always at hand, antiseptic (for every clot, piece of membrane, or placenta is completely washed away), and; so far as I am aware, perfectly safe. I have never seen or heard of any ill effect whatever following its use. It seems to rouse the patient from the cold collapsed condition often induced by severe uterine hæmorrhage.

I will conclude by stating the following propositions. 1. Most forms of *post partum* hæmorrhage can be controlled by warm-water injections properly carried out. 2. The use of cold water or ice alternately with the warm water is in some cases beneficial. 3. There are some cases of severe and alarming hæmorrhage in which, so far as our present experience teaches, we must still resort to the use of perchloride of iron.

ON THE MODE OF CONVEYING STYPTICS TO THE BLEEDING ORIFICES IN *POST PARTUM* HÆMORRHAGE.

By W. BERNARD, F.K.Q.C.P.I., Londonderry.

THE subjoined woodcut represents the gauntlet which was shown at the Obstetrical Societies of London and Dublin, and by myself at the meeting of the Association held in Manchester in 1877, and which I have since modified and improved.

Fig. 1.

The idea propounded is that a styptic free from undiluted blood can, without intervention, be directly sprinkled through the medium of the hand during the removal of membrane or coagula; that by no other method can an application be brought into such immediate contact; and that the two acts—the clearing out of the uterus, and the scattering of the spray—are, *pari passu*, performed synchronously.

The subject has long occupied my attention; but I had not an opportunity of bringing my idea into practical use till some weeks ago; for, as a rule, *post partum* hæmorrhage is of rare occurrence; and, moreover, when we meet with it, we are able to control it by the ordinary means discussed from time to time in the pages of this JOURNAL. Nevertheless, one will come across an occasional case more violent than usual, and apparently uncontrollable.

About a year ago, I was sent for to assist a practitioner in a tedious primipara case. After delivery with forceps, hæmorrhage preceded and followed the expulsion of the placenta. We restrained it with injections of hot water into the uterus and other means, but were forced to fall back on the perchloride. Such was the tendency to bleed, that oozing and coagula continued for three days. On being consulted some months afterwards, I found the lady very pale, and again pregnant. She was then put on the prophylactic treatment, which, up to the time of her confinement, was sedulously and uninterruptedly continued. The pallor and general condition were benefited; yet I had reason to be anxious, not only from the experience acquired in her own case, but from that of a sister also, who (under my care) had hæmorrhage after her three confinements, lasting three or four hours each time. From the use of cold applications, I fear pelvic cellulitis was superinduced. Inflammatory action ended in abscess. She was never again pregnant.

But, to return again to my prophylactic case; labour commenced with strong and regular pains at 6 A.M., and was over at about 12 o'clock.

Though the membranes were ruptured early, the uterus was persistently followed down, and ergot was administered, yet, on the expulsion of the shoulders, blood began to pour. The uterus contracted well, and the placenta was quickly thrown off. In this short space, the system sustained so severe a shock that I was beginning to fear the worst. Stimulants were given, and ergot and ether were injected hypodermically. On this occasion, I was ready to encounter the enemy; for I had appliances in readiness, and consequently, in a few moments, my hand and glove were in the uterus. On the cock being turned, I felt the fluid trickling over the gauntlet, and after a short interval, by a strong contraction, my hand was pushed from the uterus. Not a single bad symptom followed. There was no return of the hæmorrhage, and no bloodless face remains to be seen, as in her previous confinement.

Fig. 2.

Judging from the past history of herself and sister, I feel bound to assert that the hæmorrhage was sooner and more efficiently arrested by my mode of procedure than by the syphon. To me, the introduction of the hand soon after labour is not a dangerous act. I never witnessed any bad results from it, either in my own practice or in that of others. On the other hand, I regret not having often insured a more firm contraction; for it, and it alone, will excite this when nothing else will do so. Had I done so, I should not have gone away from some of my cases with a feeling that anæmia or autogenetic fever might supervene.

In those very alarming cases of hæmorrhage, one is bound to show no want of courage, decision, promptitude, and readiness of resource, as well as accuracy of observation. With these qualities, we must have energy and endurance. Every valuable remedy of repute, if necessary, should be used; for what will fail in the hands of one will succeed in those of another. Death must be averted by every possible means, even when imminent, by the steady application of hot water to the heart and head, which can be applied to the latter as shown in the wood-cut (Fig. 2), not omitting posture, and what the Germans term autotransfusion through Esmarch's bandages.

To give an illustration that the success of treatment in *post partum* hæmorrhage is beyond the possibility of a doubt, we know of a fatal case having occurred, now and then, in a thinly scattered population which was out of the reach of any well directed plan of treatment; and very rarely do we hear of one happening in a large city, when properly attended to—in fact, never.

Maw, Son, and Thompson are the makers of my appliances. The cap is like that of a double night-cap, the inner fold being perforated.

SURGICAL MEMORANDA.

DISLOCATION OF THE WRIST-JOINT.

THE cases of dislocation of the wrist recently reported in this JOURNAL remind me of a case I had about eighteen months ago. On October 19th, 1878, T. G. (a carpenter), aged 16, a big muscular youth, whilst running at full speed in a football-match, was knocked down with great force, and fell with his right wrist doubled up under him. He was brought to me immediately after the accident, and his wrist then presented precisely the appearances described by Mr. Hamilton in his case reported in the JOURNAL of April 3rd; and, if I might make a comparison, I should liken the deformity to an exaggerated "Colles's fracture". Extension at once removed the deformity, and a straight splint was applied to the flexor surface of the limb. The splint was removed in ten days, and in a month's time from the accident he was able, with the help of a small leather support, to resume light work. The movements of the joint were then perfect, and the only inconvenience he experienced was weakness. This, a fortnight later, had so far disappeared, that he was able to resume his ordinary occupation.

The diagnosis in this case—dislocation of the wrist backwards—was at once apparent; and I think it highly probable that dislocation of the wrist is not quite so uncommon as we are led to suppose, inasmuch as many general practitioners, from diffidence, lack of enthusiasm, or over-work, neglect to report rare and interesting cases. For my own part, whilst recognising the extreme rarity of this dislocation, I should hardly have thought it worthy of record, if I had not read the cases of Dr. Anderton and Mr. Hamilton.

E. VICKERS WHITBY, M.R.C.S.Eng.

I SEND the following in consequence of Dr. Anderton's case published in the JOURNAL of the 13th March, and his remarks about the extreme rarity of the accident, and the doubt expressed by some authorities of the possibility of such an accident ever occurring.

Arthur L., a carpenter of this town, while walking down-hill in very slippery weather (January 16th, 1879) fell down suddenly. I saw him a few minutes after the accident, and found that he was suffering from a simple dislocation of the wrist. The right carpus was dislocated backwards upon the radius and ulna; it was easily reduced, and a most careful examination made, but there was no sign of a fracture anywhere, and I merely put on a bandage firmly round the wrist, and told the patient to keep the arm in a sling. Nothing more was done, and in a few days he was able to follow his occupation as usual. He could not describe how he fell, but no doubt he put out the right hand to save himself, and there is no doubt it was a case of simple dislocation of the wrist.

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BROMIDE OF ETHYL AS AN ANÆSTHETIC.

As the favourable report of bromide of ethyl or hydromic ether contained in last week's JOURNAL may induce anæsthetists to try it, I venture to give the results of my experience of two samples obtained from chemists of the highest repute for the purity of their drugs. I found that the patients were rapidly affected, but manifested dislike of the odour. The pulse was stimulated, and there was almost as much excitement as though ether had been used. They recovered rapidly, but complained of giddiness, nausea, and headache, and looked as if they had taken alcohol. Comparing the effects with those of ethidene dichloride, I much prefer the latter, on account of the usual absence afterwards of symptoms of alcoholism. The voice and gait of a patient

sometimes become quite normal in five minutes from the time deep stertor has been produced by ethidene. It causes vomiting only when the effect is carried beyond the degree usually required.

J. T. CLOVER.

THERAPEUTIC MEMORANDA.

TREATMENT OF OZÆNA.

UNDER the above heading, Mr. Long states that he cannot understand why a mixture of borax, carbonate of soda, and glycerine should effervesce. The explanation is this: Borax, although alkaline to test-paper, is really an acid salt—baborate of soda; but its acidity is so feeble that it cannot expel carbonic acid, even when its aqueous solution is boiled with a carbonate, nor overcome the alkalinity of the soda with which it is already combined. At a red heat, however, being permanent, it readily expels carbonic acid, forms a borate of soda, and dissolves many metallic oxides.

Now borax, which is only sparingly soluble in water, is very easily dissolved by glycerine; and, not only so, but some molecular change is also effected, for it then decomposes carbonate of soda in the cold exactly as it does at a red heat, and so produces the effervescence which Mr. Long notices.

There is another example of effervescence which is, I believe, often misunderstood—that of cold healthy urine when nitric acid which has been exposed to the light is added to it. The brisk effervescence which ensues is frequently attributed to the presence of carbonates, even when the urine is quite recent and faintly acid in reaction. It is, of course, really due to the conversion of the urea into nitrate of ammonia and carbonic acid by the hyponitrous acid present in the test. And the proof is, that no effervescence occurs if strong hydrochloric acid be added to the same urine, nor if perfectly pure colourless nitric acid be used in the same way.

G. F. MASTERMAN, L.K.Q.C.P., Ixworth.

CHLORIDE OF AMMONIUM IN NEURALGIA.

HAVING noticed during the past few years, both in this Journal and in other medical papers, notes of successful results from the use of chloride of ammonium in neuralgia, I used the drug in an obstinate case some months ago with very excellent results. The patient was of a neuralgic diathesis, and was, at the time when he came to me, suffering from very acute neuralgia of the second and third divisions of the fifth nerve. He also had pains in his arms. He referred the source of the pain to a carious lower molar tooth (second on the left side), which he wished extracted. I excavated the cavity, and found a minute exposure of the pulp, which I dressed with carbolic acid and covered with a temporary stopping. The pain continued periodically. I gave him twenty grains of chloride of ammonium every two hours, till he had taken three doses. The pain disappeared after the second dose. Two days after this, the pain returned slightly, but disappeared after a single dose of the medicine. After a week of immunity from pain, I filled the tooth permanently, and there has been no return since (several months have elapsed). The patient had been a constant sufferer previously, and had lost several teeth on former occasions on account of the neuralgia.

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THE JOINT ADMINISTRATION OF CUBEBS AND COPAIBA.

I HAVE long wondered why these two drugs are not more frequently given in combination than as yet appears to be the case. It is true that such a preparation is extensively advertised by a wholesale house; but in my experience, this mixture, besides being expensive, is so nasty, that patients commonly prefer the complaint, as the least of two evils. If an emulsion of oleum copaibæ and liquor potassæ be made in the ordinary way, and oil of cubebs then shaken up with it, the latter is readily held in suspension. I append a formula, which in my hands has been of great service, which is not particularly unpalatable. R. Olei copaibæ, olei cubebæ, aa ʒij; liquoris potassæ ʒijss; tincturæ aurantii ʒij; syrupi simplicis ʒij; aquam menthæ piperitæ ad ʒviij. M. Fiat mistura, cujus capiat ʒj ter quotidie.

I may add that liquor potassæ permanganatis (ʒij ad aquæ ʒvj) appears to me by far the best injection, and has the great advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently; and subsequently, a little zinc sulphate may be added with benefit.

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