

hour a tablespoonful of sulphuric ether is poured on the hernia-ring and tumor. The application of ether is carried on for, as a rule, from three-quarters to three hours (or even four hours) until the tense tumor relaxes and lessens a little. As soon as this occurs, and if the strangulated bowel does not reduce itself, several slight efforts are made to reduce it, and almost "always" it slips with a gurgle and amazing ease into the belly cavity. If the omentum alone be strangulated, the ether method is absolutely useless. As the ether causes an after feeling of heat and burning on the penis, labia, etc., Dr. Koch (America) protects these and other sensitive parts by previously smearing them with olive oil, and, in addition, covering them with pledgets of cotton wadding. The ether seems to act thus. Richter, Velpeau, and others, hold that strangulation may in some cases be caused by spasm of the abdominal orifice. In these cases the ether may act by relaxing the spasm and thus reducing the bowel movable. That may be so, our author remarks, but he himself lays most stress on the property ether has of producing intense cold by rapid evaporation. The intense cold condenses the gas in the bowel, and by so doing diminishes its calibre. Possibly, also, the cold stimulates the peripheric nerves in the bowel sheath, and excites it to natural peristaltic action, which is more likely to empty it of gas, fluid and semifluid contents than the rude manipulations in taxis.—*Medical and Surgical Reporter*.

ARISTOL IN CANCER OF THE UTERINE CERVIX.—E. Arcoleo reports (*Rif. Med.*, October 10th, 1891) the results obtained by him with aristol in cases of cancer of the cervix. In the first case the disease had existed for about a year, and the patient complained of constant lancinating pain in the hypogastric region and loins, which hypodermic injections of morphine only slightly relieved; hemorrhage was frequent and abundant, and there was a copious, foul-smelling, ichorous discharge. The cervix was completely adherent, the anterior lip being entirely replaced by an ulcerated growth, which also involved one-half of the posterior lip. The curette and the thermo-cautery had been freely used without appreciably checking the progress of the disease. Aristol was insufflated through

a speculum, a small pledget of cotton-wool being afterwards left in the vagina. After the very first application the patient felt so much relieved that she was able to sleep at night, which the pain had previously prevented her from doing. A few days later the hemorrhage, which was rapidly exhausting her, ceased, and at the date of the report, forty days afterwards, it had not come on again. The discharge was also very markedly decreased and the general health improved. On examination after six weeks' treatment, it was seen that the limits of the malignant ulceration had not extended in the slightest degree; the ulcerated surface was shallower and in every way healthier looking. In several other cases the effects of insufflations of aristol were equally satisfactory. Arcoleo sums up its action as follows: (1) It relieves pain to a remarkable degree; (2) it stops bleeding; (3) it lessens the amount of discharge; and (4) it makes the latter comparatively inoffensive. The action of the drug is purely local; it is not absorbed, and therefore no toxic effects need be apprehended.—*British Medical Journal*.

BISMUTH SUBNITRATE AS A DRESSING FOR THE UMBILICAL CORD.—For several years I have used bismuth subnitrate as a dressing for the umbilical cord in the newborn. The method of application is as follows: Cut a piece of lint sufficiently large to fold over and prevent the bismuth from being dispersed. Through this a hole is made small enough to fit tightly about the cord and prevent dispersion at that point. The abdomen about the cord is dusted with the bismuth, the cord is passed through the hole in the lint, and the lint pushed well down upon the abdomen. Bismuth enough to completely bury the cord is applied, the lint is folded over smoothly, and the binder applied. The advantages I claim for this mode over all others are the following: (1) Convenience. It has to be applied only once, as the cord immediately dries up, and does not need to be disturbed until it has dropped off. (2) Cleanliness. There is absolutely no odor, and the addition, at the time of the bath, of a little bismuth to places showing evidences of moisture will keep everything dry and sweet. (3) Safety. Mothers and nurses are not meddling with the dressing, since everything goes on so satisfactorily. There is left no