ducing my hand into the uterus, which was contracted and contained only one or two small clots, it was found to be ruptured at its anterior part, near the neck: the hand passed easily through the rent amongst the bowels. No hæmorrhage followed the examination. I ordered linseed-meal poultices to be applied to the abdomen, and the opium to be continued every few hours; ice, soda-water, brandy, etc.; hydrocyanic acid, and sal volatile in spoonfuls of water, were also ordered. At 6 P.M., she had not slept, but seemed a little more cheerful: the other symptoms remained as before. Laudanum was added to the poultices.

September 1st, 10.30 A.M. The patient had not slept. She had passed a little urine in the bed. She was becoming weaker. There was much abdominal pain, with vomiting of a coffee-ground colour. The lochial discharge was very offensive. I ordered an injection of carbolic acid *per vaginam*.

September 2nd. She passed a night of agony, faintness, and restlessness, with suffocative feelings, and expired at 2 A.M., sensible to the last.

Post Mortem Examination made by A. G. Osborn, Esq., of Dover, September 2nd, 4.30 P.M., fourteen hours after death.—There was no appearance of external violence or of ecchymosis on the abdomen or pubes. The abdominal muscles on section had an unusually dull red hue. The peritoneum was injected and dark red, with some fibrine between the contiguous edges of the intestine. The uterus was of the size of a child's head—dark-red anteriorly, as though a dusky-coloured hæmamine had stained the tissue. The peritoneum at the fold between the bladder and uterus was torn transversely for six inches, and the uterine tissue torn transversely for five inches anteriorly at its neck; its tissue was two inches thick, and in a semiputrid pulpy state, of a dark port wine colour. Through this rent the hand passed readily.

REMARKS.—Did the lining membrane of the uterus give way on the Friday when the flooding commenced? If so, is it not probable that the rent continued to enlarge during labour, but that the peritoneal coat did not give way till after the birth of the child and placenta? and does not the sudden faintness and pain at the chest mark the time? After such a lesion, is it not surprising that life should have lasted sixty hours? Was the tearing owing to fatty degeneration of the uterine tissue, or to mechanical violence either from without or from pressure of the child's head, or from the first and last causes acting together?

ON THE REACTION OF POTASSIC IODIDE WITH THE OFFICINAL TRISNITRATE OF BISMUTH.

By W. BATHURST WOODMAN, M.D., and C. MEYMOTT TIDY, M.B.

AN out-patient attending at the London Hospital was taking the bismuth mixture of its Pharmacopœia, when it was thought advisable to add iodide of potassium to the previous prescription. When she came the following time, she appeared much alarmed at a red precipitate in the mixture, which she supposed to be "red lead" purposely put in by some neighbour, the sediment having been almost colourless when she reached home. As no mention is made in the ordinary text-books of materia medica of the decomposition which takes place, although it is doubtless well known to metallurgists, it occurred to us to examine the reaction a little more closely. The change takes place slowly, and appears to consist in the formation of an iodide of bismuth, potassic nitrate remaining in solution. This iodide of bismuth is a dark-red substance of cubic form, and seems to be a simple iodide, which is almost insoluble both in water and in excess of potassic iodide. Some of its properties are curious. It is a very insoluble substance; for, in addition to what is mentioned above, we may add that saturated solutions of chloride of ammonium, chloride of sodium, ferrocyanide of potassium, and corrosive sublimate, do not dissolve it in any appreciable proportions. Acetic acid dissolves it slightly, without effervescence. On boiling with liquor potassæ or ammonia, the hydrated oxide of bismuth (H Bi O) is produced, which is insoluble in excess of either reagent. On treating this iodide with strong nitric acid, there was active effervescence; fumes of iodine being given off, a blackish, metallic-looking substance being left, entirely soluble in spirit, which proved to be pure iodine. Acid nitrate of bismuth remained in solution, which was not precipitated by a small quantity of water, or until neutralised. With hydrochloric or sulphuric acid there was no effervescence, but iodine was again precipitated; with the latter some iodic acid was formed. Oxalic acid also decomposed the salt, setting free the iodine; the action being somewhat slower than it was in the case of the mineral acids.

A few trials of it in doses of 5 to 20 grains appear to indicate that it is not an energetic therapeutic agent, which is probably to be ascribed to its comparative insolubility.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL INFIRMARY, EDINBURGH.

CASE OF SKIN-GRAFTING.

(Under the care of Dr. GILLESPIE.)

For the report of this case we are indebted to Mr. Page, M.B.

Two pieces of skin, each about a quarter of an inch in diameter, were removed from the front of the upper arm; the portions, being simply raised on a pair of dressing-forceps, and cut off with a stroke of the scissors, were placed upon the surface of an ulcer in a healthy granulating condition, but exhibiting tardy action. The pieces of skin were retained in position by strips of isinglass plaster, and the ulcer dressed in the usual manner with simple lotions, lint, and bandage.

Two days afterwards, the dressings were removed, and the patches were found adherent, with a very narrow bluish pellicle surrounding their margins. On the fourth day, an increase in the suppurative action was observed; and one of the patches fell off dead, while the other desquamated, leaving a delicate and transparent pellicle behind, resembling in every respect the film of cicatrix encroaching upon the breach of surface from the margins of the ulcer. On the sixth day, the patch had grown to nearly double its original size, and at one corner reached the circumference, with which, by the tenth day, a broad isthmus of communication was effected. When this occurred, the cicatrization of the ulcer progressed rapidly, and by the twenty-third day it was complete.

At no period was there any temporary disappearance of the grafted skin; and the transparent and apparently vascular film, noticed first on the fourth day, continued to be visible and of similar appearance throughout.

I may state that the object in transplantation of skin in this instance was to heal a surface, the remains of a large callous ulcer, which, from the amount of cicatrization that had already taken place, prevented further contraction of the surrounding textures.

MIDDLESEX HOSPITAL.

PUERPERAL CONVULSIONS.

(Under the care of Dr. HALL DAVIS.)

THE patient in this case was a primipara. The attack followed delivery, and was preceded by cephalalgia. Anasarca, with albuminuria, was present. The attack came on during sultry, cloudy weather, accompanied by lightning and thunder.

Ellen A., married, aged 20, of good previous health, had lived in London for several years. She was plethoric, short-necked, and full-chested, and was delivered naturally of a fine living male child on August 1st, after twenty-four hours' labour. Three days before delivery, she complained of pains in the head, and had œdema of the lower extremities, eyelids, and hands. Labour went on favourably; but two hours afterwards she was seized suddenly with very violent epileptiform fits: the face became livid, the jaws firmly locked; the tongue was bitten; and foam issued from the mouth. There were clonic contractions of the muscles of the whole body. The fits recurred in quick succession until she was placed fully under the influence of chloroform. This was given for various periods on four occasions, between the hours of twelve and four. Each time, when its effects passed off, the fit became as violent as before. Ice was applied to the head; afterwards, blisters to the nape of the neck. A dose of ten grains of calomel and a minim of croton-oil was administered, but did not act for six hours. The fits continued severe; and the pulse, although in frequency only 84, was very full, hard, and bounding. Thirty-four ounces of blood were taken from the arm. The pulse after this rose to 96, and became soft and compressible. At 7.30 P.M., three hours after the venesection, she had no return of the fits. She was conscious, and complained of great headache and soreness of the tongue. The urine contained one-third albumen.

Aug. 2nd. The patient had had no return of the fits, and had slept fairly. She still complained of headache. She was thirsty. The skin was moist. Pulse 98, regular, full, but not very compressible. There was no tenderness over the abdomen. There was a fair amount of lochial discharge. There was a good secretion of milk.