

existing in the toes. When parts are moved the pain lessens. Blood had oozed from under the nails—the heart was irregular in rhythm, and also there was found a slight amount of albumen in the urine. Being a disease of the nervous system, the following plan of treatment was advised :

R Tinct. digitalis gtt. x
Sig.—Ter die. Increase to gtt. xv.

Also—

R Pil. phosphori gr. ʒss
Sig.—Ter die.

If this is not borne well, give the dilute phosphoric acid.

In *cerebral anæmia*, caused by disordered digestion, following a fever, Prof. Da Costa directed the following :

R Acid phosphoric, dil. gtt. xx
Aque
Syrup. aa q.s. ad ʒj M.
Sig.—Ter die.

Also—

R Strychninæ sulph. gr. ʒss
Sig.—Ter die.

The following course of treatment was laid down by Prof. Da Costa in a case of pericardial adhesions, *mitral stenosis*, with an accompanying passive congestion of the abdominal viscera :

R Tinct. digitalis gtt. x
Tinct. cannabis indicæ gtt. iij
Tinct. cinchonæ comp. ʒj M.
Sig.—Ter die.

A drachm of Rochelle salts to be taken occasionally ; if ineffectual, resort to *massa hydrarg.*—*Col. & Clin. Record.*

A SURE CURE FOR DIPHTHERIA AGAIN.—We feel that perhaps an apology is due to our readers for bringing to their notice another of the many methods of treating diphtheria, which are always said to be so successful in the hands of their advocates, but which, for some reason or another, often fail to yield satisfactory results when employed by others. But the therapeutic nihilists must not be allowed to have the ascendancy always ; and, indeed, some of the methods recommended in recent years, though not specifics, have proved to be very serviceable, and it was not impossible that others may yet be proposed which may be found to be of even greater value. It is, therefore, worth while to consider any new plan of treatment that may be brought forward, or to note any remarkable series of successes which have followed the employment of old methods.

Dr. A. Brondel writes, in the *Bulletin Général de Thérapeutique* of November 15, 1886, concerning the treatment of diphtheria by benzoate of sodium, and asserts that of two hundred consecu-

tive cases he has not lost a single one. He admits the possibility of a mistaken diagnosis in some instances, but even excluding fifty per cent. on this account he still has one hundred cases without a death. His method is as follows : Every hour the patient takes a teaspoonful of a solution of benzoate of sodium, fifteen grains to the ounce, and at the same time one-sixth of a grain of sulphide of calcium in syrup or granule. In addition to this, the throat is thoroughly sprayed every half-hour with a ten per cent. solution of benzoate of sodium. This is done religiously at the regular intervals, day and night, but no other local treatment is employed ; no attempt is made to dislodge the false membrane, and no pencilling nor painting of the fauces is resorted to. Tonics are given and antipyretics are used when occasion calls for them. Nourishment consists of beef-juce, tender rare meat, milk, etc., but bread and all other articles which may cause irritation of the throat are forbidden. The sick room is kept filled with steam from a vessel containing carbolic acid, turpentine, and oil of eucalyptus in water.

The employment of benzoate of sodium is not a new method in the treatment of diphtheria ; for it has been tried, and is recommended highly by Letzerich, Kien, Ferréol, and others. But this, of course, speaks so much the more strongly in favor of the remedy ; and as Dr. Brondel's results were better than those obtained by others using the same drug, it is to be presumed that his method of employing it is the best.—*Med. Record.*

THE EFFECT OF RETAINED MEMBRANES ON THE PUERPERAL STATE.—Dr. Fischer, of Professor Slavianski's clinic, writing in a recent number of the *Vratch*, gives the result of a number of observations made for the purpose of testing the commonly received view that portions of membrane retained in the uterus after the expulsion of the placenta are liable to produce serious consequences—as hæmorrhage and especially the so-called auto-infection or septicæmia—and that therefore it is of the utmost importance that they should be removed by the hand or by intra-uterine injections. This view is supported by the authority of Winkel, Dohrn, Ahlfeld, and others ; while Olshausen, Crédé, Weiss, and Landau consider that there is little harm in the retention of even considerable portions of the chorion. Dr. Fischer's observations extended over 682 labors, in each of which he carefully examined the after-birth. In forty-two of these cases (*i.e.*, 6.2 per cent.) a portion of the chorion was retained. Crédé's method of manipulating the fundus uteri gave the best results regarding the percentage of retention. In primiparæ retention was nearly twice as frequent as in multiparæ, the percentage being 9.1 and 4.9 respectively. Some effect appeared to be exerted by the time at which the rupture of the amnion took place, which,