

giving it more firmness, limiting its length to a foot, its diameter to sixteen lines, smoothing the two extremities with a file. Then he made other experiments: he constructed a tubular cylinder of gold-beater's skin, which he filled with air by means of a spout, and of which the central opening was maintained by means of a support of pasteboard; he made an experiment with glass and metals; finally he stopped with a cylinder of light wood, pierced in its centre with a tube, expanded at the extremity in the form of a funnel. We have seen in our youth the original stethoscope of Laënnec. In truth, it had a size altogether useless and well adapted to terrify patients.

### ERGOT IN CONGESTIVE DYSMENORRHOEA.

Mr. H. B. Blackburn writes to the *Lancet*, Jan. 31st, 1880—

A year ago I was called to see an unmarried lady, aged 28, who was in great pain, and had been so for about four hours with dysmenorrhœa. I learned that for about twelve hours before the commencement of each period she suffered extreme pain, becoming worse just before the beginning of the flow. She would often lie down and roll about in the greatest agony. Her two unmarried sisters suffered in the same way and as much, and the same was the case with one married sister until her marriage. All three were strong healthy-looking girls, though all were the subjects of that common affection of women, chronic constipation, the bowels often remaining for a week together without acting. I am not now going to speak of the radical treatment of these cases; but having been called in during a paroxysm of pain I had to endeavor, in the first place, to relieve it. I accordingly prescribed ergot, in doses of half drachm of the liquid extract every quarter of an hour. The pain began to diminish before the second dose had been taken, and after the third the flow had commenced, and the pain entirely gone. It may be objected that I am calling what was only *post hoc, propter hoc*; but this is not so, and for the following reasons: On this occasion the young lady had been in pain only about four hours before treatment, so that the duration of pain was now only about five instead of twelve hours, as on previous occasions. Secondly, she and her sisters have ever since kept a bottle of medicine, according to prescription, in the house, and they have recourse to it on each occasion, at the very earliest warning of the period, and they hardly suffer pain. I am of course disposed to treat them radically—i. e., by prescribing for and giving instructions as to the bowels, to endeavour to do away with the necessity for specific treatment of the symptoms, but they are perfectly

satisfied to have a remedy for these on each occasion.

Now a rational system of therapeutics is far more satisfactory than an empiric one. I may, therefore, be excused if I draw attention to my theory of the action of the drug in these cases, my recourse to it in the first instance being founded on this theory.

Ergot is supposed to cause contraction of the muscles of organic life. I do not compare its action in cases of congestive dysmenorrhœa to that on the uterus at term. I suppose that here it acts not on the muscular fibres of the uterus so much as on those of its vessels; contraction of the uterine small arteries being the cause of relief from congestion, then, the congestion and general pressure being removed, the menstrual flow comes on.

### AN EMETIC FOR INFANTS.

Dr. S. W. Smith (British Med. Journal) writes: I beg leave to record that half a teaspoonful of glycerin acts as a simple and efficient emetic for infants. Perhaps some of your readers can confirm this by future experience.

### A NEW REMEDY FOR EPILEPSY.

Dr. Shields, in the *Southern Clinic*, reports two severe epilepsies cured by white peony-root. He uses the remedy as follows: Root of the white peony,  $\frac{3}{4}$  x; boiling water, cong j; boil to two quarts and filter. Of this decoction give about one ounce three times a day.

### DOUBLE PNEUMONIA AND ABORTION.

Dr. L. A. Rutherford reports the following interesting case to the *Medical and Surgical Reporter*. The case is of so great interest that we publish it in full:

On the 14th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; both cheeks flushed; eyes suffused; respiration about twenty-three; pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in center, base covered with a dense, dirty, brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A. M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to