ON PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.

Mr. Alexander Duke, M.K.Q.C.P.I., Obstetric Physician to Dr. Steveens' Hospital, Dublin, remarks, "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the text-books on midwifery) is this:—When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on, till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, "the process of extension," while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perinæum produces no additional pain to the patient, as it is done during a uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perinæum previous to its distension with the presenting part, we should see and hear less of lacerated perinæum."—*British Medical Journal.*

In a Recent Editorial concerning Smartweed as an emenagogue, in the *Medical News* it is stated that the drug (whose botanical name is polygonum hydropiperoides) is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systematic depression, and is contra-indicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind with a sluggish circulation, cold hands and feet, and general depression, are also benefited by this remedy. The best form for administration is the fluid extract in five to thirty minim doses, mixed with glycerine and wine, three or four times a day.

ANTISEPTIC INHALATION IN PHTHISIS.

Dr. J. G. Sinclair Coghill of the National Hospital for Consumption gives the following formula for an inhalation in phthisis:

℞. Tr. iodi, ether, acidi carbolici, aa ʒ ij; creosoti (or thymol), gtt. j; alcoholis, ad, ʒ j. M.

This may be inhaled through cotton wool on which it has been dropped.—*Mich. Med. News.*

TO DEODORIZE IODOFORM.

Dr. Q. C. Smith, of Austin, Texas, recommends the following (*Southern Practictioner*): ℞ Iodoform, fine powdered, ʒ j; Tannic acid, ʒ ss; Balsam Peru, Oil Sassafras, Oil roses, Oil camphor, aa gtt. ij. Mix thoroughly. We have used this formula for several months, and find it much the best of the many we have tried.

SALICIN AND RHEUMATIC ENDOCARDITIS.

In a paper by Dr. T. J. Maclagan on "Rheumatic Endocarditis," the author remarks, in conclusion:—"Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an antirheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate. There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But, whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart complications may possibly be prevented, and it is probable that in some cases they will be prevented. But every hour is of importance, for it needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within twenty-four hours than it is in one in which three or four days are expended in the process. The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty-four hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications."—*British Medical Journal.*