

cough are too young to be taught *how to cough*; but I cannot think they suffer a tenth part as much from abdominal tenderness as those who are old enough to apply it, which latter—if the author's case were not above the average degree of severity—will gladly avail themselves of a remedy, unique in its effect, and so easily applied, to relieve them of their excruciating agony.

EXTERNAL APPLICATION OF CHLORATE OF POTASH IN ULCERATED CARCINOMA.

The external use of chlorate of potash has been praised by Prof. Neumann in cases of dental caries. This physician recommends to alleviate the pains produced by caries the placing of chlorate of potash in the dental cavity. Many patients of Königsberg have had the opportunity of experimenting on the anodyne properties of chlorate of potash. Dr. Burow (*Berlin K. Woch.*) writes that the local application of chlorate of potash is of great service in cancerous ulcers. It is applied either in powder or in the form of the small crystals seen in pharmacy. These crystals act more energetically, but are more painful, so that it is better to use the powder first of all.

PROGNOSIS OF DELIRIUM TREMENS.

Dr. Magnau (*Mouvement Médical*, May 30) remarks that it is important to diagnose what cases of delirium tremens are likely to prove fatal when the early appearance of the disease is so constantly similar. Delirium proves nothing, for it may be intense in a slight attack. What is most important is the temperature. The attack of delirium tremens may be febrile or apyretic. In febrile cases we see the temperature rise rapidly to 39°, 40°, 41°, 42°, and even, in some cases, to 43°. If the termination is to be favourable, we notice towards the fourth or fifth day a sinking of the temperature, which gradually becomes normal. If, on the contrary, the termination is to be fatal, the temperature remains stationary, or rises to the last. In non-febrile cases, the thermometer oscillates between 38° and 39°, and about the third day becomes normal.

A second prognostic sign consists in motility. The trembling of the whole body is not the most important symptom. There are undulations of the muscles which continue during sleep, and are constantly observed when the hand is applied to the muscular surface of the patient's body. In such cases we may affirm that the prognosis is grave, the spinal cord is attacked, greatly hyperæmiated, and destroyed even in certain points by hæmorrhage.

A third sign consists in the feebleness of the lower extremities; a kind of paraplegia.

RUPTURE OF THE AXILLARY ARTERY IN AN ATTEMPT TO REDUCE A DISLOCATION OF THE SHOULDER.

This unusual accident is reported by Prof. Joseph Lister, and happened in the case of a man 58 years of age, who, eight weeks previously, had met with a fall, producing an ordinary subcoracoid luxation of the humerus. In the course of a somewhat

prolonged attempt at reduction (under chloroform), the limb was raised forcibly upward, in order to obtain the leverage afforded by having the acromion as a fulcrum, at which juncture a snap was heard as if of something giving way. Shortly afterward, efforts at extension having in the meanwhile been kept up, an enormous swelling suddenly appeared below and behind the axilla, almost as large as an adult human head, evidently due to a sudden extravasation of blood. Prof. Lister now lost no time in having the patient placed upon the table, when he proceeded to cut down upon the injured artery, exposing the seat of the orifice. The artery was then tied, both above and below this orifice, and the head of the humerus removed so as to permit reduction into the glenoid cavity. Death ensued three hours after the conclusion of the operation.

The results of the *post-mortem* examination were sufficient to explain the accident. In the first place, the walls of the vessel had been weakened by atheromatous degeneration, which was present to a marked degree. Secondly, the head of the humerus was found to be partly surrounded by a mass of osteofibrous tissue, forming bands and spiculae, designed by nature to form a partial capsule for the new joint, but which had become intimately connected with the axillary artery, so as to firmly attach that vessel to the humerus and also the coracoid process. Violent traction having been applied to the artery between these two points, the weakened vessel naturally enough gave way.—*Edinburgh Medical Journal*, March, 1873.

VERSION, BY DR. B. HICK'S METHOD.

The Doctor (April, 1873) gives a description of this method, as follows: One hand, by pressure on the abdomen, brings into the plane of the upper strait of the pelvis the part of the fœtus which we desire to engage. Two or more fingers introduced into the cervix uteri push up and to the other side of the pelvis the presenting part. Dr. Lauth reports four successful instances in which he employed this manœuvre.

ARSENIC IN MENORRHAGIA AND LEUCORRHEA.

Dr. J. H. Aveling, *British Medical Journal*, Jan. 6th, 1873, calls attention to the good value of arsenic in the treatment of menorrhagia and leucorrhœa. The class of cases most benefited by arsenic are those in which the menorrhagia is due to hyperæmia of the passive or atonic character. When in this condition, the uterus is larger and softer than in its normal state. It is usually tender to the touch, and is of a deeper red than natural. After death the capillaries are found dilated, and the tissues tinged with blood. He usually begins with two drops of liquor arsenicalis three times per day, increasing the dose to four. The improvement is slow, but in this class of cases, is certain. The catamenia become normal in time and degree, and the leucorrhœal discharge entirely disappears. Cases in which the leucorrhœa has supplanted the catamenia are more readily cured by arsenic than any other remedy.