posterior diameter at the time appointed. The uterus was set in motion by the passage of a bougie; in twenty-four hours, an insufficient amount of dilatation being present, the case was allowed to go on another day. The head not having then entered the pelvic brim, and the parts being sufficiently dilated, chloroform was administered and the operation of version performed. This was my patient's fourth confinement. In the first instance, I had to perform the operation of craniotomy, the forceps having failed to effect delivery; on the second occasion, the os was fully open twenty-four hours after I inserted the bougie. The head not being within reach, I passed my hand and turned with facility. In the third confinement, labour supervened spontaneously the day before I had appointed to visit the patient to bring it on. The child's head was arrested at the brim of the pelvis, and required the application of the forceps. In each of these three instances the children have been born alive and have thriven well, a circumstance which has not always happened where children have been born prematurely; for in several instances they have remained weak and puny, and this has, to my mind, seemed a drawback to an otherwise most beneficial proceeding.

In closing this note, I would make two other remarks. The first is, that I have tried nearly all the methods of inducing premature labour that have been advised by authors, and find no other so efficacious as the introduction of the bougie; secondly, the capacity of the pelvis may be accurately measured by Dr. Earle's pelvimeter, the one figured at page 297 of Dr. Meadows's *Manual*. The use of this instrument is much more satisfactory than the employment of the hand, which has long been the guide of British accoucheurs; it is easy to introduce, and, when manipulated with care, gives little pain, and yields an accurate and satisfactory result. This I had occasion to test last spring in the case of a lady who came from London to reside in this town; she was of small stature, had been delicate all her life, and had had some serious illness. Her former medical attendant wrote to me expressing his fear as to the size of her pelvis, and requesting me to make a careful examination of it when she had completed the eighth month of her pregnancy. I did so, and found that it measured four inches in its antero-posterior diameter, that it was normal in all its proportions, and also that the long bones of her body were free from any sign of curvature. She completed her term, and passed through a natural labour.

CARBOLIC ACID AS A CEREBRO-SPINAL POISON.

By DAVID J. HAMILTON,

Junior House-Surgeon to the Northern Hospital, Liverpool; formerly Resident Surgeon to the Royal Infirmary, and Chalmers Hospital, Edinburgh.

SINCE carbolic acid has come to be extensively used in surgery and for ordinary disinfecting purposes, instances of poisoning by it have become much more common than before; indeed, several remarkable records of death from tetanus in a few hours after the application of pure carbolic acid or a strong solution to a wound, which have been published within the last two years, were due, I feel convinced, to poisoning by carbolic acid. Several instances of poisoning from the absorption of carbolic acid have come under my notice. The symptoms were the following.

S. R., a female child, aged four years and six months, had an operation performed on the arm, requiring an incision through the skin about four inches long. The wound was covered with lint soaked in pure carbolic acid—actual contact, however, being prevented. In an hour after the operation I was called to see the patient, as the nurse thought that she was suffering from the effects of the chloroform. I found, on examination, that the conjunctivæ were almost quite insensible; the skin was cold and clammy, and the face of a slightly livid colour. The pulse was slow and depressed. Thinking that very probably the chloroform might have something to do with the production of these symptoms, I resorted to the ordinary restorative measures; but, notwithstanding this, the patient was evidently becoming more comatose. The dressings were now removed, and it was found that a large quantity of carbolic acid had melted and run down into the wound. The wound was now washed with water and rectified spirit, and artificial respiration was commenced and steadily kept up. The natural respiration at this time occurred at intervals of about half a minute. Injections of brandy were administered, and hot fomentations were wrapped round the patient. In three hours after this, the respirations ceased entirely when artificial aid was not employed. The pulse at the wrist had disappeared, and the face became more livid. At the same time, the coma was complete. Half an hour afterwards, the child died.

THERAPEUTIC MEMORANDA.

POTASSIUM CHLORATE IN CATARRH.

A NOTICE in the *London Medical Record* of February 10th, on "Borax and Nitrate of Potass in Loss of Voice", suggests to me the seasonableness of drawing attention to the immense value of potassium chlorate in catarrh. If taken early and taken frequently, it will stop many a cold. The best form is the lozenge, eight or ten or more in the twenty-four hours. It should be sucked very slowly, for its action is chiefly, if not altogether, local. It always quickly relieves the stuffing of the nose, the rawness of the throat, the thickness of the voice, and, if begun soon enough, speedily cures the cold.

LEONARD W. SEDGWICK, M.D.

OBSTETRIC MEMORANDA.

CHLOROFORM IN INFANTILE CONVULSIONS.

ON noticing in last week's JOURNAL Mr. Mowat's cases of convulsions in children treated successfully by chloroform-vapour, it occurred to me that a few months ago I treated successfully a very severe case of convulsions—rather of a tetanic type—in a child five months old, with repeated large doses of spirit of chloroform. For two or three days, others measures had been employed; but, finding the convulsions becoming almost continuous, I gave twenty minims of spirit of chloroform every hour, with the effect of soothing the patient, and in about twelve hours completely arresting the convulsions. The child is now quite well.

HENRY M. MADGE, M.D.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

KING'S COLLEGE HOSPITAL.

OPERATIONS, FEBRUARY 1ST.

Excision of Knee-joint: Convalescence in eight weeks.—Mr. Henry Smith brought forward a patient whose knee had been excised exactly eight weeks that day. She was a scrofulous girl about eighteen years old. When a child, she had suffered from acute inflammation of the knee-joint, the result of an accident. Firm bony ankylosis of the joint finally took place; but, unfortunately, the limb was flexed at an angle of about 120 deg., so that she could make no use of the leg in standing. The toes just touched the ground as she walked, and were liable to catch in any obstruction. She had applied at one of the metropolitan hospitals, when extension under chloroform was attempted, but the union was too firm to be broken down by a reasonable amount of force. Amputation was then proposed, but the patient would not consent. She was admitted into King's College Hospital for strumous iritis, which proved very obstinate; it required a month's treatment, including mercurial salivation, before it was cured. At the patient's own request the knee was then excised, and, in spite of the unfavourable antecedents, the result was most successful. Bony union took place in five weeks, and in eight weeks was firmly and soundly united in most excellent position; the shortening was only one inch.

Excision of the Knee.—Sir William Fergusson excised the knee of a man who had suffered for twelve months from disease of the joint of a somewhat acute character; constant and severe pain had been a prominent symptom, and the patient was evidently greatly reduced. Sir William Fergusson observed that he preferred to open the joint by a straight transverse cut. In this case he made a lunated incision on account of some sinus in front of the head of the tibia, which it was desirable to lay open as far as possible. He was rather surprised to find that there were still some surgeons who questioned the expediency of removing the patella. He could only say that five and twenty years' experience of the operation had left no doubt on that point in his mind. If the patella were not evidently diseased at the time of the operation, it was liable to become so afterwards; and if it remained sound, its function was abolished as soon as bony ankylosis occurred; it did not strengthen the limb materially, was, in fact, of no use, and to leave it was only to increase the risk of a recurrence of disease. The compara-