but found that it was adherent to the fundus of the uterus, and, as far as I could make out, all round. After a further delay of half an hour, I reintroduced my right hand, carbolised, made firm traction on the cord, and tried to peel it off, but it was of no use. The contractions of the uterus prevented my getting hold of the edge of the placenta, and, as I could remove nothing but clots of blood, I dug my fingers into its substance, and removed two small pieces, as much as I could do with safety, certainly not more than one-third of it; and after repeated attempts at extraction, I determined, very unwillingly, to let the case alone for a time, and to renew my attempts under chloroform if necessary, leaving the cord attached for future guidance. Before leaving, I applied a firm binder with pad, gave her some whiskey and ergot, and left her, for a time, none the worse for her rough handling.

Feeling that it would be very unsatisfactory to leave her in this condition, I resolved, after a few hours' further rest, to remove the coagula of blood that had collected in the uterus, if I could do nothing more; and, accordingly, at 7 P.M. the same evening, with the assistance of my friend Dr. Whitelaw, she was put under the influence of chloroform, when I again introduced my hand, carbolised, into the uterus, and removed a quantity of clots, but could make no impression upon the still firmly adherent placenta. I did, therefore, consider further interference unjustifiable; therefore, after removing other two small pieces of the placenta, with the cord, I bound her well up, gave an opiate, ergot, and brandy; and left her for the night, after syringing the uterus and vagina well with a weak solution of Condyl's fluid.

December 30th. She passed a fairly good night, retched once, and expelled a small coagulum of blood. The lochia were normal; the secretion of milk was established; pulse 94, and weak; temperature 99° Fahr. There was no tenderness over the abdomen, which felt fuller than usual. A solution of carbolic acid (1 in 40) was now substituted for the Condyl's fluid, and five grains of quinine were ordered every four hours. This was a very important step in the treatment, as will afterwards be seen; and I have no doubt whatever that the early use of an antiseptic lotion, and the free administration of such a powerful febrifuge as quinine, prevented the propagation of septic germs in the system.

On the morning of the 31st, after passing another good night, and nursing her baby in the meantime, she had a severe rigor at 10 A.M., when the pulse rose to 130, and the temperature to 105° Fahr. This was, in all probability, the beginning of blood-poisoning; but the assiduous application of the lotion and the continued administration of quinine evidently rendered the septic agent abortive, as all the symptoms subsided towards evening, and no tenderness on pressure over the abdomen was felt; and, as far as her feelings were concerned, she felt fairly well, though the secretion of milk was considerably diminished in quantity.

On the morning of January 1st, 1885, she had another rigor at 9 A.M.; and the pulse again rose to 130, and the temperature to 104° Fahr. The milk was almost suppressed. After this, the child was not again put to the breast. The lochia were slightly offensive, but normal in quantity. The rigor began to subside towards midday; but the pulse and temperature continued high, but without any increase in the evening. Still there was no abdominal tenderness.

On the morning of January 2nd, the lochia seemed more offensive. A small portion, about three fingers' breadth, of the placenta had come away. There were more rigors. Pulse still 120; temperature 103°. She said that she felt much better, and wondered at my close attention to her.

On the 3rd, the pulse came down to 96, and the temperature to 100°; the lochia were slightly increased, but there were no more portions of placenta. However, on the morning of the 4th, another piece, much the same as the last, came away, and from that date she continued steadily to improve without a bad symptom. The lochia continued a little longer than usual, but, in other respects, presented no features calling for remark. To err on the side of safety, she was kept in bed for eighteen days, after which she immediately resumed her household duties.

REMARKS.—The most noteworthy point in the above case was the early stage at which the quinine was administered. Had I waited until there was a considerable rise of temperature with abdominal symptoms, I should probably have been too late. As it is well known that this important remedy possesses the power of destroying minute organisms outside the body, it is but a reasonable influence that it should also destroy, at all events, certain micro-organisms forming, or about to form, within the body. It was with this latter intention that I resorted to it at such an early stage, and the result shows that I was justified in doing so. The removal of the clots ten hours after the confinement I also consider an important item, perhaps the

most important of all; for, if they had not been cast off, septic matter could scarcely have failed to enter the system.

I cannot account for the remainder of the placenta. Probably it did soften and come away with the lochia; but, if so, it was in a very unostentatious manner, as I am at a loss to understand how it gave so little trouble.

CHRONIC SUPPURATION IN THE ANTRUM.

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DURING 1884, three cases of antral suppuration came under my care. They were treated somewhat differently from the method described in most text-books, and with so good a result, that I think an account of the cases might be of interest. They are, in most surgeons' hands, admittedly difficult to cure, and treatment generally extends over a considerable period.

The usual treatment is to open the antral cavity freely, if possible, through the alveolus of the bicuspid or molar teeth, and teach the patient to wash out the cavity by the forcible contraction of the buccinator and orbicularis oris on a dilute disinfectant held in the mouth. I have treated many cases in this way, but always with very unsatisfactory results. I resolved, therefore, to be a little more heroic in my treatment, and instead of the dilute disinfectant, to use a powerful one. Having removed all offending teeth, with none of which the disease appeared to be connected, the cavity was freely opened through the socket of one of the teeth, and freely syringed with a ten per cent. solution of carbolic acid. The cavity was plugged with lint soaked in a twenty-five per cent. solution of carbolic acid. This was allowed to remain twenty-four hours, the opening into the mouth being closed by a plate in two cases, and by a plug of cotton-wool soaked in gum mastic in spirit in the third. This was renewed for several days after syringing the cavity with a ten per cent. solution of carbolic acid, until all fetor (which was of the characteristic kind found in these cases) had disappeared.

From that time for about a month, the cavity was syringed every other day with a ten per cent. solution of carbolic acid, but there was no return of the fetor. The pus, in the first instance, was full of bacteria, and had for months, in each case, been a source of great discomfort and anxiety to the patients. They looked anæmic, and were losing flesh. All appetite had gone, and they were afraid to go into society. Each case had to be treated with slight differences, but the above treatment is sufficiently accurate to apply to all. I append some notes of one of the cases.

The patient was Miss M., aged 40. Her history was good. There was no specific taint. She was very anæmic, and much thinner than previously; had no appetite, and was always feeling sick; she had a disgusting taste in her mouth at all times, and occasionally a discharge from the nostril. There was a collection of fetid discharge at the back of the throat every morning. She had noticed it for quite six months, and had been treated medically, but with no good result. The breath was very offensive. There was no ozæna. The face had been slightly swollen several times, just under the eye. There was very little pain, except when the swelling was coming. I removed several roots of teeth, and opened the cavity through the second bicuspid socket, making the opening as large as possible. A large quantity of very fetid pus was discharged. I syringed the cavity freely with a ten per cent. solution of carbolic acid, and plugged it with lint soaked in twenty-five per cent. solution of the same. On April 7th, I removed the plug, syringed, and applied a fresh plug. There was very little pus, but still fetor. On April 8th, there was slight improvement. The treatment was continued. On April 12th she was much better; no fetor. The plug was removed permanently. The cavity was syringed with ten per cent. solution of carbolic acid. The syringing was continued every other day for a month. By May 20th, it had healed; there was no discharge, and the patient looked and felt better. On February 6th, 1885, I saw Miss M.; she was then quite well.

SPLENIC MURMUR IN INTERMITTENT FEVER.—In a patient suffering from intermittent fever with considerable enlargement of the spleen, Dr. Maissuriaz discovered, on auscultation, a loud murmur, synchronous with the beats of the heart, and most distinct just below the costal cartilages on the left side. This phenomenon is only observed when the spleen is hypertrophied, and the author compares it with the murmur heard over the thyroid gland in cases of exophthalmic goitre.