

8. The true disease, that is, the exudation which has infiltrated itself through the pulmonary tissues and been coagulated, constituting hepatization, can only be removed, first, by its transformation into pus cells; second, by the molecular degeneration and liquefaction of these; third, by absorption into the blood; and fourth, by excretion of the exuded matter in a chemically altered form through the evacuations.

9. These processes are favored by supporting the vital powers: first, by rest in bed immediately after the attack; second, by beef-tea and milk during the febrile period, with a moderate amount of wine, if the pulse be feeble; third, by beef-stakes and solid food as soon as they can be taken, with more wine or a little spirits, if the pulse falter; fourth, by mild diuretics on the seventh or eighth day, to favor excretion by the kidneys.

10. The same pathology and principles of treatment apply to all cases of simple pneumonia, whether single or double, the latter being only modified by the weakness of the patient, when more restoratives and stimulants are required.

11. In complicated cases other treatment may be required according to the circumstances of the case; the pneumonia, however, being always influenced in the manner previously detailed.

The mortality in 153 cases treated on this plan was one death in 30½ cases. This statement includes 35 double and 24 complicated cases. Among the simple cases, single or double, the mortality was nil.—*Medical Record.*

#### External Version.

Dr. B. C. Riggs, House Physician, Bellevue Hospital, reports the following as illustrating the benefit of external version: Ellen P., æt. 35, a native of Ireland, having borne five children, all of whom presented normally, was seized with labor pains at 9½ p. m., April 27th, 1869. Her last menstruation occurred early in July, '68. With the first pains the waters escaped. When she was seen half an hour later, there had been but three distinct uterine efforts of which she was conscious, and these slight ones. The long axis of the uterus was evidently transverse and its walls flaccid. The fetal heart could be heard most distinctly just below the umbilicus, and the head was thought to be felt in the right iliac fossa. On examining, the right hand and arm were found in the vagina, palm looking forward and thumb pointing to the mother's right thigh. Dilatation of the cervix had proceeded so far that the os would probably have measured two inches in diameter. Chloroform was at once administered, and passing my right hand into the vagina, I introduced all four fingers within the cervix. By manipulations from outside, made by an assistant, the breech was pushed up and the head down, while by the hand in the vagina efforts were made to move the presenting part from the right to the left of the uterus.

Thoribs were first touched and were pushed up. Then, by means of the arm which was down, the right shoulder was brought within reach. The arm was then returned into the uterus; and all my fingers except the index being withdrawn from the cer-

vix, I placed my thumb upon the acromion, and index finger in the axilla. With the aid of pressure from without upon the head and breech, such motion was imparted to the shoulder that quite suddenly the head slipped into place over the superior strait of the pelvis. In turning the body had so rotated that, although the foetal abdomen was originally towards the mother's, the occiput now pointed forward. The operation up to this time occupied about ten minutes, and during it only one short and feeble pain occurred. For about two hours pressure had to be continued against the breech before the uterine efforts were sufficiently forcible to cause fair engagement of the head. After this the labor proceeded easily and rapidly to its termination. No bad symptoms have appeared since delivery, and the condition of both mother and child is at present entirely satisfactory. Before entering upon the operation a consultation was held of the house staff. All those who were present made examination of the case per vaginam, and all advised the immediate action which was adopted.—*Medical Record.*

#### Carbolic Acid in Gleet.

By T. J. WILLIAMSON, M. D., CINCINNATI, O.

There is probably no complaint which prostrates the mental and physical energies more effectually than that very formidable disease of the urinary passages termed gleet.

Many of the best pathologists on the two continents have written exhaustive papers upon the treatment of gleet to little or no effect, until the introduction of that sovereign remedy, carbolic acid, has brought about an entire change in its management. I have been called upon to prescribe for hundreds of cases, and must confess that I have never found any remedy half so efficacious as it.

CASE.—H. J. age 27 years, pale, sallow, forgetful and despondent, applied to me on May 25th for treatment for gleet. As a constitutional remedy I prescribed—

R Syr. Iod. Ferri, ʒij.  
Fld. Ex. Uvæ Ursi,  
" " Buchu,  
Syr. Humuli, aa ʒj. M.

Sig.—Teaspoonful four times a day.

When the above became repulsive to the stomach, advised its discontinuance for several days, and directed in lieu of it—

R Syr. Acaciae,  
Aq. Menth. Pip. aa ʒij.  
Carbolic Acid, grs. xv. M.

Sig.—Desert spoonful three or four times a day. And during the entire treatment, in all cases, I prescribed—

R Glycerine, ʒss.  
Carbolic Acid, grs. viij. M.

Dip a No. 6 bougie in the above, and introduce up the urinary canal three times a day.

Dismissed the patient on 5th of July in perfect health. Have used the local remedy alone in a great many cases, and the effect has been magical.—*Medical Repertory.*