

charges from the vagina. From that moment not another drop of fresh blood was discharged from the uterus and vagina. The patient was bandaged, reaction came on, and she recovered without an unpleasant symptom.

"For the next forty-eight hours the discharge consisted entirely of the disintegrated blood, which had no doubt been in the vagina and uterus prior to the injection. This was succeeded by, and intermixed with, a serous or sero-mucous discharge, tinged in colour by the persulphate, which gradually became of the natural colour that the lochia assumes upon the cessation of the presence of the red globules of the blood. *After the injection there was not at any time a particle of fresh blood, or a tinge of it, in the lochia.*"

Sulphate of Quinia and Ferrocyanuret of Iron in Rheumatic Dysmenorrhœa.—Dr. J. B. SHELSON states (*St. Joseph Med. and Surg. Jour.*, Nov. 1860) that he has employed the sulphate of quinia with the ferrocyanuret of iron, for several years in rheumatic dysmenorrhœa, with very satisfactory results. He commences the treatment by emptying the alimentary canal by purgatives; during the menstrual period he uses the warm bath, and gives opium combined with camphor and ipecac to relieve the pain. After the period has passed, he commences with a pill composed of two grains of sulphate of quinia and an equal portion of ferrocyanuret of iron, to be taken morning, noon, and night. These are to be continued during the intermenstrual period.

Excision of the Clavicle.—Dr. WM. M. FETTER records (*Maryland and Virginia Med. Jour.*, Nov. 1860) a case of this in a healthy man, 40 years of age, in whom the bone was carious, the result he thought of injury. When seen by Dr. F., the outer two-thirds of the bone were enlarged to a considerable extent, with an unhealthy cicatrix along its middle third. The inner extremity was diseased to within three-quarters of an inch of its sterno-clavicular articulation, as was found after removal of the bone. Dr. F. having determined to remove the bone, the patient was placed under the influence of chloroform. "The shoulders being elevated, an incision, beginning at the sterno-clavicular articulation, was carried along the line of the clavicle to its outer extremity. The pectoralis major was then severed from its attachments and turned back. Along the upper border of the bone a few fibres of the sterno-mastoid were divided and the dissection proceeded superiorly until the platysma and trapezius were detached. On turning these back, the bone was exposed; then disarticulated it at its extremity (outer). In like manner, the inner extremity was exposed; not all of it, however, was found diseased. It was determined, therefore, to remove only the carious part. This was done by passing a chain saw beneath the fragment, and with a few strokes it was removed. Having cleansed the wound thoroughly, the extremities were sutured, whereas the intervening portion was held together by adhesive strips. He was then put to bed.

Oct. 10. Expresses himself as feeling badly; face flushed, pulse 90; slept none last night. R.—Morph. sulph. gr. $\frac{1}{4}$.

Oct. 11. This morning, he says, he is much better. Shoulder painful and considerably swollen; removed sutures; union had taken place at either extremity. Daily the wound injected with dilut. chlorinated soda, and adhesive strips applied.

He is now walking about, the wound having almost entirely healed.

Compound Dislocation of the Ankle-Joint; Complete Recovery after Reduction, without Anchylosis.—Dr. R. W. GIBBES, JR., M. D., reports (*Charleston Medical Journal*, Nov. 1860) a case of compound dislocation of the ankle-joint which is remarkable for the very complete recovery which took place; there being no anchylosis, a very rare result in such an accident.

The subject of it was a negro, twenty years of age, who was struck, Dec. 16, 1859, by a heavy beam, on the outside of his right leg, causing a complete luxation of the foot outwardly. The sole was said to have been turned out and upwards, and the whole of the lower end of the tibia to have been protruded. When seen by Dr. G., about half an hour after the accident, the patient was suffering a great deal of pain, "the foot was in its normal position, but the internal malleolus, with about an inch and a half of the tibia, exposed; the inferior lip of the wound,