

I should recommend that, unless their be an excellent reason for contrary action, the forceps be taken off when the head reaches the perinæum. Occasionally one blade will catch over an ear and you cannot get it off; but in the majority of cases it can be removed, and that is the proper thing to do.

PRESERVATION OF BODIES FOR DISSECTION.—O. T. Freer writes from Munich that, in the anatomical department of the University, the material used for dissection seems to keep fresh much longer than he has found to be the case in the medical colleges. He learned from Prof. Rudinger that the injecting fluid used in the preparation of the bodies is a mixture of carbolic acid, glycerine and alcohol, and this method has been in use since 1882. Subjects injected with this mixture will keep fresh from two to six months, according to the quantity of injection used. For preserving bodies three to six months, the solution is composed of glycerine, 40 parts; carbolic acid, crystalized, 11; alcohol, 8. For preserving them two to three months, glycerine, 80 parts; carbolic acid, 17; alcohol, 13. The injection is made into the femoral artery, and the amount used is two to four litres, or quarts, though an ordinary subject will readily contain fifty per cent. more than the larger quantity.—*Chic. Med. Four. and Ex.*, July. 1884.

CHRONIC NASAL CATARRH.—Dr. M. M. Brown, M.D. of Ithaca, N. Y. (*Med. Summary*) gives the following treatment for chronic nasal catarrh—where hard scabs are formed.

R Acid carbolic, gtts. xv,
Potass permang., grs. v,
Aqua. 3 ij,
Glycerine, q. s. ad., 3 ij M

To be applied to nostrils in the following manner with a camel's hair brush, nightly. Saturate a long camel's hair brush in a sufficient quantity of the fluid, push the brush well into the nostrils after having blown the passages clear of crusts, allow the brush to remain for five minutes in each nostril, or until the preparation can be tasted in the fauces. Repeat this until all signs of disease have disappeared. Constitutional remedies should also be used, such as iodine, iodide of potass, in syrup of ginger, etc. Dyspepsia and mal-assimilation of the ingestæ should be corrected in every case. When there is much discharge of an offensive nature, mingled oftentimes with bloody matter dropping into the fauces after meals and on getting up from bed, I apply the following powder once a day to the fauces and nasal passages with an insufflator:

R Potass permang., grs. x,
Talc 3 j,
Bismuth Subnit., 3 j,
Hydrarg. chlor. corrosiv., grs. ij. M.
Ft. in pulv.

Ten grains of this powder blown upon the diseased surface behind the velum and into the anterior nares every evening works like a charm. Prepare the powder carefully. Still another formula, when the fetor is intense:

R Iodoform,
Calomel,
Bismuth subnit., aa 3 j,
Talc, 3 ij. M.
Ft. in pulv.

I prefer this powder to the first named in nearly all cases. For chronic sore throat I use the following solution:

R Hydrarg chlor. corrosiv., grs. ij,
Alcohol, 3 ij,
Aqua q. s. ad., 3 ij. M.

Apply with camel's hair brush to the enlarged follicles two or three times a week. If smarting is intense mitigate it with glycerine or a little vaseline.

PRURITUS VULVÆ.—Itching of the external genitalia is one of the most prevalent and tormenting conditions with which a woman can be afflicted. Hence, any remedy that will palliate this disorder is gratefully received by both patient and physician.

Dr. C. J. Smith of New York says:—The following formula has, in my hands, given relief when nothing else has been of the slightest benefit:

R Ext. geranii mas. fluid, gtts. xx,
Ext. belladonnæ fluid, gtts. iij,
Zinc. sulph., gr. j,
Vaseline, 3. j M.

Sig.—For external application.

If the parts are not much inflamed I usually omit the belladonna. I have prescribed this in many cases, and with few exceptions, it has afforded immediate, and, in some instances, permanent relief. I have found it of value in pruritus ani.—*Medical Advocate*.

STRANGULATED HERNIA.—The *British Medical Journal* gives us the following points on the diagnosis of strangulated hernia. Dr. Englisch, of Vienna, on examining the urine of patients under treatment for strangulated hernia, has ascertained that it always presents albumen in proportion to the duration of the strangulation. If surgical means be not adopted, the albuminuria continues until the death of the patient. The quantity of albumen is not affected either by the date of the hernia, the size of the sac, the frequency of the anterior strangulations, nor by a febrile condition. When there is simple protrusion of the omentum, albumen is absent. Prof. Nothnagel attributes this albuminuria to diminished intravascular pressure resulting from the presence of a strangulated hernia.—*Kansas City Medical Record*.