

MISCELLANEOUS.

NIGHT SWEATS.—From five to eight grains of sulphonal, it is claimed will stop night sweats.

A NEW SYSTEM INDICATIVE OF FŒTAL DEATH.—Recently a new proof of the death of the fœtus has been brought forward, and it is the presence of peptones in the urine of the mother—that is, she has peptonuria.—*The Clinic Reporter.*

PREFERRED CREDITORS.—Medical men in general are probably not aware that in France, the doctor's claim on the estate of a deceased patient has precedence of all others. Even the landlord's claim for arrears of rent must yield to the doctor's fee. The courts have decided that as it is an imperative right of humanity that the dying should have the necessary care and treatment, such attendance should be paid for before all the other debts.

A FOOD FOR INFANTS.—In the summer diarrhoeal troubles of infants, where milk in any form disagrees and vomiting is easily provoked, Jacobi says that a mixture which has rendered him valuable services is about as follows: Five ounces of barley water, the white of one egg, from one to two teaspoonfuls of brandy or whiskey, some salt and sugar; a teaspoonful every five, ten or fifteen minutes, according to circumstances. Mutton broth may be added to the above mixture, or may be given by itself, with the white of an egg and some salt.—*Archives of Pediatrics.*

VENTRILLOQUISM.—The utterance of sounds which resemble the voice of a person speaking from a distance is produced by first making a prolonged inspiration, so as to protrude the abdominal viscera by the descent of the diaphragm; then speaking while the expiration is slowly performed through a very narrow glottis by means of the lateral walls of the thorax alone, the diaphragm remaining depressed. The ventriloquist at the same time calls into play certain tricks and dissimbling devices to deceive other senses than hearing, and by directing our attention to the supposed point whence the sound originates, draws largely on our imagination.

SEPTIC PERITONITIS AMENABLE TO TREATMENT.—Hadra, of Galveston, tells how we may operate for the relief of peritonitis with purulent accumulation and drum-like distension of the abdomen, which hitherto has been deemed hopeless, as he overcomes the previously insurmountable difficulty of restoring the distended intestines by leaving them outside of the abdominal cavity, protected by a warm antiseptic covering, until the inflammation subsides and the gaseous distension slowly passes away. Thus they can be reduced with ease, and the abdominal cavity can be freely drained and washed.

TEMPORARY TRANSFIXION LIGATURE.—Dr. Thomas H. Manley, of New York, calls this a temporary ligature, because it is not intended to remain in longer than is necessary to accomplish a given purpose. In most cases a spear-pointed, curved needle and antiseptic silk are sufficient; for deep vessels a needle-holder may be necessary. In use "the needle is passed in, on as near a vertical line as possible, and sent down perpendicularly until it is reasonably certain that the base of the vessel is passed, when the heel of the needle is quickly made to describe the segment of a circle at as sharp an angle as possible, in order that the needle's point may participate in the movement of the hand, and reach the surface again by embracing as little of the tissues as possible. The *veue comites* must be always included with the artery. If it appears, when the needle is introduced, that a vein of considerable size has been punctured, I withdraw, and re-introduce it further down, taking care the second time to go deeper and include more tissue." This temporary transfixion ligature may be used for occluding vessels during amputations and other operations, in cases of traumatic injury to vessels, in this case giving more time to secure skilled assistance for the careful search for and antiseptic ligation of the vessels. In accidental wound of an artery during an operation, where the ends of the severed vessels are retracted and hard to find, or where some other part demands immediate attention, this ligature may prove very serviceable.—*International Journal of Surgery*, Dec. 1889, p. 275.