to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum or, better, with Nott's tenacular forceps, and then if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to strengthen the bent canal; at any rate fix the uterus by the instrument.* Now take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument be re-introduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by eansm of an applicator wrapped with cotton wool, swab out twice, or oftener, the uterus with Churchill's tincture of iodine—one of the best of local uterine hæmostatics, if not one of the best of antiseptics. Finally, let the patient have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalesence is not prompt and perfect.

AMENORRHŒA.

In cases of this nature, due to torpid action of the ovaries, Dr. Goodell orders the following prescription:

℞. Ex. aloes, ʒ j.; ferri sulph. exsic, ʒ ij., assafœt. ʒ iv. M. et in pil. No. c, divide.

Sig.—One pill to be taken after each meal. This number to be gradually increased, first to two, and then to three pills after each meal.

If the bowels are at any time over-affected, the patient is to stop and begin again with one pill.

Where the amenorrhœa is due to arrested development, Dr. Goodell has derived the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

℞. Pulv. ferri sulph., potas. carb. puræ, *aa* ʒ ij., mucil. tragacanth, q. s. M. et in pil. No. xlviii, div.

Sig.—To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula:

℞. Pulv. glycyrrh. rad., pulv. sennæ, *aa* ss., sulphur sublim., pulv. feniculi, *aa* ʒ ij., sacchar. purif. ʒ jss. M.

Sig.—One teaspoonful in half a cupful of water at bedtime.

Where the suppression is due to change of habits and loss of health, tonics are employed. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, the patient is placed in a mustard hip-bath, a Dover's powder is administered, she is put to bed and hot drinks are given to provoke copious diuresis and diaphoresis.—*N. Y. Record.*

*It is well to use a uterine probe in order to ascertain the course of the cervico-uterine canal and the depth and size of the uterine cavity.

THE TREATMENT OF PNEUMONIC FEVER (ACUTE LOBAR PNEUMONIA) BY THE EMPLOYMENT OF THE WET-SHEET.

Dr. Austin Flint, in a recent clinic (*Gaillard's Medical Journal*, March, 1881), presented three cases of pneumonic fever, treated antipyretically by means of the wet-sheet, no other active measures of treatment having been employed. The favorable course of the disease under this treatment, in these cases, was highly gratifying. Dr. Flint said, "Inasmuch as these cases are but a small proportion of those which have been treated in my wards during the session, you may ask why the treatment has been thus limited. The treatment is, as yet, novel in this country. In relating the first two cases at a meeting of a medical society of which I am member, doubt was expressed by other members as regards a favorable influence produced by the treatment, together with distrust of its propriety and safety. I was not without apprehensions, in the first place, in respect of the treatment itself, and, in the second place, as taking the place of other therapeutical measures, notwithstanding the strong testimony of some German writers in behalf of the efficacy of cold baths in this disease. These considerations led to a careful selection of cases. The cases selected were those in which the disease was in an early stage, the patients apparently robust, the pyrexia considerable or high, and no complications existing. I am by no means sure that the treatment might not have been employed in other cases with advantage, but it was thought best to select cases in which there was the least likelihood of harm were the effect not satisfactory."

The plan of treatment was as follows: The directions were to employ the wet-sheet whenever the axillary temperature exceeded 103° Fahr. The patient was wrapped in a sheet saturated with water at a temperature of about 80° Fahr., the bed being protected by an India-rubber covering. Sprinkling with water of about the same temperature was repeated every fifteen or twenty minutes. If the patient complained of chilliness, he was covered with a light woolen blanket, which was removed when the chilly sensation had disappeared. In none of the cases was the blanket used much of the time when the patient was wrapped in the wet-sheet. The patient remained in the sheet until the temperature in the mouth fell to 102° or lower, care being taken to watch the pulse and other symptoms. When the temperature was reduced, the wet-sheet