

opposite arm was passed through a sling suspended from the ceiling, thus removing the weight of the upper extremity from the chest, and giving much additional comfort. Distressing vomiting, with exhaustion, was relieved by champagne. The weather at this time was oppressively warm. An occasional enema or dose of castor oil to remove constipation, when required a dose of morphia *per orem*, or by hypodermic injection to relieve pain or promote sleep, with now and then a hot turpentine stupe to the chest, constituted the medical treatment of the case until the third week, when a patch of erysipeloid inflammation appeared on the inside of the right thigh and inguinal region, for which tr. fer. mur. and ac. nitro-mur. dil. internally and a local lead lotion were prescribed. In the fifth week the patient was able to sit up in an easy chair, and in a few days after she could walk about the house with comparative comfort. As no means could be used to keep the fractured ends of the bone in position, the lower portion still remains more prominent than the upper, but the partial dislocation gives no trouble whatever.

Case II.—*Subaponeurotic Cephalæmatoma.*

On the 20th of August, 1875, the infant of F.L., five months old, fell and struck the right side of its head on the floor. A very large swelling gradually rose over the right parietal bone. On the 23rd, I saw the child and applied pressure by means of cotton wool and a flannel bandage over the tumor, which was fluctuating but not pulsating. Thinking that it would be a hopeless task to try to cause absorption of such a large quantity of effusion without suppuration supervening, I emptied the swelling the next day with a trocar and cannula—the blood being quite *fluid*. Pressure was reapplied, but on the following day the tumor was as large as ever. It was again emptied through a small cannula and injected with a mixture of tr. iodi, acid carbolic and aq.—the contents this time being bloody serum. The wool and bandage were readjusted, but the sac again partially filled. It was only temporarily, however, as the child was brought in from the country, where its parents lived, in ten days, and no sign of the tumor remained—its cavity was obliterated and its walls perfectly united. I saw a severe case of this kind some time ago in a young infant, which had been caused by the forceps in its delivery. I pressed out the partially coagulated blood through an incision, but the child died from its injuries before the reparation of the lesion of the scalp took place. In these cases ERICHSEN (Ed. 1860), says, "Under no cir-

cumstances should a puncture be made or the blood let out in any way." SYME (Prin. Surgery, 1866,) says, "If the quantity of fluid effused in the first instance is very large, or does not show signs of being absorbed, it may be well, in order to hasten the cure and prevent suppuration, to evacuate the cavity of its contents and then carefully press its sides together."

Case III.—*Double Gluteal Abscess.*

About the 18th October, 1875, Mrs. G—e, noticed that her child aged three years, was not so bright and playful as usual, and on the 20th, when I saw the child, her mother observed that her hips above the great trochantus were swollen and somewhat painful. The child was still walking about but kept her feet wider apart. Directions were given to keep the child in bed and apply hop and linseed-meal poultices to the tumours, which were afterwards painted with tr. iodi and tr. opii. On Nov. 1st deep seated fluid could be detected by fluctuation on the left side, and not having an aspirator I drew out about half an ounce of thick pus with a long hypodermic needle and syringe. Thinking that there was pus in the smaller hard lump on the right side, I plunged the needle down into it and withdrew one draw of pus, after which the swelling gradually disappeared. The cavity on the left side, however, refilled, and was again emptied a few days after, the contents being clear serum with a few flocculi of pus at the last. After this the swelling disappeared and the child ran about as usual.

1 Beaver Hall Terrace, Nov. 9, 1875.

Progress of Medical Science.

MATERIA MEDICA AND THERAPEUTICS.

The Continued and the Frequent Dose.

DR. EDWARD H. CLARKE, late Professor of Materia Medica in Harvard University, calls attention to this subject in an interesting article published in the *Boston Medical and Surgical Journal*, for August 5, 1875.

Doses of medicines he appropriately considers under four distinct heads or classes, namely: 1, single doses; 2, continued doses; 3, frequent doses; 4, toxicological doses. The first and last of these, or the single and the toxic dose, are the doses given in treatises on materia medica, and are recognized as representing the therapeutic and poisonous action of any given drug. It is unnecessary to dwell upon them, for they are universally understood. But the bare statement of what is the legitimate single or