tial to get hold of the foot; taking hold of the knee or hooking the thigh in the groin, would be of no use. During the operation the uterus should be supported by the other hand or by an assistant. If inertia uteri should now exist, we should still have attained, by our hold on the foot, security for further progress of the case.

The operation of extraction by the breech might be divided into: 1. Drawing the trunk through the pelvis. 2. Liberation of the arms. 3. Extraction of the head. Traction on the leg should be carefully made, in drawing the trunk down, coincidently with the pains. The trunk should be drawn downward and backward in the axis of the brim, external pressure being made by an assistant, the traction being kept up until the breech was fairly in the pelvic cavity. After the extraction of the breech, the chord should be carefully looked after. Liberation of the arms might become necessary if the pelvis was at all contracted, or if traction upon the trunk had been too rapid or had not been accompanied by external pressure on the uterus.

The head being at the brim, Smellie's method might be employed in the manner recommended by Schroder, or the method of Scanzoni. In all cases of breech presentation the forceps should be at hand ready for application to the head if it should be necessary. Particular care should be taken during its introduction not to lacerate the cervix. Passing a catheter up into the mouth of the child at this stage would frequently save life.

The subject of the management of breech presentations had been brought to the author's mind forcibl during the past year from the number of cases which he had seen in consultation, in nearly all of which he had found difficulty arising from flexion of the legs on the abdomen, diminishing the size of the breech to a certain extent, and at the same time forming a wedge that became more tightly impacted as the child descended. In all of these cases unsuccessful efforts had been made to extract before he was called, and he was impressed with the advantage of introducing the hand and bringing down the foot over other methods, such as the use of the forceps, the blunt hook, the fillet, etc.—Theraputic Gazette.

## INHALATIONS IN PHTHISIS.

I have employed, at different times, a large number of inhaling fluids and many different combinations. The fluid and combination to which I now give the preference is creasote and alcohol, equal parts, to which I also frequently add a like proportion of spirits of chloroform. This combination is certainly very useful in allaying cough and modifying the quantity and quality of the sputa in pulnonary phthisis. I therefore recommend it very warmly. The alcohol if added to the creasote for the double purpose of diluting it and making it more volatile; the spirits of chloroform are added, in view of the experience of Dr. Cohen, of Phila-

delphia, to diminish local irritation and excessive cough. The inhaler must not be worn too long at first, nor should too much fluid be poured on the sponge at any single time. In either event, instead of giving relief, disturbance is caused; the throat. is rendered more irritable, and the patient complains of increased soreness and tightness in the chest. Properly and judiciously employed, the creasote inhalent relieves symptoms notably, and in the beginning, at least, of pulmonary phthisis, is, I believe, a means of decided utility so far as the possible arrest of the disease is concerned. It is important that beechwood creasote be used. At first the inhaler should be worn ten to fifteen minutes every two or three hours; afterward, it may be worn half an hour or an hour at a time, or even longer. When the length of time is gradually increased, only positive benefit will result. From ten to twenty drops of fluid should be added to the sponge at any one time. If more is added, it The fluid should not will cause undue irritation. be poured on the sponge more than two or three times in twenty-four hours. Precisely the way in which creasote is most useful is, perhaps, difficult to state. By its antiseptic action it is possibly destructive of bacilli; by its local action and general effect it is certainly of value in combating catarrhal conditions. Where purulent cavities exist it tends to destroy or neutralize putridity. These are certainly sufficient good reasons for its use without pursuing the inquiry further. At all events these inhalations do good. The physician notices it and the patient affirms it. In many instances they allay cough better than any coughmixture, and they are certainly free from the great objection of destroying appetite, as opium and morphine so frequently do .- Dr. Beverly Robinson in N. Y. Medical Journal.

## OBSTETRIC.

COLD WATER IN LABOR. - (Med. and Surg. Rep.) The only reliable oxytocic that I have found in my obstetrical practice is cold water. efficacy in exciting contraction of the uterus in postpartum hemorrhage is well established; and its superiority over other agents in hastening labor with less danger is shown in the cases reported by Dr. H. Garvin (who was the first to call attention to its efficacy in this direction), and also in several which have occurred in my own practice. I think if this method was more frequently employed we would have less rupture of the os uteri or perinæum, and less post-partum hemorrhage. I cannot better explain the action of cold water to the uterus than in the language of Dr. Garvin : Cold when brought in contact with the surface, though locally depressing, through its communication with the pervous centres, acts as a stimulant affecting the whole system or only certain organs, according as it is generally or locally applied. All are familiar with the effect of cold water sprinkled upon the face in attacks of syncope, also