

following out of some of the lines of treatment suggested above may lead to valuable results :

#### EXPERIMENTS WITH NUMEROUS DRUGS ON THE BACILLUS TUBERCULOSIS.

If Koch's bacillus tuberculosis is actually the cause or infectious agent of tuberculosis, the labors of Sormani and Bognatelli to ascertain the effect of various drugs on the microbe are in the right direction to possibly advance the therapeutic aspects of this affection. We abstract from their papers, "*Ricerche Sperimentali sui Neutralizzanti del Bacillo Tubercularia Scopo Profilattico*" and "*Ulteriori Ricerche sui Neutr. del Bac. Tuberc.*," Milano, 1885, simply their general conclusions.

Both authors tested a number of chemicals, especially such which could be therapeutically considered as to their influence upon the vitality of bacillus tuberculosis. One c. c. (16 gtt.) of sputum, in which the presence of a large number of bacilli was previously ascertained, was, under the ordinary precautions, mixed with a certain quantity of the drug to be tested, the mixture preserved at a temperature of 35° to 40° (C.) one to two hours, then mixed again, and by means of a disinfected syringe injected in the abdominal cavity of guinea-pigs. These animals, unless they died sooner, were killed after two or three months and examined for bacilli. A large number of drugs showed no or a very slight pertinent action. An appreciable antibacillar effect was obtained from the following drugs in an ascending order: lactic acid, camphor, bromide of ethyl, naphthol, turpentine, chloride of palladium, creasote, carbolic acid, and corrosive sublimate. The following drugs showed likewise some antibacillar virtues; benzene, toluol, oil of carraway, essence of cloves, guajak, chinolin, menthol, and creasote.

#### THE MANAGEMENT OF PLACENTA PRÆVIA.

Dr. Malcolm MacLean offers the following rules as those which should best govern the treatment of placenta prævia (*Amer. Journ. Obstetrics*, March, 1886):

*First.*—In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest,—body and mind,—and a mild opiate is often desirable at this stage to quiet irritation.

*Second.*—Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to induce premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

*Third.*—In primiparæ, and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

*Fourth.*—In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnes's dilator than on pressure by the foetal parts.

*Fifth.*—Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot and leaving one thigh to occlude and dilate the os, may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

*Sixth.*—The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

*Seventh.*—In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

*Eighth.*—In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In case of favorable presentation,—occiput or breech,—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and child will be expelled rapidly and safely without artificial assistance.

*Ninth.*—The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

*Tenth.*—Whenever it is possible, dilatation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

*Finally.*—As cases of placenta prævia offer special dangers from post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

#### TREATMENT OF CHANCROID.

The *Journal of Cutaneous and Venereal Diseases* learns the following from its French correspondent. M. Maurice Notta has put forth an article in *L'Union Médicale*, July 18, 1885, treating of the different methods which have been employed for the treatment of simple or non-infecting, non-syphilitic chancre—the chancroid of English and American writers. He divides them into two kinds—one in which only a topical and superficial action is sought to be produced upon the chancroid; and another which aims at its complete destruction from the very base, and its transformation into a simple sore. To the first class belong the applications of aromatic wine, tartrates of iron and pot-