

that organ, M. Baert admits that it is usual, but agrees with Wolff and Ewald in saying that this sign is by no means peculiar to cancer, as it is found in other gastric affections.—*Lancet*.

THE ABORTIVE TREATMENT OF GONORRHOEA.

Dr. Mauriac, on the Treatment of Gonorrhoea, concludes as follows:—(1) The abortive treatment is indicated and has some chance of succeeding in acute Gonorrhoea only during the first hours of its onset. (2) All the attempts to cut short an attack of gonorrhoea during its period of progression, and when it reaches its height, are useless or dangerous—one obtains only delusive cures. (3) The antiseptic practice, at once (*d'amblee*) suggested by the microbian theory of gonorrhoea, has, until now, only produced delusive results. (4) It is indispensable to submit acute gonorrhoea to the antiphlogistic treatment until the almost complete disappearance of the inflammatory phenomena. It must proceed to the proper stage of maturity before any repressive medication should be resorted to. (5) This latter method yields decisive and durable results only in the involutive phases of the specific catarrh. (6) The agents of repressive medication are copaiba and cubebs internally, the sulphate of zinc in injections. (7) The balsam should be given first; it alone occasionally produces a definite cure. In the greater number of cases, while continuing its use, astringent injections may be used. (8) The duration of the repressive medication should be short; should it not soon yield the results expected of it, it must be given up and antiphlogistics resorted to. (9) It is by antiphlogistic medication that the treatment of acute gonorrhoea imperfectly cured should be commenced. These cases which return almost incessantly are seldom or never subdued in a definite manner.—*Paris Correspondent Journal American Medical Association*.

VIBRATION IN CYCLING.

That there are dangers associated with indulgence in cycling exercise as at present conducted there can be little doubt, the many accidents in this connection recorded from time to time affording sufficient evidence of the fact. Apart, however, from the risk of accidents from falls, imperfect machinery, and want of skill in riding, there is a danger of a subtler kind to be apprehended, and which Dr. W. B. Richardson describes in the *Asclepiad* under the heading given above. He instances his own experience in illustration of the theory that in cycles as at present constructed the rider is subjected to a continuous succession of spinal shocks, the effect of which is to produce a

weariness of body and a nerve prostration which may very well have serious results. In the early days of cycling the old "boneshaker" was undoubtedly the cause of much more considerable mischief in this connection than attends the employment of the greatly improved tricycles and bicycles that now issue from the manufactories, but even the most perfect machines in present use do not answer to the full requirements that Dr. Richardson desiderates. Our author describes a number of the constructive adaptations hitherto resorted to for securing the object in view, and concludes his remarks on the subject by observing that "there is no reason why resilient wheels should not be used in combination with the other methods until such a perfect machine is invented that a thoroughly rigid frame shall sustain a set of bearings for the rider that shall cut off vibration from every point of his body that comes in contact with them, and yet interrupt in no way the complete application of propelling power." And until this consummation is reached cycling cannot be considered as being free from the risk of spinal and nervous injury.—*Medical Press*.

WHAT SHALL WE FEED WOMEN AFTER CONFINEMENT?

For—we might say centuries—the laity have insisted on giving the "puerperal women" gruels, beef teas, toast water, from the first to the ninth day after confinement, and the fact is, two-thirds of the physicians have fallen into this aged groove. We think this tea, gruel and toast bill of fare, practically a starvation diet, irrational, impracticable, and a positive detriment to the patient. Is not the theory and practice a foolish one, when we consider for a moment that the organs connected with parturition will be more rapidly restored to the normal condition prior to conception; that the tissue changes, which we call involution, will be more quickly and perfectly accomplished, and that the new function of lactation will be more surely and plentifully established by a starvation diet. Does not common sense teach us that a diet, the opposite of the starvation one, is the proper kind to rapidly restore the uterine tissues to the normal state, and to prevent exhaustion of the patient by the *unusual cell waste* incident to lactation? Our plan is to give the puerperal patient as good nutritious food as she has an appetite for, and can easily digest. The woman exhausted by labor needs rest. As soon as she awakens give her a cup of good beef, chicken or mutton broth, as soon as the general condition of the woman and the appetite calls for it, a safe guide, no matter whether it is the second or ninth day, gradually give solid foods—mutton-chops, tenderloin of beef, poultry or game. I have often had