

the vagina is not reduced in size when the bladder is emptied by the catheter. 13. Hæmatocele may be induced by extra-uterine pregnancy, when apoplexy of the ovum and extravasation of blood takes place. 14. Secretion of milk appears not to accompany hæmatocele, unless pregnancy be also present. If there be lacteal secretion in a case of hæmatocele, when the uterus is evidently empty, there is probably an extra-uterine pregnancy. 15. Extra-uterine blood-tumours occurring during pregnancy may fill nearly the whole pelvis, and, lying behind the urethra, may produce the same troubles as vaginal cystocele, or hernia of an ovarian cyst into the vagina. 16. Exploratory puncture forms the only absolutely sure means of diagnosis between ovarian tumours and uterine hæmatocele.—*Brit. Med. Journ.*, Oct. 12, from *Wiener Med. Wochenschr.*, Aug. 31, 1861.

69. *Coccyodynia*.—M. GOSSELIN has recently had under his care, at the Hôpital Beaujon, a case of coccyodynia, the disease made celebrated by the recent admirable researches of Dr. Simpson, of Edinburgh. The patient was a young woman, who, shortly after her first confinement, began to experience severe pains on going to stool, and soon even sitting, unless she adopted a sideways position. Pressure over the coccygeal region much aggravated these pains. M. Gosselin considered that the seat of the pain was in the sacro-coccygeal joint, and that the original cause of it was the strain to which that articulation had been subjected during labour. A number of topical sedative applications were tried, including the use of a subcutaneous injection of sulphate of atropia, without the slightest relief. Subcutaneous section of the muscles attached to the coccyx, after the plan of Simpson, was then tried, but with equally futile results. Hesitating to adopt the extreme measure of removal of the coccyx, M. Gosselin again had recourse to palliative measures, and now suggested the simple use of an India-rubber air cushion; and after the patient had steadily continued this plan for twelve days, she had so far lost her pains as to be discharged from the hospital in a fair way of convalescence, since nature herself, the stress on the parts being taken off, would, doubtless, complete the cure, under the favouring auspices of rest. It may be mentioned that it was found necessary to regulate the bowels by a rhubarb aperient, so as to prevent *hard motion* from passing over the tender part. The editor of the *Gazette des Hôpitaux* quotes a similar case, cured in a similar way, which fell under his own notice some years ago.—*London Medical Review*, November, 1861.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

70. *Antagonism of Aconite and Strychnia*.—Dr. WOAKES relates (*British Medical Journal*, October 26, 1861) a series of experiments made on dogs to ascertain the applicability of aconite for the relief of poisoning by strychnia. The following is a brief outline of these experiments, with the conclusions to which they have led him:—

Expt. I. A small, weakly terrier had one-fifth of a grain of strychnia in solution injected into the throat. In ten minutes the hind legs began to stiffen; and, after a few convulsive movements, the whole body became so rigid that he could be held out horizontally by one leg. When the animal was thus fully under the influence of strychnia, eight minims of tincture of aconite in water were similarly injected. In about two minutes, the spasm relaxed; the muscles, from being hard as wood, became soft; and the heart, which had been beating too fast to count, gradually calmed down; and, when just about to congratulate myself on the happy effects of my antidote, I found the beast was dead. Death did not result from the strychnia, however, but from the aconite, which I had given in a powerfully poisonous dose for so small an animal; the relaxed condition of the muscles, the effect of the aconite, being very characteristic, and totally opposed to the rigidity following death by strychnia.