The conclusion of Sir J. Simpson just alluded to, is borne out by the statistics of Johnstone and Sinclair, which show that not only is the danger to the mother and child increased by the prolongation of the second stage of labour, but that the convalescence of the mother is thereby rendered more tedious and unsatisfactory.

[To be continued.]

CASES FROM PRIVATE PRACTICE.

By HENRY EWEN, F.R.C.S.,

Long Sutton, Lincolnshire.

CASE I. Injury of Arm; Crushing of the Soft Parts without Fracture; Erysipelas; Amputation at Shoulder-Joint; Recovery. March 13th, 1866. I was requested to visit Mr. O., a miller, residing at Wisbech. He was 44 years of age, a delicate man, of temperate habits. About a week previously, he had been oiling some part of the works, whilst his mill was in slow motion, when his right arm became entangled in the machinery, and was severely crushed without fracture of bone, and without much obvious injury to the integuments. The injury was followed by severe erysipelas, affecting the whole limb, and extending, when I saw him, as far as the insertion of the deltoid on the outer side, and as far as the axilla on the inner side. There was gangrene of the integuments to some extent both of the fore and upper arm. Countenance anxious; tongue furred; pulse 120. My own impression was that the deep seated textures had been more seriously injured than the integuments, and that the only chance for life was to remove the limb at the shoulder-joint. In this opinion the Messrs. Bury, who were in attendance upon the patient, and my son, Mr. A. B. Ewen, concurred. The patient, when the nature of the case was explained to him, consented to the operation.

My son gave chloroform, I made pressure upon the subclavian artery where it passes over the first rib, by means of a large door-key well padded with lint. Messrs. Bury removed the limb. Only a small quantity of blood was lost during and after the operation. After the vessels were secured, and the flaps brought together by sutures, the wound was dressed with lint soaked in water. A dose of Battley's liquor opii sedativus was given when the effects of the chloroform were passing off. Two hours after the operation, he was quiet and comfortable. He had a fair night's rest, and seemed progressing favourably the first two or three days; but the erysipelas extended over the stump, shoulder, and upper and right side of the chest. A large abscess formed in front of the scapula, which was opened; some sloughing of the stump took place, and he was in great peril during many days, with evident symptoms of pyæmia, but ultimately he made a good recovery. On examining the arm after removal, the muscles were found to consist of a mere mass of putrilage.

CASE II. Pleuritic Effusion; Paracentesis Thoracis; Recovery. March 27th, 1866. I visited Mr. J. F., aged 32, residing at Tydd St. Giles. He is a school-master, and a delicate person. He had been ill about three weeks when I saw him and had been exposed to wet and cold, and much fatigue. His illness commenced with febrile symptoms, and pains about his left side, for which sinapisms and turpentine epithems had been applied. His countenance was anxious; respiration hurried; pulse 130. He had a troublesome cough, with copious muco-purulent expectoration; there was loud bronchophony below the clavicle on the right side. There was dulness on percussion throughout on the left side, and total absence of respiratory murmur. The heart was displaced and pulsating on the right of the sternum. Finding that he was in a club and had been attended by the club doctor, I called upon the latter gentleman, and found that his attention had been chiefly directed to the broncho-pneumonia. I recommended him to watch the case diligently and carefully, and, if after a time there should be no evidence of the pleuritic effusion becoming absorbed, and the heart returning to its natural situation, it might become necessary to perform the operation of paracentesis thoracis.

March 31st. The patient's condition was in all respects the same.

April 9th. There was no improvement. A grooved needle was introduced just below the inferior angle of the scapula, and between two ribs on the left side; and, as we expected, serum escaped along the groove. A trocar and cannula was then introduced at the same spot, and fifty ounces of serum were drawn off, to the great relief of the patient. A compress of lint, and adhesive plaster, were applied to the wound. In the course of a few days the patient was able to leave his bed, and his improvement was gradual and steady, so that in the course of a few weeks he was able to resume his employment. I saw him in October, when he was on his way to Bicker, where he now resides, and at that time his health was fairly established.

CASE III. Pleurisy with Effusion; Tuberculosis? Paracentesis Thoracis; Death. June 28th, 1866. Master A. B., aged 10 years, was placed under my care, having returned home from school near London the preceding day. He had been under medical treatment about a fortnight, and his breathing had been noticed to be hurried about a month, so that he could not play at cricket, nor go up stairs, without becoming "short of breath." His illness was attributed to unusual exertion at cricket, and to taking a swimming bath when heated. Mr. P., who attended him whilst at school, wrote me the following history: "About a fortnight ago I was asked to see him on account of hurried breathing. On examination I found a considerable amount of fluid in the right side, the left side appearing quite free. I applied a blister to the side and gave him diuretics with a grain of calomel and squill nightly. His pulse was quick and weak, and his appetite not good, but still he has been able to take light nourishment. After the blister healed, tincture of iodine was applied daily over the right side. On June 25th, I took him to Dr. P. C., who found, as I had done, the right pleura very full of fluid effusion; the whole of the left side clear and resonant, excepting a very limited spot about two inches below the clavicle, and at that part there was slight dulness or percussion, and there he thought the respiration bronchial. The great question in the case is that of tuberculosis. It seems that about a month ago he had slight cough and was flushed for a day. A mustard poultice was then applied to his chest, and a dose of medicine given, after which he seemed so little ailing that it was not thought necessary that I should see him. Previously to that time he was perfectly well, free from cough or chest symptoms of any kind, plump and active, and with a well developed chest. Moreover, his parents and brothers and sister are all healthy. Dr. P. C. recommended him to take a teaspoonful of syrup of iodide of iron in water once a day, and his diuretic twice daily, and to have two grains of blue pill, and half a grain of powdered squill every night; compound iodine ointment to be applied to the chest,

and to have a light nutritious diet. He has usually early every morning a violent attack of retching without vomiting, depending probably on the pressure of the fluid upon the diaphragm. The propriety of introducing a grooved needle was discussed between us."

He bore the journey home very well, and when I saw him the next day he was very cheerful, but his pulse was 130, and his breathing hurried; he could only rest on his right side, which was everywhere dull on percussion.

July 7th. This morning about 9 o'clock he had a convulsion, followed by two others within two hours. He had rested as well as usual, and had made no complaint of pain in the head.

July 8th. Passed a rather restless night, but has had no return of convulsion. Pulse and respiration are hurried; pupils dilated; irides sluggish. The head was directed to be shaved, and spirit lotion applied, and a blister to be applied to the nape of the neck. He was ordered to take a grain each of calomel and jalapine immediately, and three grains of iodide of potassium in simple saline mixture every four hours. At 3 P.M. convulsions recurred, and continued three hours, leaving him blind, with pupils widely dilated.

July 9th. There was no return of the convulsions; he was quite conscious, but could not see anything; the irides formed a mere narrow ring. His vision was restored in three days, and the pupils became gradually more natural.

July 15th. All the head symptoms had entirely passed off, but the state of his chest was no better. His pulse varied from 130 to 140; respiration from 40 to 60 in a minute.

July 16th. With the sanction of Dr. Cammack, of Spalding, I introduced a grooved needle as in the preceding case, and afterwards a trocar and cannula, and evacuated thirty ounces of serum from the right side of the chest. My son, Mr. Algernon Ewen, applied the ether-spray, so that the little patient experienced very little pain from the operation. The evacuation of so large an amount of fluid was followed by great relief; but in the course of three or four days the breathing and general distress became as great as ever. Several enlarged subcutaneous veins were noticed, extending from the pubic region to the upper part of the chest.

July 25th. Death took place about 8 p.m. He was perfectly conscious to the last. Unfortunately a cadaveric inspection could not be made, his family having an insuperable objection.

[To be continued.]

PAY OF MEDICAL WARRANT OFFICERS. The medical warrant officers of the Indian service attached to European Corps will again draw their dues on their own abstracts from circle paymasters as heretofore, and in no case from any local treasury except on cheques of circle paymasters.

QUEEN'S COLLEGE, CORK. At the triennial visitation of the Queen's College, Cork, just held by the Vice-Chancellor of the Queen's University of Ireland, Mr. Maziere Brady, and by the Bishop of Killaloe, Dr. Fitzgerald, the return handed in by the president, Sir Robert Kane, showed that the number of students on the college roll for years 1864-5, 1865-6, and 1866-7 were respectively 265, 238, and 230. The decline is chiefly in the Roman Catholic students, who are twenty-one less in number than two years ago. Sixty per cent. of the students attended the faculty of medicine only last session; the Arts students numbering in all fifty-nine.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

PROTOXIDE OF NITROGEN AS AN ANÆSTHETIC. M. Hermann states that on two occasions, when he inhaled this gas in a pure state, he was completely asphyxiated. The effect nevertheless was not unpleasant, because the intoxicating effect of the gas overpowered the sensation of dyspnoea, although it is as undoubtedly present. This condition of asphyxia, in which the face is pale and the lips blue, differs very much from that produced by inhaling the same gas mixed with oxygen, in the proportion of 4 to 1. The experimentalist is intoxicated, but in a less degree, and the face retains its natural colour. M. Hermann remarks that surgeons, not now contented with ordinary anæsthetics, are trying this kind of inhalation; he thinks that, inhaled by itself, the protoxide of nitrogen is dangerous, as it is likely to produce a mortal asphyxia; and if administered mixed with oxygen, it is a very weak anæsthetic, of very short duration.

SURGERY.

M. MAISONNEUVE ON TEARING AND CRUSHING IN SURGERY. M. Maisonneuve has just published a paper on surgical poisonings. He thus denominates phlebitis, angioleucitis, erysipelas, diffused phlegmon, gangrene, traumatic, hectic, urethral, peritonitic, and puerperal fevers, all of them affections which kill at least ninety-five out of every hundred patients who die after surgical operations. All these diseases, according to M. Maisonneuve, are true cases of poisoning, caused by the putrefaction of the fluids of the animal economy when brought into contact with the air. The subcutaneous method, the extemporaneous ligature, cauterisation by arrows, tearing digital compression, injections into closed cavities, obliterating, evacuating and antiseptic dressings—all these plans possess the great advantage of either preventing the putrefaction of the exuded fluids, or of efficaciously closing the orifices by which their putrid elements could penetrate. In support of this view M. Maisonneuve adduces the rarity of traumatic mishaps in the hospital wards where these new methods have been adopted.

A NEW PROBE. The *Cincinnati Journal of Medicine* quotes from the *San Francisco Medical Journal* Dr. V. Gelcich's description of a new probe, an efficient substitute for the Nélaton probe. The new probe is made of white pine, which, when it comes in contact with lead shows the marks of this metal as clearly as the Nélaton probe. Dr. Gelcich used it with success while a medical officer in the United States Army.

TOBACCO AS A REMEDY IN OTALGIA is extolled by Dr. Thomas C. Osborn in the *New Orleans Med. and Surg. Journal*. The cases in which he resorted to it were mostly neuralgic, due to malarial influence. The first case in which Dr. Osborn resorted to it was in a little girl in the second or third hour of a quotidian paroxysm of otalgia. The mode of application was very primitive, and will probably not be adopted generally in practice. It consisted simply in conveying a quantity of the Doctor's saliva, saturated with tobacco, into the patient's ear. In a few moments the patient was quiet, free from pain, and soundly asleep. The local use of tobacco in ear-ache has