

iodidi, ℞j; aque puræ, ℥viiij; or ferri sulph. in same proportions. Argenti nitras, cupri sulphas potassii iodidum, potassæ chloras, and the vegetable astringents are all excellent remedies for this purpose. After the cervix has been thoroughly exposed there will frequently be observed a thick, glairy, tenacious mucus, plugging the os, which will require for its removal some effort on the part of the operator. This is best accomplished by using small pieces of cotton, attached either to a sponge-holder, or a long delicate pair of forceps. The parts being in a condition for the application of remedies, he usually then uses chromic acid dissolved in water, one part of the former to two of the latter. While on the probe or sound, the cotton is saturated with the chromic acid solution and introduced gently into the cervical canal, fully one and a quarter inches, and allowed to remain only a few seconds. This application should not be repeated oftener than every six or eight days, and not then unless positively indicated. When the discharge proceeds from the cavity of the uterus, either from the body or fundus, he has found the acid nitrate of mercury invaluable for its relief, but great care should be taken to see that the os is well dilated before recourse is had to this remedy. His plan is to saturate a small pledget of lint or cotton with the acid nitrate of mercury, and fasten a delicate string around it, so that it can easily be withdrawn, and gently introduce it to the fundus, allowing it to remain for six or eight hours, and then remove it. Repeat this once or twice weekly for two or three weeks, and the result will be most satisfactory.—*American Practitioner*.

TANNIN IN PROLAPSUS UTERI.

Dr Hachenberg reports in the *New York Medical Record* several cases of the use of this remedy in prolapsus uteri, when other means had failed to afford relief. His method is as follows:—A glass speculum is introduced into the vagina so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston, the tannin is now pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed with a dry probang, around the neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured and the instrument removed. The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first, the applications may be made weekly, finally but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb or within the vagina, it actually gives speedy relief.

PUERPERAL CONVULSIONS.

In a paper on the treatment of puerperal convulsions, by Mr A. B. Steele, of Liverpool, the author maintains that this must be based on a

pure system of eclecticism. In plethoric conditions of the system, free general depletion was essential. The amount of blood to be taken depends, not, as has been laid down by authors, upon the severity or frequency of the paroxysms, but upon the state of the circulation in the intervæ. In an overloaded state of the vascular system, bloodletting had a directly sedative action on the spinal centres: while in an anæmic state of the system it only increased the mischief, by adding to the already augmented spinal irritability due to anæmia. Bloodletting in suitable cases had a twofold action—curative in its action on the spinal cord, preventive in its action on the brain, preserving that organ from the injurious effects of pressure liable to result from the continued pressure during the paroxysm. Convulsions had been attributed to cerebral congestion, but Dr Marshall Hall has shown that no cerebral disease can produce convulsions, which are exclusively a lesion of the true spinal system, although congestion or fullness of the cerebral vessels may indirectly cause convulsions by counter pressure on the medulla oblongata. In uræmic convulsions, bloodletting acted also as an eliminant, by removing at once and directly an appreciable quantity of the poisoned fluid. Manual dilatation of the cervix and immediate delivery has been recommended as a universal rule, on the ground that the uræmic condition was speedily fatal—first to the child and then to the mother. That this is a fallacy is shown by the fact that convulsions often persist for a long time after delivery, and, further, sometimes even terminate favourably both to mother and child after some hours' duration; besides, uræmia is not a constant condition in this affection. Early delivery, while proper in certain conditions, is hurtful in others, by adding to the already exalted excitability of the reflex system. Statistics have shown that the mortality is less when labour is not artificially hastened. The author attributed the death of the child to violent uterine action rather than to uræmia, and the maternal deaths were chiefly referable either to exhaustion or secondary cerebral mischief. Chloroform was most valuable under certain conditions, but could not supersede the necessity for depletion in cases of extreme vascular fullness.

SHORT NOTES.

VERATRUM VIRIDE IN ACUTE RHEUMATISM.

Heuser considers veratrum viride to be superior to any other remedy in acute rheumatism. He uses a mixture of 1 part of the tincture with 4 of rectified spirit and 5 of water. Three to five drops of this mixture are given every two hours, and the joints kept warmly rolled up. The author has also observed the best effects result from its use in pleurisy, and considers that it will supersede digitalis in pneumonia and bronchitis. He warns against the use of large doses, which impair the remedial action of the drug. Five drops of the tincture reduced the pulse rate to one-half, and produced vomiting, weakness, cold sweats, a feeling of tearing and numbness in the extremities and muscæ volitantes.—*London Med. Record*.

PLASTER SPLINTS.

There has been recently devised and used at Bellevue Hospital, a modification of the plaster-of-Paris splint. It consists in laying strips of tin or wire gauze, about three-fourths of an inch in width, lengthwise of the limb. The flexibility of these strips is such that they readily accommodate themselves to any unevenness upon the surface, and yet strongly resist any lateral displacement. The advantages derived from these strips are, that an equally firm splint is obtained as when the plaster alone is used, and a very much lighter one.

SCIATICA.

Some cases of this disease which had resisted a variety of treatment were cured at Bellevue Hospital, almost at once, by the hypodermic injection of morphia over the seat of pain, plunging the needle deep into the tissues, perhaps to the depth of one or one and a half inches.—*Med. Record*, March, 15, 1876.

LOCAL TREATMENT OF SKIN DISEASES.

In an article published by Dr Gamberini in the *Giornale Italiano delle Malat. Ven.*, the author gives a list of the various cases treated in the special department of the Hospital Sant Orsola of Bologna, and makes the following remarks as regards the local treatment of the skin manifestations: In soft ulcers iodoform combined with glycerine was eminently successful (two drachms and a half of iodoform to one ounce of glycerine). Carbolic acid and tincture of iodine were also highly beneficial. Depilation and parasiticidal lotion formed the treatment of the various kinds of favi. The non-syphilitic manifestations were attacked according to their fundamental cause; the arthritic by alkalies; the herpetic by arsenical preparations; the scrofulous by anti-scrofulous remedies; with the result of showing the excellence of Dr. Bazin's doctrines.—*Lancet*.

ABORTIVE TREATMENT OF FURUNCULI.

As soon as there is perceived on any part of the body that characteristic redness, round in form and variable in size, with a culminating point in the centre, which, red at first, soon turns to a greyish-white, pour into a little saucer a thimbleful of camphorated alcohol; dip three fingers of the right hand into the liquid, and gently rub the part, especially the middle; moisten the fingers, and rub again in the same manner eight or ten times, for half a minute each time. After this friction, dry the place well, and anoint it lightly by the finger with camphorated olive oil, to prevent the evaporation of the alcohol. It is rare for a blind boil or furuncle, at the moment of lessening, to resist four applications of this kind. Often they decrease in inflammation, dry up and disappear, after only one application. When many applications are necessary, it is well to let a certain interval of time elapse between them—for example, to make it morning, midday, and evening.—*British Medical Journal*.

SULPHATE OF ZINC IN EPILEPSY.

Dr. Oxley related to the Liverpool Medical Institution (*Brit. Med. Jour.* March 22, 1873,) a case of the successful treatment of epilepsy by sulphate of zinc where bromide of potassium had failed. The girl, aged ten, in good health, had three or four fits in a day. Bromide of potassium, in ten, and afterwards twenty grain doses, three times a day, had no effect. Sulphate of zinc, in doses of three grains three times a day was given. She had one slight fit, after which she was free for several days, when the fits returned. The medicine was renewed, and the fits entirely left her. Dr. Oxley had never before seen sulphate of zinc of service in epilepsy, but bromide of potassium had proved very beneficial.