application of the forceps, and when the smallest diameter of the pelvis is less than two inches, laparo-elytrotomy is indicated. . . . The forceps should always be used whenever the smallest diameter of the pelvis seems to be somewhere above two inches.

Fifth. In cases of rupture of the uterus where the child has escaped into the abdominal cavity, and in cases of extensive carcinoma of the cervix, Porro's operation (gastro-hysterectomy) should be performed in the interest of the child.

Sixth. The unmodified Cæsarean section (gastro-hysterotomy) has been superseded by Porro's operation, which meets all the indications with less danger to the mother.

DILATATION OF THE CERVIX UTERI.

In a recent lecture by Dr. Leopold Landau[1] (Berlin) attention is called to the value of tupelo tents in effecting dilatation of the cervix uteri. These tents are made from the root and stem of the *nyssa aquatica*. They expand much more uniformly then laminaria tents and their power of expansion is also greater than that of any other tent, while, at the same time, they produce an equal amount of softening and infiltration of the tissue of the cervix. They are free from any tendency to produce septicæmia. A tupelo tent, having been properly inserted within the cervical canal, should be allowed to remain *in situ* for three or four hours when a larger one can be substituted for it. Dr. Landau has used these tents successfully for over two years without any unfavorable results.

Hospital Practice and Clinical Memoranda.

NEW YORK HOSPITAL.

CASES IN THE SERVICE OF DR. W. J. BULL, CHAMBERS STREET HOSPITAL, NEW YORK.

REPORTED BY DR. W. F. WRIGHT, HOUSE SURGEON.

COMPOUND INTERCAPSULAR FRACTURE OF RIGHT FEMUR WITH SIMPLE FRACTURE OF LEFT FEMUR AND LACERATED WOUND OF PERINÆUM, WITH PROTRUSION OF INTESTINES.

WM. B., aged forty-eight, United States porter, admitted December 11, 1880, 5.43 P. M. Patient brought to hospital by ambulance from —— Street, where he had fallen three stories through a hatchway, striking on his feet astride of a barrel. On admission was in state of collapse. Examination revealed simple fracture of left femur at the middle, a lacerated wound in right gluteal fold, leading down to intercapsular fracture of right femur, and a rent in perinæum, with protrusion of intestines, was also discovered. Intestines being uninjured were properly cleansed and replaced, and wounds washed with one to forty carbolic, and a large sponge, wet with one to forty carbolic, applied to rent in perinæum. Very little hæmorrhage. Fragments of fractured bones held in apposition by means of sand bags. Bladder found to be intact.

Ordered hot-air bath, Magendie's Solution, six drops, hypodermically, and one drachm ether hypodermically. Ether repeated every ten minutes. Patient could not be aroused from state of collapse, and died December 11th, 7.40 P. M.

[1] Volkmann's Sammlung Klinischer Vorträge, 187.

Autopsy revealed simple transverse fracture of left femur; an intercapsular fracture of right femur communicating with air by means of a lacerated wound extending from tuberosity of right ischium to middle of descending ramus of right os pubis; a rent in perinæum beginning at scrotal junction and extending back through anus to coccyx; a rent in anterior wall of rectum extending upwards four inches from margin of anus.

STRYCHNIA POISONING TREATED WITH CANNABIS INDICA AND CHLORAL HYDRATE.

George H., aged eighteen, German, in the United States two weeks, admitted November 25, 1881, 11.30 A. M. Brought to hospital by ambulance, having been found lying on the sidewalk, where he had fallen. Complained of feeling "weak in legs." On arriving at hospital he told ambulance surgeon that he had taken strychnine, "about as much as could be placed on a silver quarter." He had bought the drug in France, and had taken it in a fig about one half hour before arrival of ambulance.

On admission, pulse, respiration, and temperature normal; pupils also normal; legs somewhat rigid; fingers and forearms quite strongly flexed. As soon as patient was placed in bed he had a slight convulsion. Head drawn back, jaws fixed, fingers and forearms flexed, and legs and body very rigid. As soon as muscles had relaxed administered thirty grains sulphate zinc with large quantity of warm water. Immediately after swallowing emetic patient had a most violent convulsion; jaws firmly closed, muscles of face and neck very rigid; body arched, resting upon occiput and heels; muscles of abdomen very hard and tense; respiration ceased entirely; hands clenched, and arms and fore arms strongly flexed and adducted; Face greatly cyanosed; eyes blood-shot, with dilated pupils; no radial pulse.

During spasm administered twelve drops Magendie and three grains extract cannabis indica hypodermically, artificial respiration being kept up. Spasm lasted one and one half minutes, when muscles relaxed, and emesis took place; vomiting encouraged by administering warm water until stomach was well emptied. As soon as vomiting had ceased, twenty-four grains chloral hydrate were administered by the mouth. Patient fell into light slumber. Slept quietly for three hours, when he awoke complaining only of a feeling of lameness and soreness in muscles over entire body. Legs still quite rigid. Administered fifteen grains chloral hydrate, after which patient slept quietly the rest of afternoon and night, and awoke the next morning feeling well, aside from slight headache and muscular pain.

Abscess formed at point of injection of cannabis indica. Patient was discharged four days after admission. If statement of patient is to be believed he took at least five grains of strychnia.

OPIUM POISONING TREATED WITH ATROPIA.

Mrs. B., aged thirty, married, domestic. Admitted January 18, 1881, 6.30 P. M. Patient brought to hospital by ambulance from —— Precinct Station House. Had taken, with suicidal intent, one half ounce laudanum one half hour before admission. Patient in very bad general condition, showing a life of dissipation. On admission very stupid and aroused with great difficulty. Pupils contracted to pin points, and could not

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be made to respond; respiration 12; pulse 100, full; temperature normal.

Washed out stomach thoroughly with stomach-pump. Administered one twenty-fourth grain atropia hypodermically, and ordered patient to be kept awake by walking and flagellation. In spite of all efforts patient became more and more stupid. Half past seven P. M., respiration 7; pulse 120; pupils minutely contracted. Administered one twelfth grain atropia hypodermically. Ordered electricity with flagellation. Half past eight P. M., respiration 6; pulse 120, very irregular; almost complete anæsthesia; conjunctivæ and soles of feet alone sensitive; pupils minutely contracted; face very pale; temperature 100° F. Administered one twelfth grain sulphate of atropia hypodermically; electricity continued. Nine P. M. Anæsthesia of conjunctivæ; respiration 6; pulse 120; pupils still minutely contracted. Administered one twelfth grain atropine hypodermically. Ten P. M. Respiration 4; pulse 120, very feeble; perfectly comatose; complete anæsthesia; no response of muscles to current; temperature 101° F. Administered one sixth grain atropine hypodermically. Eleven P. M. Respiration 6; pulse 140, but regular; pupils somewhat dilated, and respond feebly; face and neck flushed; coujunctivæ and soles of feet sensitive; muscles respond well to current. Half past eleven P. M. Respiration 9; pulse 120, soft and regular; pupils of nearly normal size; surface very cold. Ordered hot-air bath. Twelve M. Sensation over entire body; respiration 11; pulse 120.

January 19th, 12.30 A. M. Respiration 16; pulse 110, regular, and no longer of bounding character; pupils normal in size and reaction. Patient perfectly conscious. Sat up in bed with great difficulty, and asked to be walked about room. Patient talks thickly, and articulates with great difficulty. On being taken from bed by assistants patient could not stand, and with great difficulty could she lift her foot from the floor. Is still very stupid, but is easily aroused. Drank a cup of black coffee; stomach would not retain it, and act of vomiting did much to arouse patient. Two A. M. Respiration 16; pulse 110; temperature 100° F. Patient is kept awake by nurse; articulates more distinctly and with less difficulty; paralysis disappearing; retains strong coffee. Nine A. M. Pulse 100; respiration 20; temperature 100° F.; articulation rather difficult, but distinct; complains of pain in head and stomach; pupils normal; mouth and throat very dry; lips covered with bloody crusts. Drinks much milk.

From this date patient rapidly recovered, but for several days suffered greatly from neuralgia; pains in different parts of body, but mostly in face and neck.

It will be seen in the above case that not until eleven twenty-fourths of a grain of atropia were administered was there any effect obtained from the atropia, and that a very prompt effect followed the giving of the last sixth of a grain.

— Tobacco is prohibited to the students of Oberlin College, Girard College, and the Naval School at Annapolis. A similar rule has been recommended for West Point by the board of visitors. At Cornell University nearly all the students have voluntarily signed a pledge of abstinence.

— A petition from the British medical men in Rome in favor of vivisection has been presented to the House of Commons by Mr. J. C. Campbell.

Reports of Societies.

PROCEEDINGS OF THE NORFOLK DISTRICT MEDICAL SOCIETY.

WALTER CHANNING, M. D., SECRETARY.

SEA-AIR AND SEA-BATHING.

DECEMBER 28, 1880. At a meeting held on this date DR. T. H. DEARING read a paper on Sea-Air and Sea-Bathing, which were considered under the following heads: —

(1.) Anatomy of the skin, its physiological action, especially in relation to absorption, regulating temperature of the body, and influence upon the nerve centres.

(2.) The danger that might arise from free absorption of salt from the water, the benefits of baths as vehicles of temperature, and the relation of temperature to the combustion processes going on in the body.

(3.) Ultimate results of hot and cold bathing.

(4.) Two groups of the chronic sick, as to bathing, one, with systems capable of strong reaction, the other not.

(5.) Difference in temperature of water at the different beaches, the kind of baths available, and the indications requiring the several kinds.

(6.) Customs as to bathing at the various beaches, the precautions necessary, and the extent to which it may be carried.

Temperature of air, time of tide, time of eating, and means for producing reaction.

(7.) What children and old people may be benefited, and kinds of bathing suits.

(8.) Danger of bathing in acute diseases and during menstrual periods.

(9.) The chronic diseases benefited, cases of delayed or rapid growth of the young, also, sea-shore localities in which asthma is benefited.

(10.) Atmosphere at the shore, comparison with mountain air, with what elements impregnated, and the effect upon those who breathe it.

(11.) Cottage life at the sea-shore, an important phase of social life in summer, and necessity for children during vacation.

(12.) The family physician should be able to indicate proper places, time for departure and return, and give proper rules for guidance of their patrons while at these places.

DR. A. H. NICHOLS said that he was able to confirm from his experience what Dr. Dearing had said, but there were one or two points he would like to speak of further on. People in Boston say they live by the sea, and must go to the mountains for change of air, but they are really nine miles away from the sea, and unless in a storm they lose the ozone and iodine of the sea-air. He had made experiments at Rye Beach as to the summer temperature of the water and found that even a difference of one half a degree was perceptible. He was unable to account for the differences of temperature in salt water, unless from the influence of the gulf stream. In selecting a sea-shore residence care should be taken to see that the atmosphere contains the desirable elements. He cited Swampscott as being objectionable from its proximity to flats which stood exposed at low water.

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