

inserted into openings, made into the tent, give control of the heat produced which, at the first séance, is allowed to rise to 55° (139 F.); at subsequent séances it is permitted to rise 62° (143.5 F.), or even 67° (152.5 F.). During the bath, cold applications or an ice-bag are placed upon the patient's head."

After 19 to 42 such baths, the patients were well. The hæmoglobin, the specific gravity of the blood, the number of red corpuscles and the weight of the patients had successively increased; cardiac irritability, anæmic bruits, febrile attacks and neuralgic pains had diminished or disappeared. Disturbances of menstruation and other ailments dependent upon chloro-anæmia also disappeared.

[*Editorial Note.*—I have employed what seems a simpler way of administering hot-air baths. Place a large alcohol lamp upon a cane-bottom chair, cover it with one part of the elbow of a common stove-pipe, introduce the other open end under the bed-clothes, and very soon the patient will be enveloped by an atmosphere heated to 150 degrees.—F. C. V.]

#### CASTRATION FOR MELANCHOLIA.

The operation of castrating males for nervous and mental disorders is at last put upon a firm clinical basis. Oöphorectomy came from the South, and thence diffused its genial and unsexualizing influence over the East and North; but testectomy, if we may coin a word on so great an occasion, comes from the West. It was in 1892 that the Eastern Michigan Asylum published an annual report containing the history of a case in which the operation of castration was done for the relief of a "sickening neuralgia" of the testicles. The patient had not only neuralgia but melancholia. One of the testicles was removed, and the testicle was found diseased, but not, as we understand the description, cystic or suppurating. The patient improved, but was not cured, and so, later, the second testicle was removed. The medical superintendent, Dr. Burr, now reports that the cure is complete. It is interesting to notice that both testicles had to be removed, just as, in the opposite sex, we are told that both ovaries ought to go in order to get the best results.

Here we have a case of chronic neuralgia and melancholia in a man of fifty-seven, cured by castration. Neuralgia is very common, and so is depression of spirits. There is a fruitful field, therefore, in which ambitious andrologists may work. Shall we not soon begin to get reports of "my second series of one thousand castrations, with hints on technique?"—*N. Y. Medical Record.*

#### CHILDREN, AND THE WORLD'S FAIR.

The Board of Lady Managers of the Columbian Exposition has undertaken to build and

equip a structure devoted to children and their interests. A series of manikins will be so dressed as to represent the manner of clothing infants in the different countries of the world, and a demonstration will be made of the most healthful, comfortable, and rational system of dressing and caring for children according to modern scientific theories; while their sleeping accommodations, and everything touching their physical interests, will be discussed. Lectures will also be given upon the development of the child's mental and moral nature by improved methods of home training. There will be a crèche for babies and a play-ground for children.—*N. Y. Medical Record.*

#### ACCOUCHEMENT FORCÉ IN CERTAIN OBSTETRICAL COMPLICATIONS, WITH REMARKS ON THE TREATMENT OF POST-PARTUM HEMORRHAGE.

Dr. Egbert H. Grandin, of New York, read a paper with this title (*N. Y. Med. Jour.*). Under the advance of aseptic surgery great strides had been made in all operative procedures in midwifery, he said, and then went on to describe methods adopted by himself in cases calling for operative interference. In detailing a case of placenta previa with hemorrhage, he said that where the cervix was slightly dilated the finger was introduced, and complete dilatation effected in thirty minutes. Version was then performed, the child extracted, and the placenta removed. Gauze was then introduced up to the fundus of the uterus, thus sparing the patient all further loss of blood. Recovery was prompt. Among other cases in which a similar procedure was carried out were cases of uræmia and also slight pelvic contraction with previous labors, in which the foetus had not been born alive. The results that had attended this treatment were in contrast with those that not infrequently followed the temporizing and slower methods commonly practised. The day had come when the life of the child should no longer be needlessly sacrificed in the apparent interests of the mother; two lives could be saved by modern methods, where at least one would have been sacrificed by the older and slower procedures. The author pointed out the advantage of dilatation with the sensitive hand. The objections that had been made to accouchement forcé were theoretical rather than practical. It had been suggested that it was likely to be followed by uterine atony and serious hemorrhage. This objection would not apply in cases of placenta previa, where the object was to check existing hemorrhage. In uræmia, bleeding was useful, whether from the arm or the uterus. The author had never seen any evil result from the introduction of gauze, and he would always advise it where