CASE XII. *Secondary Hemorrhage after Delivery at Full Term: Portion of Placenta retained: Removal: Death from Low Fever.*—Mrs. —, multipara, a delicate woman, was delivered naturally. Everything proceeded well till a week after delivery, when a most violent hæmorrhage occurred, and I was called to see her. The bleeding had stopped, but she was extremely blanched, and scarcely able to be touched. It was with great difficulty I could examine her, without her falling into a condition of collapse. I, however, found the os uteri closed, but the uterus was rather large. No offensive discharge had been present. There was no loss going on, and I recommended her to be left for a time till she had rallied, but that, if bleeding recurred, the os was to be plugged with a sponge tent, and exploration made. There was no bleeding nor offensive discharge afterwards, but now and then light oozing of watery blood. However, about five days after the flooding, slight pains came on, and I found the os patent, and a mass of placenta within. I abstracted this without difficulty by the assistance of an ovum-forceps, and all oozing ceased. However, slight feverishness came, and she gradually fell into a "typhoid" condition, and died about three weeks after delivery. The pulse was 120 all the time through, but there was no increase of temperature till the last week.

CASE XIII. *Secondary Hemorrhage after Abortion: Retention of Portion of Placenta: Removal: Recovery.*—Mrs. R., multipara, had apparently expelled a four months' ovum. All went on well for five or six days, when a large loss of blood occurred. As it continued, I was asked to see her. I found the os uteri patent, but the uterus retroflexed. I passed my finger within, pushing up at same time the fundus with another in the vagina. I detected a mass about the size of Tangerine orange. With a little management it was removed, and she made a good recovery.

This case is a sample of a large number, such as doubtless occur in every large private and consultant practice, the condition of flexion being a potent factor in the retention. In contrast to the foregoing cases, it may be useful to note two cases of secondary hæmorrhage, one of which was fatal, without retention of a portion of placenta.

CASE XIV. *Secondary Hemorrhage a Week after Delivery: Retroflexion of Uterus: Death from Loss of Blood.*—Mrs. —, an Irishwoman, aged about 30, healthy, had a natural labour at full term. There had been some more than usual loss of blood a few days afterwards; but at about a week later a very severe attack completely blanched her, and rendered her unable to move in bed. On examining, I found a uterus by no means bulky for the time, but deeply retroflexed, packed tight into Douglas's pouch. I pushed it up; it went up with a jerk, without my using much force. It remained up, and the bleeding entirely ceased. But she never rallied, and, lingering on for a few days, died from the anemia.

CASE XV. *Secondary Hemorrhage a Week after Labour, from Mental Excitement: Recovery.*—This patient had been delivered naturally. On the tenth day after she was suddenly exposed to mental excitement. She had been sitting up some days. Suddenly a severe uterine hæmorrhage came on, and I was called to her. It then had ceased, except slight oozing. I found the uterus rather bulky and spongy; but no further trouble arose. She was kept horizontal and quiet some time afterwards.

Of course, it is possible that in these last two cases there may have been some portion of placenta remaining, but there was no evidence of it. In the first I think it was scarcely possible, with so small an uterus.

NOTE ON THE ANTISEPTIC TREATMENT OF PHTHISIS.

By J. BURNEY YEO, M.D.

SINCE the delivery of my lecture, which was published in the JOURNAL of July 1st, my attention has been directed to some very recent reports, published in Germany, bearing on the antiseptic treatment of phthisis. Dr. Fränkel (*Centralblatt*, June 10th) has been making experimental injections of antiseptics into the pulmonary tissues of animals—such as carbolic acid, boracic acid, iodoform, tartrate of alumina, etc.

These injections were not attended with any constitutional disturbance; and the *post mortem* examinations showed the existence of extravasations and simple inflammatory changes in the lungs; and, in later stages, the formation of cicatricial tissue. On the strength of these results, he proposes that similar injections should be made into the foci of disease and their neighbourhood, with the view of modifying the morbid process, and of limiting its extension by cicatricial barriers.

In a patient with foetid expectoration, he administered six injections, each of fifty minims of a five per cent. solution of carbolic acid. It excited no reaction and no cough, but had no effect on the expectoration. I mention these experiments without, for the present, offering any opinion as to their value, merely to show the activity with which this subject is being investigated in Germany.

It will also, doubtless, interest the readers of the BRITISH MEDICAL JOURNAL to hear that Professor Oertel of Munich, in a volume he has just published on the *Therapeutics of the Organs of Respiration*, devotes about 350 pages to the subject of "Inhalations"; in which he speaks highly of the use of a five per cent. solution of benzoate of soda, atomised—i.e., inhaled in the form of fine spray. He has observed a very cleansing effect to follow its use in the ulcerative lesions of laryngeal phthisis; and he infers, from this, that a similar favourable action may be exercised on the lesions of more deeply seated parts: on the bronchial ulcerations and softenings, and on the walls of cavities. The expectoration is facilitated—increased at first, and subsequently diminished. Mycotic processes and decomposition of the secretions are arrested; and the absorption of secretions is thus favourably modified, and is less likely to be pyrogenic or specifically infective. He also points to the importance of thorough cleansing of the mouth and fauces; the appetite is thereby improved, and the stomach is spared the infliction of decomposing oval secretions. The swallowing of a certain amount of the solution he considers of great value, as he believes it operates in diminishing the fever. He duly discredits the marvellous results claimed for this plan of treatment by Rokitsansky; but sees no reason to deny the correctness of Schüller's impressions, as to the results of his experiments on animals, performed under conditions very different from those obtaining in the subjects of advanced phthisis. He, moreover, expresses a confident belief that, by this and other antiseptic modes of inhalation, very good effects will be attainable.

A FURTHER SERIES OF CASES OF IMMEDIATE CURE OF INGUINAL HERNIA.

By W. DUNNETT SPANTON, F.R.C.S.Ed.,

Surgeon to the North Staffordshire Infirmary.

SINCE reading a paper on the subject of the cure of hernia, in 1879, I have a record of nine additional cases, all of which have been followed by a good result. And I believe the reason why the number is not larger, is to be found in the general prejudice which exists in the profession against all operations of this class. The patients and their friends know little or nothing about such matters, and they have to be taught. It would be interesting to know how many members of the Association have any personal knowledge of such operations. We find them all classed in text-books under one category for reprobation, and are led to infer that all alike are necessarily unsafe or inefficacious. If the operation were practised on a large scale, and a fair trial generally given to it by those accustomed to operative surgery, less weight would probably be attached to the opinions of those who profess to teach others on a subject of which they have themselves no personal practical experience.

The following is a record of the more recent cases.

CASE I. *Right Congenital Inguinal Hernia.*—Elijah M., aged 5, living at Newcastle, was admitted into the North Staffordshire Infirmary, under my care, on January 3rd, 1880. He was a healthy boy, who, on admission, had a right congenital hernia, which had been observed from infancy. It had gradually increased in size, and was, when down, about the size of a large hen's egg, and readily reducible. The inguinal ring easily admitted a finger. On January 8th, under chloroform, the operation was performed in the usual manner, the screw being left in position. Some chloroform-sickness ensued.—January 9th. He had retention of urine, necessitating the use of the catheter. In every other respect, he was going on well. Temperature 99° Fahr. On January 10th, the patient did not complain of any pain. The parts were quite quiet. The catheter was still used. Temperature 99.2°.—January 12th. The discharge from the wound was rather free, and there was some surrounding irritation. Temperature 99.2°. On January 15th, he had some oedema of the scrotum and penis, and the parts around the wound were considerably inflamed. The instrument was taken out. Temperature 99.4°. On January 16th, the swelling was somewhat increased, and the scrotum was tense. There was a free purulent discharge from the track of the instrument, along which there was a hard cord to be felt. There was no impulse at the ex-