

A NEW REVULSIVE.

BY DR. E. COUTIVIER.

Among ordinary remedies there are few which render so many services as revulsives. Sinapisms are of daily use; and flying blisters, although reserved for graver cases, have indications almost as numerous. But there are many circumstances in which the fugitive effect of a sinapism does not suffice, and in which we recoil from the employment of a blister. Our only other resources then are frictions with tartarated antimony or croton oil, and applications of thapsia. But these means present such serious inconveniences that we very often hesitate to recommend them. . . . I have said nothing of Burgundy pitch, because its effects are almost *nil*. What is required to fulfil all indications is an agent whose effect will be at once rapid and prolonged, and which will provoke a sharp revulsion without occasioning pain or itching. Does this agent exist? Yesterday it did not exist, or at least its properties were scarcely suspected and it was not employed; but it certainly will be so in the future. This agent is pimento, or rather the extract of pimento, which M. Lardy has just made known. It combines, in fact, in the highest degree, the various conditions we have just enumerated. It acts with great rapidity, ten to thirty minutes, according to the point of application and the delicacy of the skin. Its action is manifested at first by a sensation of heat, a slight smarting and redness. These go on increasing for about three hours, then they remain stationary, and the revulsive action is so continued as long as may be desired. Nevertheless, after twenty or twenty-four hours in the adult, eight to ten in children, it is better to remove the plaster, and put another alongside of it if it be desirable to continue the revulsion. The heat and tingling produced are painless and free from itching. . . . The extract of pimento has a beautiful red colour, identical with that of the dried fruit. Suitably incorporated in a plastic mass, and spread upon squares of paper, its application is very easy. It is unnecessary to warm it, for it adheres sufficiently to the skin; but it is well, on parts subject to movement, to fix it with a bandage just as a blister. Moreover, its action may be augmented or moderated according to the pressure. On removal, the heat and tingling may be immediately arrested by the application of a little starch.—*L'Union Médicale*.

From *L'Union Médicale*.

At the *Société de Chirurgie*, M. Guéniot read a second report relative to an observation of dystocia from vicious conformation of the pelvis, addressed by Dr. Cauvy (d'Apt.) It concerned a female assisted in her labour by a midwife who, in order to accelerate a very long labour, thought that she ought to administer a double dose of from 1½ to 2 grammes of ergot of rye. In spite of the repeated employment of the ergot the head still remained at the superior strait. A physician was called, who made three futile applications of the forceps.

When M. Cauvy reached the patient, he found the uterus in true tetanic contraction. The head was wedged into the superior strait, and presented in the form of a soft tumour in which osseous fragments were felt, resulting from fracture of the cranium, probably produced by the repeated applications of the forceps. M. Cauvy seizing the hairy scalp with his hand, made tractions which sufficed to extricate the head and the rest of the body. But the patient, being exhausted, died twenty-four hours after her delivery.

This woman had already gone through two previous labours, the first with presentation of the breech terminated spontaneously; the second with shoulder presentation was happily terminated by version. M. Cauvy believes that he may draw from this conclusions favourable to the employment of version in preference to the application of the forceps in cases of dystocia from pelvic narrowing. M. Guéniot does not participate in this opinion, and thinks that the forceps ought to be generally preferred. In conclusion he calls attention to the serious abuse that midwives and even some physicians make of the ergot of rye in difficult labours, owing oftentimes to vicious conformation of the pelvis. The ergot in these cases renders the accouchement infinitely more difficult and more fatal. We cannot too strongly set ourselves against this baneful practice. M. Lucas Championnière directed attention to the efficacy, in serious cases of dystocia with head presentation, of the employment of the cephalotribe, which, attacking the base of the cranium through the mouth, enables us to obtain an extreme reducibility of the head which singularly favours the termination of the labour.