

condition, I repeat, where hiccough is styled *idiopathic*, the treatment employed ought to be as simple and easy as possible. It is true that if one can consider as simple the use of electricity, blisters and hypodermics, one ought to observe that they have been only resorted to where empirical means have failed. We must find, then, a means at once easy of application and effective; such is the treatment of hiccough by digital compression.

It requires no instrument; it is readily applied even by the patient. We have seen just now that four or five centimetres of the inferior clavicular portion of the sternocleidomastoid muscle lie directly over the two nerves. This is the part we select, guided by the pulsations of the carotid. The thumb and index finger are used one on either side symmetrically, applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. In our method, as in those that we have cited, the therapeutic action affects equally both nerves.

It follows that if the hiccough arises from the stomach, the pressure which effaces or diminishes the reflex action of the pneumogastric will stop the spasm during the time it is reflexly excited and often even afterwards. If, on the other hand, the cause arises directly from the influence of the phrenic, the calmative action of compression is equally manifested. Whatever may be the pathogeny of hiccough and the therapeutic mode of action of the digital compression, the result is nevertheless remarkable. We have rarely seen this method fail in idiopathic hiccough. Once, however, in a young hysterical girl, who had suffered from hiccough for two days, compression far from calming the spasms, each time it was applied, rendered them on the contrary more frequent. In hiccough symptomatic of a severe general disease we have never successfully used compression. We would in no wise discourage experiments in this line, having only used this method five years.—*Bulletin Général de Thérapeutique, R. Z.*

## SKIN DISEASES RESULTING FROM VENOUS STAGNATION IN THE LOWER LEG, AND THEIR TREATMENT.

This paper is too long and too full of detail to allow of compression into a short abstract; the general principles of the author's treatment may, however, be briefly summarized. The intensity and obstinacy which characterize so many otherwise generally mild affections, when they attack the lower leg, and produce such tedious complications (cyanosis, œdema, tendency to hyperæmia, to hæmorrhage, suppuration and deposit of pigment, ulcers and elephantiasis) are due chiefly to the evil influence of the venous stagnation to which those parts are so liable, and in every line of treatment the main endeavour must be to combat this defect of circulation. Unna discusses the various methods hitherto resorted to, such as cross-strapping with plaster, elastic stockings, and Martin's bandages, but finds in all many drawbacks to their general application. In their place he recommends that the limb should be bandaged from below upwards by a double-headed muslin bandage, the sound portions of the skin having been previously painted with gum or dextrine pastes, or with zinc-gelatine, the bandage-rolls being crossed at each turn over the front of the leg. As they change hands the requisite tension is easily given, and accurately-regulated, firm, but elastic pressure can thus be brought to bear on the limb wherever it is most required, while by the fixedness produced by the rapidly drying pastes or gelatine, a solid and comfortable support is provided, which allows the patient to use the leg with safety. Any dressing required for ulcers, eczema, or other morbid conditions (ointments, iodoform powder, etc.) may be applied beforehand, and the re-dressing renewed daily, weekly, or even at an interval of several weeks, the frequency of the renewal being dependent on the presence and rate of secretion from the skin. In this way a form of support is obtained which, being so easily and cheaply replaced, need not therefore like stockings and rubber bandages be protected from the action of grease and lotions, and being permeable, does not confine the heat and sweat and excite fresh trouble, as these

A case of yellow fever was reported in New York August 19th.