

should the pains be feeble, than grasp the uterus so as to bring on a contraction to arrest hæmorrhage.

7. Do nothing further in a normal case until the lessening of the bulk of the uterus shows that the placenta is separated and being expelled; the expulsion may then be aided by "expression."

8. One can tell when the placenta is separated and not driven down by noting that gentle expression drives it down.

The reasons for the above treatment are as follows: Ergotine and manipulation are used to insure good marked retraction and to empty the intervillous spaces well. The fetal circulation is aspirated thoroughly by allowing the child to cry well, and by draining the cord. These two measures give the necessary disproportion sooner, as the placenta can not now follow up the increase in placental area during relaxation, is made as small in area as possible, and relaxation thus sooner tears the trabeculæ.

Since practising this procedure, Hart has had no difficulty in the normal third stage of labor. Interference is reduced to a minimum, and the membranes expelled intact—D. Berry Hart in *Ed. Med. Jour.*

MEDICAL NOTES.

A good application for burns is the following:

R.—Salol, p. j.
Ol. olivæ, p. vj.
Aquæ calcis, p. vj. M.

A solution of chromic acid is perhaps the best application to mucous patches (*Cinn. Lancet-Clinic*, July 28), especially to those in the mouth and the pharynx. Use from two to five grains to the ounce.

When constipation exists in women who menstruate profusely, as in rheumatic subjects, the *Med. Press* says: Equal parts of flowers of sulphur and calcined magnesia, mixed with an equal bulk of cream of tartar, will be found an excellent laxative.

A useful liniment in neuralgia is the following:

R.—Spirit. camphor., . . . p. 90
Æther., p. 30
Tinct. opii, p. 6
Chloroform., p. 20. M.

Apply with a flannel.

A palatable cod-liver oil for children may be prepared as follows (*Am. Pract.*):—

Florida orange wine, . . . ̄vj.
Cod-liver oil, ̄ij.
Extract of pancreatin . . . gr. xx.

Shake thoroughly.

Dr. E. B. Stevens states, in *Obstet. Gazette*, Aug., 1888, that, uniformly, women who have been for some time—say one to two or three years—in the morphine habit, have an entire arrest of menstruation, which function is re-established under treatment for the habit.

Another external application for neuralgia is the following (*Med. Rec.*):—Eau de Cologne, ether and chloroform, f 3 iij of each, poured on a handkerchief previously wetted with cold water, and placed on the seat of pain, is said to give instantaneous relief. In nervous headache it is also efficacious.

Professor Jacquod (*Brit. Med. Journal*) recommends a copious diluent draught and an exclusive milk diet in the treatment of gout: in cases in which there is considerable fever he gives a small quantity of hydrate of bromal. Preparations of colchicine and of salicylate of soda, though excellent as anæsthetics, are to be avoided. In patients affected with interstitial nephritis these substances produce most serious toxic symptoms.

The oil of turpentine is recommended as an application to all cases involving a solution of surface continuity from injury (*Med. Press.*) In severe wounds of the hand or other parts, involving extensive laceration, the oil is said to prevent suppuration and sepsis, and so conduce to rapid recovery. In such cases the parts are well cleansed with hot water, and pledgets of lint steeped in the oil are applied. The dressing is kept saturated with a mixture of two parts of the oil of turpentine and one of linseed oil.—*Col. and Clin. Rec.*

PULMONARY GANGRENE TREATED BY INCISION AND DRAINAGE.

At the meeting of the Clinical Society of London, held October 12, 1888, Dr. Pasteur read a case of "Pulmonary Gangrene treated by Incision and Drainage" (*Lancet*, October 20, 1888). The patient was a delicate-looking boy, aged 7. His illness was insidious in the onset, but had developed rapidly. On the morning before admission to the North-Eastern Hospital for Children he coughed up a quantity of bright blood, and his mother noticed that his breath had become very offensive. On admission ten days after the onset, he was febrile, with thickly-coated tongue, quickened breathing, and gangrenous fetor of breath. Over the right upper lobe were impaired resonance. weak tubular breath sounds, and diminished voice conduction. During the next three weeks cavity signs developed at the right apex, and the remainder of the right lung became pneumonic. The temperature ranged between 100° and 103.6°. He spat up daily from two to four ounces of offensive watery fluid, mostly saliva. The boy was subse-