

It was at once stopped by ligature of the vena portæ and v. hepatica. Ligature of the v. hepatica alone materially diminished the secretion; ligature of the aorta at the diaphragm materially diminished the secretion, but did not entirely stop it; ligature below the origin of the coeliac artery augmented it; ligature of the vena cava ascendens immediately caused stoppage of the biliary secretion. All circumstances causing contraction of the vessels diminished the amount of secretion, as, for example, irritation of an exposed nerve, division of the spinal cord just below the medulla oblongata, and injection of strychnia.—*London Lancet.*

## HYGIENE.

### RECENT VIEWS ON THE PROPAGATION OF CHOLERA.

Dr. E. A. Parkes, F.R.S., Professor of Hygiene in the Army Medical School, Netley, discusses very elaborately in the newly published Departmental Report on Hygiene for the year 1872, some of the most recent additions to our knowledge on the mode in which cholera spreads, and the agents necessary for its propagation. After summarising and discussing the views of Pettenkofer, Sanders, Bryden, and others, he concludes that the view which looks on the cholera poison as carried by men, and then increasing and spreading more or less in various ways by water, air, or food, according as it meets with favouring conditions, is more in accordance with facts than the view which assumes that two unknown quantities (the unknown cholera miasma and the unknown local conditions of Pettenkofer) must be brought together in order to evolve the epidemic outbreaks of cholera. One point may be noticed in this discussion—the unhesitating belief of all parties (Kitchenermeister, Sanders, and Pettenkofer), that cholera is spread only by human intercourse. With them this point has passed out of the circle of controversy. They consider it settled. The views of Bryden, interesting as they are to them, have made no impression, and the wind-driven theory of cholera-spread has found no acceptance at their hands.

## THERAPEUTICS.

### CANNABIS INDICA IN MIGRAINE.

Dr. Williams (Report of Sussex Asylum, 1872,) says that some years ago he was induced to make a trial of Indian hemp in this disorder, the treatment of which remains in a very unsatisfactory condition. The most opposite remedies are tried and found useless, and at last the unhappy patient gives up all treatment in disgust. Six cases are reported which were consecutive, and were attended within the last two years. Two were patients in the asylum, the others officials connected with it. One male had for four years suffered from sick headaches. At first the intervals averaged fourteen days, soon they were reduced to eight or nine, and latterly four or five. The hemp was taken for eight weeks, during which there were two attacks, reduced both in length and intensity. The drug was discontinued

nearly three months, and in that time there were two 'very slight' attacks, and one rather severe but short. A female had been subject to migraines for twenty years. During the last few years the paroxysms, which were very severe, recurred every eight or ten days, lasting from twenty-four to thirty-six hours or longer. Half-grain doses were taken night and morning for five or six weeks, when the attacks were much slighter, and diminished to one a month. The dose was increased to one grain, and the headaches became still less severe and frequent, hardly deserving the name of sick headache. In another female the seizures recurred about five times a month, but were slight. They were reduced to one a month by doses of one-third of a grain of the extract. In another female the attacks were not diminished in frequency, but the patient admitted not having taken the medicine regularly, though a double dose, taken when the headache was coming on, often relieved it. A female had suffered twelve years. The headaches recurred about once a week. A month after commencing the drug, the intervals were lengthened to five or six weeks, and the attacks much slighter. In a male, the seizures came on every fortnight or three weeks. The drug was taken in half-grain doses during nearly three months. From the first dose being taken, the patient never had a 'sick headache.' In the above cases no drug whatever was used except the cannabis Indica, the alcoholic extract of which Dr. Williams believes to be the best preparation.

## GYNECOLOGY.

### REDUCTION OF CHRONIC INVERSION OF THE UTERUS.

Dr. Barnes contributes an article to the *Obstetrical Journal* on a new method for effecting Reduction of the Uterus in Chronic Inversion. He refers to a paper which he communicated to the Royal Medical and Chirurgical Society, in which he passed under review the various methods which has been adopted in dealing with this displacement, and pointed out the remarkable success which had attended the plan proposed and practised by the late Dr. Tyler Smith of keeping up elastic pressure for days together if necessary, so as to wear out the resistance offered by the contracted neck of the tumour. In the memoir just quoted, the author related a case in which, after having given a fair trial to sustained elastic pressure, and having failed in reducing the inversion, he overcame the obstacle by making small incisions in the constricting cervix. A second case is now recorded in which the author's method proved successful. He recommends that, after failure by simple pressure, a shallow incision should be made on each side of the os uteri, and that the elastic pressure should be reapplied, and the taxis tried gently at intervals. One drawback experienced during the application of sustained pressure is the time during which it is commonly necessary to keep it up, during which the patient must endure pain and run the risk of inflammation. The plan now proposed for adoption shortens this period,

## SHORT NOTES.

### PRECAUTIONS IN MILITARY SURGERY.

1. The safe and speedy transport of the wounded from the field. 2. Their immobilization in hospital. 3. Their continuance under the direction and care of the same staff of surgeons. 4. The suitable use of antiseptic means both local and general, calculated to prevent sanitary deterioration and the consequent increase of the mortality.—From Dr. Cortese's paper.

### THE CONVEYANCE OF PUERPERAL FEVER.

Dr. Gervis reports a case in the *Obstetrical Journal*, intended as a contribution to the Etiology of Puerperal Fever. A medical man attended, in a miscarriage, a patient suffering from typhoid fever; it was necessary to introduce the hand on account of hemorrhage. On the following day the same doctor attended another woman in labour, who died from puerperal toxæmia in three days. Dr. Gervis thinks it likely that the clue to the occurrence of the toxæmia in the second case is to be found in the condition of the first patient.

### EARLY VIABILITY OF THE FÆTUS.

Dr. Madden, in a paper on the Early Viability of the Fœtus in Premature Deliveries, alludes to the legal signification of the term "born alive" in various countries; but, according to his view, every infant that enters the world alive and free from any disease and malformation which must of necessity produce its immediate death is viable at whatever period of gestation delivery may occur, or however short may be the term of its extrauterine life. After referring to the difficulties in determining the earliest period at which gestation may terminate in a viable child, he quotes several instances from various sources in which a living child was born at a very early period of pregnancy, even as early as the fourth month and a half.

### COMPLETE PROLAPSE OF THE RECTUM IN A CHILD.

This case (*American Quarterly Journal of Medical Sciences*, Jan. 1873) was that of a patient on whom Dr. John Ashhurst, jun., had successfully operated for extroversion of the bladder. There was a complete protrusion of the rectum to the extent of four inches, which had existed since the child was six months old. Dr. Ashhurst applied fuming nitric acid after the manner described and recommended by Mr. Allingham, the whole circumference of the prolapsus being painted, with the exception of a ring half an inch wide next the anus. Before applying the acid, the gut was thoroughly washed and dried, and subsequently was well oiled and returned, a plug of charpie being inserted, and a compress with bandage and strapping adjusted to retain it. It was intended to allow the plug to remain four days; but, in spite of all the precautions that had been taken, the rectum relieved itself of its contents the night after the operation, the gut, however, not protruding, and no redescend occurring for seventy-three days. A second application of the acid was made a few weeks later. After this, there was no return of the protrusion; and three months from the operation the patient was passing normal stools, without pain of any tendency to prolapsus.