fast as it was wiped away, it collected and flowed again. By dipping the cotton into warm water and freely bathing the os uteri, the hæmorrhage seemed to increase. Acting upon the hypothesis that, "if the nose bleeds, we try to stop it by the most direct methods in our power; if the hæmorrhoidal vessels bleed persistently, we attack them with the

écraseur, ligatures, nitric acid, persulphate or perchloride of iron," I could see no reason why I should not stop this abnormal flow by some direct application. So I took the caustic and gently touched the eroded surface, and then, after dipping a female catheter into some warm water and thrusting it down into a bottle of Mousel's salts of persulphate of iron, completely covered the os, and passing the catheter some half inch into cervix uteri lined that cavity with the styptic. The hæmorrhage ceased immediately. After waiting a few seconds I again took the cotton, and, wetting it in a bowl of warm water, washed off the redundant salt. Some few spots commenced to bleed again. I repeated the persulphate, washing it off as before, but without any hæmorrhage following. I now took a small piece of dry cotton, and after tying a string around it saturated it with glycerine and placed it immediately over the os, retaining it *in situ* until the speculum was removed. As my patient had by this time become quite feeble from loss of blood, with a decided icteric appearance, I ordered drachm doses of Tilden's elixir of bark and iron every four hours, with nutritious diet, and instructed her to remove the cotton, by gentle tension on the string, purposely left hanging from the vagina, in about six hours.

After a comparatively comfortable night's rest I found her considerably revived and hopeful, but with a slight hæmorrhage still. I again introduced the speculum and found the cervix completely plugged up with a tenacious bloody mucus. This I removed, and sponged the vagina and os uteri with warm water as before, noticing but a slight oozing of blood. The persulphate was again applied, and likewise, after a moment's delay, was washed off without any appearance of hæmorrhage following. The speculum was removed and no further applications made.

The woman made a rapid recovery, and thanked me with substantial and feeling gratitude for staying the "terrible bleeding."

UTERINE DISPLACEMENT.

By HENRY REYNOLDS, M.D., Auburn, Me.

MRS. B. R. B., of Auburn, Me., aged 34 years, has been married nine years. Eleven years since, after a long walk, was seized with pain in the back and bowels, accompanied with great discomfort in walking. This lasted but a day or two, but recurred, at times, afterwards, and she also began to

experience pain at menstrual periods. Since then dysmenorrhœa has continued, health has been delicate, and she is much emaciated. During a year past has had palpitation of the heart and dyspnœa on slight exertion. The palpitation annoys her much on lying down at night, and keeps her awake. Is troubled with trembling, most marked in her hands. She experiences difficulty in rising from a sitting posture and in ascending stairs.

In the spring of 1868, first noticed an enlargement of the thyroid gland. Her attention was first directed to it by her dress-maker. The gland continued to enlarge through the summer and autumn, and in November it presented an enlargement quite noticeable at a distance. Apparently it was three-quarters of an inch in thickness, lying over the trachea and extending an inch and a half to each side. There is unnatural prominence of the eyes and inordinate action of the heart.

In July, of 1868, she noticed a small tumor of the size of a coffee bean, near the insertion of the pectoralis major muscle upon the fourth rib to the left of the left nipple. Her medical adviser, to whom she showed it, expressed some fears lest it might prove to be of a cancerous nature.

In November, she consulted me, and since she had symptoms of uterine displacement, I thought it probable that the uterine disease might stand in a causative relation to the enlargement of the thyroid gland, and of the lymphatic gland which had been suspected of having a "malignant" tendency.

Upon examination, the uterus was found prolapsed and enlarged, pressing upon the rectum. Inserted one of Hodge's closed double lever pessaries. She wore the pessary without trouble and derived much comfort from it.

March 14th, 1869. Patient much better of the palpitation of heart and shortness of breath. Palpitation does not keep her awake at night, and only troubles her on unusual exertion. General health much better. The bronchocele and enlarged lymphatic gland of the breast have diminished in size.

April 23d. She has gained in flesh and strength. Can now walk three miles with greater ease than she could walk forty rods before treatment. All her symptoms are improving. The bronchocele has nearly disappeared, and the unnatural prominence of the eyes is not noticeable.

June 1st. Patient continues to wear the pessary. The bronchocele is not percepti-

ble. Her health has very much improved during the treatment. There is yet some enlargement of the uterus, which will necessitate the use of the pessary for some time yet to perfect the cure.

This case has seemed to me of peculiar interest, on account of the bronchocele, unnatural prominence of the eyes, and disturbance of the heart's action, apparently due to uterine irritation, and the significant disappearance of these serious affections in other parts of the system, under treatment addressed to the uterine disease.

CASE OF REMARKABLE RECOVERY FROM A SEVERE INJURY OF THE HEAD.

By H. F. WARDWELL, M.D., Gorham, N. H.

NOTICING in a former number of your Journal an account of an "Extraordinary Recovery" from injury to the head, leads me to communicate a few facts in relation to a very similar case.

I was summoned by telegraph March 1st, 1869, to Berlin, N. H., to attend Chester Bean, who had been injured by going under a large circular saw in Wheeler's steam mill, in the above named town. The call came at about 7, P.M.; the patient was ten miles away, and the roads were very bad. I arrived late in the evening; found the patient perfectly conscious, lively and comfortable, and, before removing the dressing which had been applied, concluded the family had been frightened at a simple scalp wound. The symptoms all being favorable, I very deliberately warmed myself, took some supper, and then proceeded to examine the wound. I found, to my astonishment, that it extended from the supra-orbital ridge of the left side nearly back to the occipital bone, terminating in the right parietal bone about an inch from the sagittal suture. The wound measured eight inches, though the head was a small one, and the outer plate of the skull was sawn through the whole length. A strip of the skull was removed, at least, five inches, beginning just above the superciliary ridge, and extending back into the parietal bone. There was but little hæmorrhage, though the pulsation of the arteries inside of the head could be plainly seen. How far the brain was wounded I am unable to say, as the wound was dressed at night, under unfavorable circumstances, and any pressure into the opening caused great distress. I am sure, however, that I introduced my fore finger into the wound at the upper part of the frontal bone, about two inches.