

first be removed, when, in a large proportion of cases, the patient will experience such relief that scarification can be deferred. If the state of the infant be such that life is in danger, as in convulsions, or there be danger that the infant will be permanently injured or disabled, as by paralysis, every measure which can possibly give relief should be employed without delay. In these dangerous nervous affections, therefore, the gums, if swollen, should be lanced.

THE DELIVERY OF THE PLACENTA BY SUPRAPUBIC PRESSURE.

Judging from our own experience, and from the number of laudatory papers on this subject, Credé's method of delivering the placenta, or some slight modification of it, bids fair to take the place of every other. The plan which we adopt is as follows: At the maximum of the first uterine contraction after birth of the child, the fundus of the womb is grasped through the abdominal wall, between the thumb in front and the fingers behind. It is then to be both forcibly squeezed and at the same time pressed downward and backward. By means of this uterine expression the placenta and membranes are usually at once detached and extruded. Sometimes, indeed, they will suddenly pop out of the vulva, just as the stone escapes when a cherry is compressed between the finger and thumb. Occasionally it will require two or more pains to effect this; but the sooner this plan is resorted to after the birth of the child, the more easy in execution will it be. Those who, like ourselves, practice this method, contend that it offers many advantages over any other. The risk of communicating any puerperal disease is lessened. The expulsion of the placenta and membranes by a *vis a tergo* is more likely to be complete than by traction on the cord, which cannot be broken, as no traction is made on it. Adherent placenta is less frequently met with. The introduction of the hand into the womb is avoided, and so also as a consequence, is the ingress of air. Finally, the tonic and energetic contraction of the womb, following this manœuvre, prevents the occurrence of hemorrhage or of unruly after-pains.—*Goodell, in Transactions Med. Soc., Penn., June, 1873.*

OYSTERS AND THEIR PECULIAR DIGESTIVE PROPERTY.

MESSRS. EDITORS,—Recently, you had a paper from me about pepsin. While trying experiments with it, I was one day requested by one of our most experienced physicians to digest two oysters. I placed them; after thorough washing, with one grain of Sheffer's pepsin, four drops hydrochloric acid, and one ounce of water, in a test tube, and submitted to a temperature of 100° Fah. At the expiration of two hours, almost perfect solution had taken place, only four and a half grains remaining on the filter, and the residue was of a feculent character.

Thinking over this result, and the matter of eating raw oysters, I came to the conclusion that here we

have an organized being, with a stomach, &c., calculated to digest infusoria—as its food—and hence possessing a gastric juice; and if so, what should hinder that gastric juice from digesting even the oysters, itself, if submitted to the proper condition.

With oysters, as bought by the quart, there is so much liquor. On boiling a little of this liquor it coagulated, indicating so much coagulable albumen. I took another portion, of two drachms of this liquor one drop hydrochloric acid, and submitted to 100° Fah. for two hours. It remained perfectly clear, and on boiling a half of it, there was no coagulation, and, applying Fehling's test, there was the beautiful purple color produced, the whole indicating that there was in the liquor a natural element to produced the result. This experiment I have tried repeatedly; and, to make the matter still more conclusive, I placed one ounce of the filtered liquor in a flask, added to it 120 grains of thoroughly washed and wiped, solid part of an oyster, and five drops hydrochloric acid, and submitted to 100° Fah. for seven hours. On filtering, I had only 17 grains of solid matter left, thus showing that 103 grains of the solid oyster had been digested in one ounce of the liquor.

These facts are, I think, extremely interesting, and though my medical brethren have with me, ordered patients, on recovering from exhausting disease, oysters as a part of the diet, and may have done it empirically, it has, after all, been done under strictly chemico-physiological principles, without our knowing it.

Very truly yours,

E. H. HOSKINS.

Lowell, May, 1873. Boston Med. and Surgical Journal.

HYDROCYANIC ACID AS A REMEDIAL AGENT IN DELIRIUM TREMENS.

Dr. HENRY B. DOW expresses his belief (*Brit. Med. Journ.*, May 31, 1873) that hydrocyanic acid fulfils all the indications in delirium tremens better than opium, digitalis, or belladonna. "It allays the irritation of the stomach, and checks the nausea and vomiting; it quiets the nervous excitement, and, by so doing, tends to produce sleep; and it also controls the action of the heart. It has the advantages of producing its effects quickly, and of not being cumulative, and is taken readily by most people. I have used it with the most satisfactory results, and will now mention my usual method of administration. I give it in combination with bicarbonate of potash, chloric ether, and camphor mixture, in doses of one, two, or three minims of the Pharmacopœia solution every two, three, or four hours, according to the severity of the case; and also find that benefit may sometimes be derived from the addition either of three or four grains of carbonate of ammonia, or a few minims of the compound spirit of ammonia. The patient is to be nourished by the administration of beef tea, milk, etc., and wine or other alcoholic stimulants to be given, according to the discretion of the medical adviser; the less, however, the better. As soon as the worst symptoms have