

of chloral hydrate, twenty minims of tincture of lobelia, and twenty minims of compound tincture of cinchona, thrice daily. 13th: Belladonna plaster applied to the whole dorsal region. To continue the treatment. 17th: Has obtained further relief, the rigidity becoming less. To continue the mixture. Is wearing the plaster, which he feels to be beneficial. 22nd: Is altogether better. To continue the mixture and repeat the belladonna plaster. 24th: Is very comfortable, and almost convalescent. 29th: Was able to enjoy his Christmas dinner downstairs with the rest of his family. Appears to be fairly well. To discontinue the treatment.

*Remarks.*—This was a case of idiopathic tetanus brought on by exposure to wet and cold. It presented the symptoms of trismus very markedly, and there was absence of sleep for a long time. It appears to me that chloral alone or combined with bromide of potassium controlled the severity of the disease, and if it did not actually cure the malady it afforded time for nature to exert its recuperative power.—Dr. Hawkes, in *Lancet*.

**TREATMENT OF CHOREA.**—In a recent number of the *Medical and Surgical Reporter*, Dr Hiram Corson emphatically calls attention to the value of *cimicifuga racemosa* in chorea of childhood. He affirms, as the result of fifty years of experience, that it is always successful in a brief time if a teaspoonful of a good fluid extract be given four times a day. This use of *cimicifuga racemosa* is a very old one, which was insisted upon by the late Dr. George B. Wood, and which, as pupils of that great master, we have long employed.

Some hundreds of cases of chorea have come under our care in the public service at the Philadelphia Hospital, and especially at the University Hospital. In the earlier years the fluid extract of *cimicifuga racemosa* was always relied upon and administered as soon as the patients presented themselves. Experience has emphatically taught us, however, that it is distinctly inferior to arsenic; so that at present every patient coming to the Dispensary with St. Vitus' dance is put upon the arsenical treatment. In the few cases in which this fails, the next routine administration is of the fluid extract of *cimicifuga*. We can only explain the superiority which *cimicifuga* has asserted over arsenic in the hands of Dr. Corson by the supposition that the doctor has never used arsenic with sufficient freedom.

The arsenical preparation must be given in ascending doses until it produces evidences of its physiological action, and to order this requires a little boldness on the part of the physician. If, however, the patient be well watched and the remedy be withdrawn as soon as puffiness appears

in the face, no harm can be done. *Cimicifuga* is not an inert substance, as seems to be thought by some practitioners. Probably much of the *cimicifuga* that is administered has lost its activity, which appears to depend upon a volatile principle. But we have seen a teaspoonful of the good fluid extract, even in an adult, produce headache, with excessive giddiness and great prostration.

We may add that when, some years ago, the bromide of iron was highly recommended by Dr. Da Costa in the treatment of chorea, we made an extensive and thorough trial of it, and found its therapeutical action as near negative as we can well imagine. In a number of cases it simply did no good at all.—*Therapeuti. Gazette*.

**A RAPID METHOD IN THE TREATMENT OF FRACTURES.**—Dr. von Donhoff, of Louisville, thus describes a rapid method of treating fractures:

"1. Strips of sole leather or gutta percha (tin will answer also) of suitable breadth and length being at hand, these are immersed in hot water and adjusted, by means of a roller, to the site of the fracture, previously reduced and properly swathed in cotton wool; the latter should be secured in position by a few turns about it with sewing thread. [Anæsthesia is a *sine qua non* to the proper manifestation and reduction of fractures.] "2. If no suggestive incident intervene, such as shortening, angularity, or great uneasiness and pain, the *first* dressing, in cases of fracture of the shaft of long bones, should not be removed until the tenth day, but should never be permitted to remain longer than the sixth day in similar injuries of joints. "3. On the fourteenth to the twentieth day, barring cases in which untoward diathetic or local influences have been demonstrated to exist, it will be found that the fragments are fixed, and that the dressing may be dispensed with altogether, except in fractures involving joints; in these the splints, properly stitched together, should be readjusted on going to bed, in order that the unconscious and possibly violent movements of the patient may not prove disastrous. "4. Gentle, passive motion of fractured joints should be begun at least as early as the sixth day after the first dressing, and practiced every second day thereafter until the fourteenth, increasing the degree of motion as may be suggested by the judgment of the surgeon. After this date, the dressing being left off, the matter of moving the limb may be relegated to the inclination of the patient, unless he be too timid, when he may safely be encouraged to handle light objects and practice normal motions of the limb. "5. The average duration of treatment need not exceed twenty-eight days, under ordinary circumstances. "The above rules of practice have proven equally reliable in the treatment of compound fractures produced in osteotomies done for the correction of deformities near the ends