

tendency to prolapse of the uterus, and the vaginal walls in a lax condition, cystocele is most likely to occur, the posterior wall of the bladder losing its necessary support, and so bulging backwards into vagina and forming a sac sufficient to hold a considerable quantity of urine, but it is in those cases where this factor has been carefully excluded by previous examination that I am at a loss to explain the cause of the peculiarity alluded to. Dilatation of the urethral canal I find the most useful treatment in all cases when the urine is normal, and spasm and irritability is complained of, but where there is a manifest want of tone in the bladder a mixture containing tr. ferri muriati, cantharides, and nux vomica has always given me satisfactory results. A blister over sacrum I seldom employ, but have found it useful in exceptional cases. The galvanic battery I use as a *dernier ressort*, and have had most satisfactory results in some apparently hopeless cases, one lady patient having worn a urinal for more than five years night and day previous to my seeing her.—*Med. Press.*

**THE THERAPEUTIC USES OF HYPNOTISM**—Herter adopts Lieboldt's classification of trance in six divisions, preferring it to the arrangement of Charcot. The proper method of producing hypnosis, advocated by Lieboldt and Bernheim, consists in first securing the confidence of the patient, and then telling him to look the operator steadily in the eye and to think of nothing but going to sleep. The process may be materially aided by suggestive remarks addressed to the patient, and by placing two fingers upon the face; the fingers being pressed gently upon the eyelids. Men and women are about equally susceptible to hypnosis. Although so much has been written on its use in hysteria, the indications for employing it are far from clear. It may be of service in some forms, but recovery, if secured, is not permanent. Hysterical paralyses, especially abductor paralysis of the larynx, hysterical amblyopia and amaurosis, and hysterical convulsions are often decidedly benefited. One need never be discouraged by the first trial to secure hypnosis in a case of hysteria. Not much is to be hoped from it in hystero-epilepsy. The improvement in chorea is often rapid and marked, especially when the movements are general; a number of daily sittings, continued for months, being usually required. In insanity the results are not satisfactory. In delirium tremens the effect is often excellent, and the method finds a hopeful field in the treatment of the alcohol habit. In masturbation it has been used with success; and in incontinence of urine in children it has, in the hands of Lieboldt, been employed with a large percentage of cures. Herter doubts whether it is of any real advantage in joint affections, though good can be expected in recent neuralgia, and he has succeeded in cutting short or mitigating the attacks in certain

instances of migraine. The occurrence and duration of menstruation have been influenced by it in a few cases. It is not to be recommended in surgery as a substitute for the ordinary anæsthetics, except in cases in which the latter are contra-indicated. In insomnia it can often be employed with good results, gradually substituting it for drugs. As regards the use of hypnotism in parturition, the author concludes that it induces sleep, and is in no way prejudicial to the uterine contractions; that it has no tendency to produce post-partum hæmorrhage or any other bad result; that it is in no way comparable to chloroform in labor, and should only be used in the rare cases in which the usual anæsthetics are contra-indicated.

The bad results following it, and which have been urged against it, can for the most part be entirely antagonized by suggestion. He proposes, as a general rule, that no one should be hypnotized without first obtaining his or her formal consent, and that the operation should always be done in the presence of a third person. No suggestions should ever be given, except those necessary for the patient's improvement in health.—*Boston Med. and Surg. Jour.*

**THE MORTALITY OF PNEUMONIA.**—Dr. William Osler (*Univ. Med. Mag.*) points out that hospital statistics do not warrant the assertion that there has been any marked increase in the mortality from pneumonia of late years, as asserted by some, although the census returns of the United States favor the latter statement. But, as Dr. Billings points out, the comparison with preceding years is inaccurate, since the data were very imperfect and unreliable. At the Pennsylvania Hospital, with a total of 704 cases since 1845, the mortality has been 29.1, a rate sometimes much exceeded, as in 1875 to 1877, when it was 36.2, and sometimes quite as much lessened, as in 1845-47, when it was only 16 per cent. In the Boston City Hospital for thirteen years the mortality was also 29.1 per cent. Dr. Osler shows that in private practice the rate is lower than in hospitals, and points out that the increase of pauper populations in large cities is doubtless responsible in some measure for this diversity. Dr. Hartshorne's statement, that the "mortality of pneumonia to-day is, under similar circumstances, more than twice as great as it was forty years ago," is not thus borne out; and Dr. Osler shows that in many cases pneumonia is absolutely uninfluenced by treatment. Yet those cases which do call for treatment are precisely those in which our methods are most futile. Post-mortem records show how seldom a simple pneumonia, apart from chronic disease of other organs, is a cause of death, but Dr. Osler thinks that it may be useful to divide the fatal cases into three groups: "1. Those in which the death has resulted from such complications as gangrene, men-