

after death to be greatly enlarged, the left ventricle being much hypertrophied. There was no valvular disease. The aorta was dilated and contained numerous calcareous and atheromatous plates; three large sacculations were also found just above the valves. Further, a large irregular aneurism of the dissecting variety was discovered, involving the transverse and descending portions of the arch. It completely surrounded the trachea and œsophagus, pushing them to the right. The sac was entirely filled with laminated clot. The pneumogastric nerve was compressed between the pericardium and the sac. The bodies of the second, third, fourth, and fifth dorsal vertebræ were eroded. —*New York Med. Jour.*

**THE HOT BATH IN THE TREATMENT OF SLEEP-LESSNESS.**—Mr. S. Eccles, in the *Practitioner*, states that to secure sleep by means of the hot bath, the following precautions have to be attended to:—The bath-room must be heated to about 70° F., then the patient must be stripped in the bath-room, the head and face first being rapidly doused with water at 100° F. By this means the body is cooled, whilst a rush of blood is sent to the head. Then the whole body, excluding the head and face, is immersed in the bath at 98° F., rapidly raised to 105° or 110° F. In about eight to fifteen minutes the patient feels a sensation of pleasant languor, when he must be wrapped in warm blankets, and proceed to the bed-room with as little personal effort as possible. By the time the bed-room is reached the moisture on the surface of the body will have been absorbed; the patient must then put on his night-clothes and get into bed, lying with the head raised, hot bottles to the feet and well covered with bed-clothes. No conversation or moving about the room should be allowed, and all light must be excluded. In a few minutes the patient will be found in a quiet, refreshing sleep. The theory of the method is based on the sudden exposure of the body contracting the arterioles of the skin, causing thereby a corresponding dilatation of the vessels of internal organs, which in the case of the brain is further induced by the application of hot sponging. The immersion of the whole body next causes a dilatation of the vessels of the surface, except the head and face, with contraction of the vessels of the brain and gradual slowing of the heart's action, thus placing the brain in the most favorable condition for complete functional rest. There are certain conditions, however, in which this method is contra-indicated. Persons suffering from anæmia or emaciation, or from aortic valvular disease, or in whom signs of atheroma are recognized, should not be subjected to such rapid variations of local arterial tension as this process entails. In such cases massage may give good results. —*Glasgow Med. Jour.*

**PERICHONDritis OF THE LARYNX.**—This case has several interesting points. A man, forty-three years of age, presented himself with a subglottic swelling beneath the right vocal cord, producing hoarseness but no dyspnoea. Malignant disease was suspected. Eight days later tracheotomy was done on account of urgent dyspnoea. The vocal cords were almost hidden by swelling of the parts above them, and externally over the thyroid some tenderness and swelling were observed. Two days later a laryngoscopic examination showed increase of the swelling. The odor of the breath was offensive, and there was copious discharge of mucus through the tracheal wound. Expectoration was free in consequence of a bronchitis which supervened. Iodol benefit. Ten days after the tracheotomy a small piece of cartilage was expectorated, and decided improvement followed. Scarifications were made with the laryngeal lancet, and vapor *pini sylvestris* was used. There was a slight degree of dysphagia and constant pain over the lower part of the left wing of thyroid. For more than a month the case progressed favorably. The patient then expelled quite a large piece of bone(?) and in a day or two had a return of bad symptoms. The larynx was again sacrificed, and an ice-bag was applied. The improvement from this time was slow but without interruption. Four months after the tracheotomy the use of Mackenzie's three-pronged dilator was resorted to, so that in the course of three weeks it was possible to dispense with trachea tube. Iodide of potash was given, although no history of syphilis could be obtained. Iodol was found to act little better than iodoform. Headache was relieved by antipyrin. Subglottic laryngoscopy through the tracheal was attempted, but did not succeed. Chronic laryngitis seems to have been the cause of the lesion. The paper closes with a brief reference to a similar case, arising also from chronic laryngitis, in which the cricoid was involved, and for which tracheotomy was done. —*Br. Med. Jour.*

**ACETIC ACID AND ERGOT AS ECBOLOGICS.**—Since Dr. Grigg called attention to the value of vinegar as an ecboic, I have frequently used it for that purpose. And I have also found that four drops of the strong acetic acid (representing nearly half a drachm of vinegar) combined with strychnine have been successful in bringing about contractions of the uterus after ergot had failed. In one noteworthy case, where in a very weak and anæmic woman the pains, after continuing feebly for a day or two, seemed to be leaving her, and ergot had been exhibited (the waters having broken), I found acetic acid and strychnine produce sharp and effectual pains.

The same thought, therefore, occurred to me as to Dr. Francis, of the possibly good results of combining it with ergot, and, in addition, observing