bleeding. Under a generous diet and tonics he continued to improve and recovered.

My impression is that the profunda femoris was divided by the ball in the first instance, and a clot had fortunately closed the divided ends of the vessel, and was unfortunately displaced. But it probably remained long enough to allow a partial collateral circulation to be established, and that contributed a great deal to the fortunate result of the operation.

A Case of Traumatic Tetanus treated by Chloral Hydrate and the Bromide of Potassium; Recovery. By George N. Monette, M.D., Physician to St Anna's Asylum, New Orleans, Louisiana.

On March 10th, 1875, I vaccinated Lizzie D., aged two years, on the left leg, three inches below the knee. The successive stages of a successful vaccination progressed favourably until the crust fell on Sunday, April 4th. Ignorant friends had grave forebodings on account of the granulated phase of the cicatrix, and suggested the application of a poultice of bread and milk. This was perseveringly applied until Wednesday, when I was sent for. I found that the child had traumatic tetanus, and apprised the mother of the origin of the convulsions. I began the immediate use, internally, of chloral hydrate and bromide of potassium in 10 grain doses, every three hours, until their administration caused her to fret, reproducings the spasms. Any effort, either at laughing or crying, would excite muscular spasm. I substituted rectal enemata of same medicines in fifteen grain doses every three hours, pro re nata, sometimes combined with paregoric in 5j doses. Through the inexpertness of the nurses, some of each enema was ejected, hence a protracted suffering. The spasms were typical; opisthotonos decided, and trismus complete. The spasms continued for eighteen days, with more or less abatement of their violence, which was due to the impression which the family had in regard to the inability of any remedial intervention. I sustained the patient per rectum, giving beef-tea and starch enemata. I also directed beef-tea and rice-water, also milk to be given by mouth, whenever she would or could swallow. However, the act of deglutition seemed to provoke a spasm. I used bottles of hot water, wrapped with flannel wrung from hot water, placed along the spine and extremities, with happy effect. Moderately violent spasms continued until as late as the twenty-third day, when they appeared to yield to the specific influence of the remedies used. During the length of her attack she took 1800 grains of chloral and the same amount of bromide of potassium. She has almost entirely recovered from the violence of the attack (May 28th). She has an unsteady and somewhat tottering gait. I anticipate a restitution of muscular tonicity and development by repeated friction. I have no fears as to her ultimate and complete recovery. This is the only case that I ever saw get well or cured of tetanus. I may be in error in ascribing her recovery to the remedies, as the spasms may have been discontinued coincidently with the cicatrization of the vaccination pustule.

No. 285 Magazine Street.

Case of Retro-Uterine Hematocele, discharging through the Rectum, and terminating in Recovery. By J. M. Greene, M.D., of Aberdeen, Miss.

On the 29th of January, 1875, I visited Mrs. T., aged 32; married, having two children. Menstruation, which occurred at the age of 14, No. CXL.—Oct. 1875.
had always been regular and normal, until the epoch of the 15th of November last. The flow then became excessive, was attended with lumbar and sacral pains, failed to cease after four days, as was her custom, and had continued, in varying quantity, to the time of my visit. Lumbar and sacral pain had likewise continued, but there had been no constitutional symptoms except anaemia and debility, with occasional "feverishness." Patient had not been confined to bed, but had from time to time attended to household duties.

On examination *per vaginam*, the uterus was found *in situ*, a little enlarged, movable, with a patulous os admitting the end of the finger. Behind its body, *above the roof of the vagina*, was a small hard tumour which the finger failed to isolate from it. There was some supra-pubic tenderness, but no hardness or enlargement.

The diagnosis lay between a small hematocele and a possible fibroid tumour in the posterior uterine wall. But as the taxis had considerably increased the flow, it was deemed inadvisable to use the sound as a diacritic measure. Ergot and opiates were prescribed, and rest strictly enjoined.

The flow soon ceased, pain abated, and the patient did well until the night of February 13th, when, the regular menstrual epoch pending, the flow returned with increased profusion, lumbar and sacral pains were renewed with violence, and there was evident shock. Vaginal taxis now revealed a large elastic tumour filling the cul de sac, pushing forward the posterior wall of the vagina, and forcing the uterus against the pubis. Externally it could be felt to extend nearly to the umbilicus. The case was now clearly one of retro-uterine hematocele.

Reaction and peritonitis ensued. From the 16th to the 18th there were frequent mucous discharges per anum. Pelvic distress was severe, but the bladder was evacuated naturally.

On the 21st Dr. E. P. Sale of this place saw the case with me, and concurred in the propriety of entrusting the accumulation to absorption or spontaneous evacuation. The latter took place on the 23d, the patient discharging through the rectum a large mass of blood with pus, which was followed by immediate relief. Recovery was rapid. Normal menstruation recurred on the 17th of March, and again in April and May, and the party is now, June 24th, in good health.

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Having obtained the most satisfactory results from the use of the subjoined recipe as a surgical dressing, I submit it to the judgment of my professional brethren, trusting it may be found as useful in their practice as it has proven in my own.

Our practice in this somewhat isolated part of the world is to a great extent of a surgical character, and owing to the greater portion of our inhabitants living in ill-ventilated quarters, accompanied by poor hygienic surroundings, the sequelae of injuries are very apt to assume an erysipelatous form, this latter being greatly augmented by the miners working below the surface aided by artificial light and breathing in a vitiated atmosphere.

The warm water application I do not claim as original, but cheerfully credit it to Prof. Frank H. Hamilton, of New York. I do not wish to