were prominent, and she discovered a goitre, which rapidly enlarged. The goitre remained large four years and then disappeared.

Case 27. Incomplete Graves' disease: trembling, palpitation, spasm of hands and feet, nausea, constipation, angina, sister to sister of preceding case.-Mrs. J. L., aged forty-three, is also attending under me at the Royal Free Hospital. She has had a peculiar kind of trembling or palpitation. In March, 1888, she had tonic spasm of hands and feet, nausea, and pain, and, if so, at what stage are its effects most marked? The questions which seem to be at issue regarding the use of this drug are the following: 1. Does its administration during or immediately after labour tend to relieve pain, and, if so, at what stage are its effects most marked? Has it any effect on the uterine pains in augmenting their number or intensity, or the reverse? 3. Is cervical dilatation from the effects of its administration primary or secondary? Does its administration promote or tend to post-partum hemor- rhage? 5. What is its effect upon the process of lactation? The property it possesses of diminishing high temperatures, as in puerperal fever, is of the highest value, but it appears to me to be outside the questions at issue. I think, in spite of sufficient retractility, pains persist in consequence of intemperate use of ergot, or retention of placental debris. Riviere3 thinks that antipyrin relieves the pain induced in this latter class, but without touching or influencing the contraction. My own opinion, based on the following observations, is that the pain which the drug relieves is entirely a "nerve pain," or neuralgia uteri, and that its action on muscular uterine fibre is negative. I may quote Ciapani in support of this assertion, who, as the following investigations were undertaken. Windelscheid1 published, among the earlier observers, an interesting case of a rectal injection given to a patient with a painful uterine myoma which had resisted all other remedies. The mode in which this drug relieves uterine pain is doubt- ful; it is well known and, I think, generally acknowledged that the most essential properties of the uterine muscular fibres are: (1) Extensibility; (2) retractility; (3) contractility. The last used in large doses in attempting to reduce pyrexia, as I observations, is that the pain which the drug, relieves is entirely a "nerve pain," or neuralgia uteri, and that its action on muscular uterine fibre is negative. I may quote Ciapani in support of this assertion, who, as the following investigations were undertaken. Windelscheid1 published, among the earlier observers, an interesting case of a rectal injection given to a patient with a painful uterine myoma which had resisted all other remedies. The mode in which this drug relieves uterine pain is doubt- ful; it is well known and, I think, generally acknowledged that the most essential properties of the uterine muscular fibres are: (1) Extensibility; (2) retractility; (3) contractility. The last used in large doses in attempting to reduce pyrexia, as I

stage intra-partum; thirty-one were of this type. The others, eleven in number, were chosen at random. The drug was not given until labour had commenced, and until the dilations were repeated half an hour or more regularly; the number occurring in an hour was noted, and then compared with those which passed in the same time shortly after the administration of the drug. The temperature and pulse were noted at proper intervals, and the number of pains, the time as to the severity of the pains and the patient's statements as to the relief or not given by the medicine.

I append a typical case:—The patient was aged twenty-nine years and a primipara. Induction of premature labour on the above thirty-sixth week for slight pelvis and a history of a miscarriage March 11th, 1889 (3 P.M.): Induction by passage of a catheter. 12 A.M. 4.5 A.M. pains began, and recurred at 4.40, 4.52, 4.45, 5.02, 5.30 (or about six in one hour). At 5.30 a.m. a first dose of antipyrin (fifteen grains) was given. The pains occurred at 5.55, 6.00 (sick), 6.7, 6.20, 6.30, 6.42, 6.55 (or seven in one hour, about) 7.10, 7.23, 7.30 A.M. At 7.45 a.m. a second dose of antipyrin (fifteen grains) was given. At 8.5 A.M. the patient was sick; at 8.15 she slept for eight minutes; pains occurred at 8.40, 8.55, 9.15, 9.40, 9.53, 10.15, 10.30, 10.35, 10.57, 11.20, 11.47, 12.16 noon (fourteen pains in four hours, or less than four in the hour). Cervix fully dilated, waters ruptured artificially. Labour terminated at 6.40 P.M.; living female child. Between rupture of waters and termination of labour, six hours and a half (nearly).

The method of administration was by the mouth and in 15 gr. doses, making up the half a dram of compound ammonia and cinnamon water, including two doses given during the expulsive stage. Sixty grains were given. Sickness occurred after each dose during the first stage, and after the following pains had passed away before the commencement of the second, the patient will be noticed that the medicine had a slight effect on the rapidity of the pains, if anything there being a tendency to slight retardation at first, becoming more marked after the second. There was no doubt as to the relief from the pain after the first dose, both from the patient's own statements and from her appearance to bystanders, more after the second, but absolutely none during the expulsive stage.

There was no post-partum haemorrhage, and successful labor ensued after the following pains had passed away before the commencement of the administration of the drug in the forty-two cases. It will be seen that I have divided this into four columns, and under the heading "Result" have given the value of the drug as judged by results obtained—i.e., whether from the patient's evidence or from her change in behaviour.

| Stage of dilatation | (a) Primipara | 21 | 15 | 6 | 0 |
| Stage of expulsion | (a) Primipara | 12 | 0 | 0 | 1 |
| Post-partum | (a) Primipara | 9 | 3 | 0 | 0 |
| An agelastic | (a) Primipara | 3 | 0 | 0 | 0 |

Taking, first, the stage of dilatation, it will be seen that in 15 cases out of the 31 in which the drug was administered, or nearly 50 per cent., it was very beneficial—i.e., the patient either strongly asserted that she felt great relief, or it was self-evident from her falling asleep or becoming conscious of the patient's evidence or from her change in behaviour. Antipyrin is not eliminated by the milk secretion, and hence its use is not contraindicated in these cases.

Conclusions.—That antipyrin in doses of fifteen grains, repeated at proper intervals, is a remedy of great value in the dilating stage of labour, and more especially in primiparous cases, and that it does not increase the duration of the first stage; but, on the contrary, tends to shorten it on an average about half an hour; while in the second stage it remains practically the same. Grandin6 corroborates these views. If repeated at proper intervals, the effect is more marked. Its administration post-partum for after-pains was chiefly among multiparous, indeed I only once had a case of a primipara in which it could be called necessary, and there was no doubt as to the relief from the pain after the first dose, both from the patient's own statements and from her appearance to bystanders, more after the second, but absolutely none during the expulsive stage.

The followings are the results of experiments:—In the first stage of labour, found its success in 80 per cent. of the primiparous cases, 45 per cent. of the primiparous, and 60 per cent. of the multiparous. In the second stage, but absolutely none during the expulsive stage.

1. That antipyrin in doses of fifteen grains, repeated at proper intervals, is a remedy of great value in the dilating stage of labour, and more especially in primiparous cases.
pars, but that its uncertainty of action renders it less reliable than chloral. 2. That during the expulsive stage of labour it is useless as an analgesic, in whatever way it may be administered. 3. That in certain kinds of affection-dependent women, the effect of the drug appears to be more marked on impressionable and neurotic women and those of dark complexion and spare frame than on others. 6. That it should never be given by mouth without the addition of a diffusible stimulant.

A CASE OF OSTEOMA OF THE FRONTAL SINUS.

By STANLEY BOYD, F.R.C.S. Eng., C.C.

SEVEN years ago, in 1883, a swelling appeared on the forehead of M. H.,—aged twenty, and was attributed to a kick and blow on the part within a year before, but both of these injuries were too slight to be mentioned at the time. The swelling was painted with iodine for a month, followed by mercurial injection, with mercury and iodide internally. Since that time it has slowly grown, all treatment being discontinued after a few months. In 1885 the swelling was wide based and diffuse. At the end of 1888 it was much more prominent and defined. For some years there has been a free watery discharge from the nose.

When I saw him there was a prominent swelling of bony hardness, chiefly to the right of the mid-line of the forehead, long diameter (about 1½ in) transverse, short diameter (about ½ in) situated about half an inch above the root of the nose; base well defined, and as wide as any part of tumour; on the surface two points were separated by a depression. All round the base the frontal bone seemed too prominent, and there was a low rounded eminence running down over the nose; base well defined, and as wide as any part of tumour; the swelling was painted with iodine for a month, followed by mercurial injection, with mercury and iodide internally. Since that time it has slowly grown, all treatment being discontinued after a few months. In 1885 the swelling was wide based and diffuse. At the end of 1888 it was much more prominent and defined. For some years there has been a free watery discharge from the nose.

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TWO CASES OF HÆMATO-PORPHYRIN IN THE URINE.

By J. E. RANKING, M.A., M.D., M.R.C.P., PHYSICIAN TO THE TUNBRIDGE WELLS GENERAL HOSPITAL;

AND

G. L. PARDINGTON, M.D.

CASE I.—Miss A. B., aged forty-one. Throughout life nervous and hypochromic; has suffered from several shocks. First seen in August, 1889, complaining of nausea, mental confusion, and hypogastric pain, always distressed because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little." During the week ending Nov. 16th these symptoms increased, nausea, mental confusion, and hypogastric pain, always increased because "last period was too little."