

sideration. Three days later the plaster was removed, the disease having presumably been kept in bounds thereby, and recovery having taken place. The author confidently recommends this procedure in similar suitable cases.

**THE ERECT POSTURE FOR GYNÆCOLOGICAL EXAMINATION.**—In a paper contributed by Dr. William B. Dewees, of Salina, Kan., *Med. Rec.* the author says: Digital examination per vaginam, with the patient in the erect posture, affords one of the most positive means for diagnosis in gynæcology. It is a well-established fact that respiration, the various movements and attitudes of the body, as well as pathological conditions, change the condition and environments of the viscera. Thus the importance of posturing the patient in making physical examinations in gynæcologic practice becomes evident, as most of the symptoms of diseases of the intra-pelvic organs are more marked, and very many only manifested, when the patient is standing; while certain conditions of descent, prolapse, or displacement may entirely disappear or change, when the pressure or the superincumbent weight of the abdominal viscera is removed by the patient being placed in the dorsal, semi-prone, genu-pectoral, or high pelvic positions; therefore the erect posture is of paramount importance as an aid in diagnosis in this field of labor. The author emphasized the advantage and necessity of digital examination in the erect posture, more particularly in examinations undertaken for a cure in women of, 1st, displacement of the uterus; 2nd, vesical and rectal disorders; 3rd, lack of perineal and vaginal support; 4th, ovarian and tubal disorders; 5th, abdominal and pelvic tumors; and 6th, differentiation between abdominal tumors and pregnancy.

[Common sense, we have practised it for years.—ED.]

**LONG-CONTINUED RECTAL ALIMENTATION.**—A case of successful, long-continued rectal alimentation is reported in the care of Dr. Maragliano, which certainly meets the objection so often raised, that no real nourishment is obtained from rectal feeding. The patient, a woman, had circumscribed peritonitis from perforated gastric ulcer. For ninety-four days she was kept continuously upon exclusively rectal feeding. In this

time the patient lost but 2,700 grammes in weight. The diet consisted of the following enemata:

R—Lean beef, . . . . 300 grammes.

Pancreas, . . . . 150 grammes.

Mix well, rub up in a mortar, and strain; then add:

Water, q. s.,

Carbonate of soda, . . . 5 grammes.

Fresh ox-gall, . . . . 25 grammes.

This suffices for four enemata a day when diluted with a sufficient amount of tepid water.

**AN EARLY SIGN OF PNEUMONIA.**—Morison, *Lancet*, in several cases presenting the general symptoms of pneumonia in the absence of the ordinary physical signs, has observed a jerky expiration over a limited area, in which he subsequently found developed the usual signs of pneumonia. This jerky expiration is believed to be the first physical sign developed, and can be heard soon, if not immediately, after the rigor, before dulness or crepitation appears. The sign is more distinct in children, but has also been observed in adults. It is suggested that the phenomenon may be due either to the primary congestion interfering with the elasticity of the lung or to the better propagation of the heart-beats through a more readily conducting medium than the healthy lung.

**SANTONIN AS AN EMMENAGOGUE.**—Dr. Bergey writes in the *Therapist*: I was called to see Mrs. A. B., aged thirty-six years, and found her in great agony from uterine colic. The pains had lasted for several days, and gradually assumed a graver form, notwithstanding the various domestic remedies which she had employed. Hot water bags were applied and frequently changed. Hot drinks were freely administered and frequently repeated, but without affording any relief. The pain was so severe that it was necessary to resort to large doses of morphine to get it under control. In the meantime, a ten-grain dose of santonin was administered. The menstrual flow became fully established by the second day after administering the santonin, and the patient rapidly recovered. To avoid such crises at future periods, I prescribed several ten-grain powders of santonin, one to be taken at night, at the first approach of the menstrual molimen. In this manner the suffering