explosions, or sudden and violent movements of the atmosphere, which cause the undulations to be condensed and forced inwards upon the drumhead, we do not often see it so injured by a blow upon the ear; and to my mind the following is a solution of the case in point. The lad was certain that his hearing had always been good; but it is possible that, during the snowstorm, he may have been suffering from some catarrhal affection, which prevented the air from freely circulating in the Eustachian tubes and the cavity of the tympanum; or there may have been some old Eustachian mischief, preventing the muscles of the tube from acting very quickly, as they always do, and forcing, as it were, a current of air in upon the drum-membrane from the inner side, which would have thus probably counterbalanced the effect of the sudden condensation of air upon the outer side. The other point of interest was the feeling on the same (right) side of the tongue, which was probably caused by injury of the chorda tympani nerve, as the same sensations are sometimes felt when a piece of cotton or wool is brought into contact with the cavity of the tympanum and with the nerve. Moreover, cases are on record which prove that its function is probably chiefly in connection with that of taste, which sustains this view, and its anatomy seems to indicate that it has very little to do with the function of hearing.

Two years ago, through the kindness of my friend Dr. Wicks, a patient was shown me, who was under his care at the late Throat and Ear Hospital of this town, suffering from injury by a snowball; but here the case resolved itself into total destruction of the auricle, with chronic otitis media.

PUERPERAL SEPTICÆMIA: RECOVERY.

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MRS. M., aged 46, an enormously stout woman, was delivered, on the evening of October 23rd, of her tenth child. The labour was easy and natural, but the placenta was retained and had to be removed in the ordinary manner, none being left. The child was put to the breast as soon after delivery as possible, as hæmorrhage was anticipated from the excited condition of the circulation. She passed a good night with the exception of a little trouble from after-pains, which were checked by an opiate on the following morning. On the second morning after delivery, she was seized with a severe long-continued rigor. At 9 A.M. the temperature was 104°, pulse 130; she had pains in the uterine region, tympanitic distension of the abdomen; the tongue was clean at the tip and edges, but coated to the base. At 10 P.M. the temperature was 105.19, the pulse 140, bounding. On the 26th October, pulse 130, temperature 104°. The urine was loaded with lithates; scanty, and containing one-fifth albumen. There was no œdema. On the evening of the 27th a slight cough was noticed; this was a little more frequent on the following morning, and the base of the left lung was congested; temperature 105°, pulse 121. The bowels were confined. The face was deeply congested. Headache was very severe. She was conscious. The pupils were normal. She had no appetite. She continued in much the same condition up to the 2nd November; the temperature occasionally falling to 103°, but sometimes being as high as 105.4°. The pulse was one evening 150, and very thready, but averaged 125. There was no vomiting at any time, except on one occasion, due to an over-dose of medicine (sulpho-carbolate of soda).

On November 2nd, temperature 101°, pulse 115. All the symptoms were correspondingly improved, and continued so until 3.30 P.M., when a recurrence of the febrile symptoms set in. The pulse at 6 P.M. was 140, the temperature 105°. This evening she was unconscious, but only for a short time; this was the only occasion on which she lost sensibility. During the night the skin acted slightly, and in the morning she was improved in every respect. A similar recurrence, however, took place at almost exactly the same hour as on the previous day, and followed a very similar course. The urine was slightly increased in quantity, but loaded and slightly albuminous. One other paroxysm, but much slighter, and at a later interval, occurred, after which the patient progressed steadily to convalescence. The lochia up to the present had been suppressed, but now again appeared, and the secretion of milk became established more naturally. The latter was never entirely suppressed.

REMARKS.—Scarlet-fever and erysipelas have been epidemic for some time in this district. The sanitary surroundings of the patient were of the worst description; only two rooms for the children and father and mother. The prolonged initial rigor, continued high temperature, suppression of lochia and diminution of secretion of milk, point to the absorption, or at all events the action, of some septic material, for which there was ample opportunity. The insidious character of the pneumonitis would also favour that view. I may mention that, shortly before,

another woman died in this locality after labour, but was not attended by me. The treatment was at first diaphoretic: a mixture containing liquor ammoniæ acetatis was given. Turpentine stupes were applied over the abdomen, and opiates given for abdominal pain, and were stopped on the subsidence of pain, not being considered advisable on account of the intense headache, and also the small secretion of urine. The tympanites, the most distressing symptom, was very effectually relieved by a mixture of sulpho-carbolate of soda and tincture of nux vomica. The bowels were relieved by enemata, containing turpentine. As the symptoms always appeared to be relieved by sleep, I tried on one occasion a mixture of chloral-hydrate and bromide of potassium, but had no good result from it. The pneumonitis was checked by turpentine epithems, and the internal administration of carbolic acid and chloral-hydrate, a modified Greenway's formula. On noticing the remittent nature of the attack towards the end of the disease, I gave thirty grains of quinine in small doses between the remission and exacerbation, with the effect first of postponing and afterwards of effectually preventing return. I may add, in conclusion, that from the first morning after delivery (before any febrile symptoms), vaginal injections of lotion of boracic acid were used morning and evening. When the attack was developed, lotion of carbolic acid was used three times a day.

CLINICAL MEMORANDA.

INTUSSUSCEPTION RELIEVED BY AN INJECTION.

JOHN V., aged 21, joiner's apprentice, came to see me on March 17th, 1880, complaining of pain in the right side of the abdomen. He said it came on after a sudden twist. As he had no other symptoms, I gave a mild aperient, and told him to rest for a few days. On March 18th, he was not so well. Temperature 104.8°. He complained of sore-throat. As he had recently been exposed to the infection of scarlet fever, I expected he was going to be attacked. On March 19th, he complained more of the pain in his body. He could not bear pressure. Milk diet was ordered, and poultices to the abdomen. On March 22nd, the pain and tenderness of the abdomen was the same. I ordered one-eighth of a grain of morphia in pill twice a day. The symptoms remained much the same till March 29th; the bowels had acted slightly once or twice, and he remained tolerably easy with the morphia pills; the abdomen, however, became distended. Up till this time, I looked upon the case as one of peritonitis.

On the afternoon of the 29th, I found him vomiting, with an anxious expression; tongue brown and furred. He complained of pieces of jelly-like substance passing from his bowel, and of difficulty of passing urine. The catheter was used, but little urine passed. He had hic-cough. On examining the bowel, I found the anus so dilated, that I could easily have passed in my hand. A quantity of jelly-like mucus was escaping. On passing my finger, I found a portion of bowel as large as a man's fist: it felt almost like the foetal head in the perinæum; and every few minutes there was a violent bearing-down pain, which gave the impression that the descended bowel would soon pass through the anus. The finger could be passed all round the mass, and high up at the back I could just introduce the tip of my finger into the orifice of the invaginated portion. As I was some miles from home, and had no long tube with me, I returned on the following morning, March 30th. With some difficulty, I introduced the long tube of a stomach-pump through the orifice mentioned, and, with steady pressure, passed it about two feet, and then injected slowly three pints of soapy water. Flatus passed through the tube, and shortly afterwards liquid fæces. Some pain was caused during the injection, but almost immediate relief followed. On examining the bowel, I found the descended intestine much decreased in size. I gave strict orders that the motions, if any came, were to be passed on the back; but, on returning in about an hour, I found the patient seated on the night-chair, having the bowels very freely moved. On the following day, I found him with all his bad symptoms relieved. Nothing was to be felt in the rectum except fæces; and, from this date, he made a very rapid recovery.

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SCLERODERMA INFANTUM.

I HAVE not heard of the affection to which I apply the above name, and communicate this case as a curiosity. Last month, I attended a woman in her sixth confinement. Previous labours had been natural, and other children were healthy. The os was very rigid; and, after I had dilated, as labour did not progress, I applied forceps. The child was of about seven months, small, and partially asphyxiated. Upon touching it, I found the skin hard, leathery, and tense—so much so that