

is made, of which from 15 to 20 drops are inserted deeply in the region of the sciatic nerve.

GYNECOLOGY IN LUNATIC ASYLUMS.—Dr. Seguin remarks: "Dr. Storer has written a small work on the influence of uterine diseases over mental troubles, and has shed considerable light on the subject. I have no doubt that to-day a large number of female patients in asylums need a specialist, and many could be cured by the replacement of a uterine version, or the curing of an inflammation. Superintendents of asylums, as a rule, are incapable of attending properly to these maladies, and they have an aversion to calling in an outsider. Some have a great repugnance to such cases, for fear of being accused of assault. For very many reasons every asylum should have consulting physicians and surgeons. Dr. Storer cites case after case, showing a cause of insanity to be due to some uterine difficulty, and European statistical reports point the same way."—*Hosp. Gaz.*

PURULENT OTITIS MEDIA; TREPHINING OF MASTOID CELLS; PARALYSIS OF THE FACE.—A man was admitted to the Charity hospital (*N. Y. Medical Journal*) suffering from purulent otitis media, with facial paralysis. The ear was suppurating freely, but there was marked swelling over the mastoid portion of the temporal bone. It was considered best to trephine the temporal bone. After an opening was made a large amount of pus escaped. Injections carried into the ear escaped through the opening in the bone. The pain in the temporal region was relieved after the operation. An important point in the case was the paralysis of the muscles supplied by the facial nerve. The uvula was turned to one side, showing that lesion in the nerve occurred beyond the origin of the chorda tympani nerve.

EMMET ON THE USE OF ERGOT.—Emmet, in his recent work on Gynecology, says: "From the injudicious use of ergot in large quantities much harm has resulted, without the relation of cause and effect being recognized. But, as a rule, great benefit follows its use when administered in small and continual doses, with the view of acting on the coats of the vessels and of exciting only moderate contraction of the uterine tissue. Ergot should never be given in large doses until after the uterine canal has been dilated, and until it be found that the tumor projects sufficiently to warrant the belief that it may become pedunculated by uterine contraction. I have committed this error myself, and have likewise frequently observed it in the practice of others. Should a tumor be found buried in the uterine walls, or so situated that it cannot become pedunculated, large doses of ergot can certainly accomplish no good. But, on the contrary, if the uterus be thus excited to violent contraction with-

out a purpose, as it were, an increased quantity of blood will naturally flow to the parts, often with the direct result of causing cellulitis, and even peritonitis. By thus setting up a new source of irritation we will establish the most favorable condition for increasing the growth of the tumor."

PLUGGING THE NASAL CAVITIES.—The following method of arresting epistaxis was pursued with much success by the late Dr. T. H. Jewett, a distinguished Maine physician:

Roll up a lock of cotton into a cylinder an inch or an inch and a half in length; tie a strong thread to the middle of the roll; bring the two ends of the roll together, and then, opening the nasal orifice, pass the middle or folded part of the roll into the nostril; next, with the blunt end of a lead pencil, press in the cotton roll slowly, along the floor of the nose, an inch or more and rest. If the blood passes down the throat, you may be sure the bleeding spot is behind the roll; so push in your roll further, and the blood will cease to pass behind. Then, holding on to the string, pass some loose cotton into the nostril and push it down to the plug. The cotton will swell with the moisture and arrest the hemorrhage. In a day or two the natural secretions of the nasal surfaces will loosen the plug, and it may be easily removed by the string.—*Med. Brief.*

The *Lancet* gives the following manner of diagnosing thoracic aneurism: "Place the patient in an erect position, and direct him to close his mouth and raise his chin to the fullest extent; then grasp the cricoid cartilage between finger and thumb, using gentle pressure upward; if dilatation or aneurism exist, aortic pulsation will be distinctly felt by transmission through the trachea." The plan was suggested by Surgeon-Major Oliver.

THE PSYCHOLOGY OF HAMLET.—Dr. Forbes Winslow (*Med. Press and Circulae*) says in regard to the Psychology of Hamlet, that "there is no evidence to prove that Hamlet feigned madness, and that, tracing the delineations of his disposition carefully, there are conclusive facts of the existence of mental aberration followed by complete restoration to health previous to the termination of the play."

HAVEN'T TIME TO READ.—The man who gives as his excuse for not subscribing to a new journal, or for dropping one or more that he is already taking, "I haven't time to read so many," is, in nine cases out of ten, a poor tool. The busiest, most successful men in the practice of medicine are those who read most and write most; it is only the dawdler and the drone who "can't find time to read."—*Maryland Med. Jour.*