weeks. A nutritious diet and aperients were also necessary in this case. In the course of six weeks afterwards she menstruated, and has since been delivered of a stillborn child.

There are several points connected with leucorrhœa which should be attended to by the practitioner —namely, the state of bowels and urinary organs; also where there are tumors, polypi, or dislocation of uterus, etc., which are often the cause of leucorrhœa, and some of which are irremediable as well as malignant diseases. Before the ice is introduced into the vagina up to the surface of the uterus, a gentle stream of cold water should be injected, and any adherent discharges removed with a sponge. At the os uteri we often find an adherent plug of matter, which should be removed, and then the ice applied.

TREATMENT OF OTORRHŒA.

M. Ménière, in the *Journal de Médecine*, translated in *The Practitioner*, says that:—In all cases of otorrhœa great attention must be paid to the constitution, so that scrofula, syphilis, or other constitutional disease should be treated by appropriate general measures. In this lies an essential element of success in all instances. Systematic injections play an important part; they cannot do harm, and they are almost certainly productive of immense advantages. Cleanliness is a capital point in the treatment of otorrhœa, and nothing is better for this purpose than pure warm water injected from an ordinary syringe with moderate force, the nozzle being placed fairly within the meatus. The caoutchouc pears may be used, but the stream they give is less continuous and strong than that from a syringe. In the early stage, and when the otorrhœa is accompanied by sharp pain, the treatment is but little different: A good injection is composed of warm decoction of marsh mallow, in which one or two poppy heads have been boiled; this may also be poured into the affected ear, the patient resting his head on the sound side. A leech or two may also be applied behind the ear, the second being allowed to attach itself to the same point seized by the first. The whole ear may be covered with a poultice of linseed meal on which a little laudanum has been sprinkled. M. Giampiétre recommends as a topical application the instillation into the meatus of two or three drops of a liquid containing one-sixth of a grain of aconitia in one ounce of distilled water. M. Ménière rejects the instillation of laudanum, ether, or chloroform. He objects also to the instillation of oil of almonds, and other similar fluid, so commonly employed; he thinks they often serve to aggravate the original evil. Where the pain is very intense he adopts the plan of subcutaneous injections of morphia, etc. Otorrhœa of old standing is more frequently complained of by patients than acute attacks; and in their treatment warm injections are always indicated. The fluid injected may be either pure water or a very weak solution of alum, one to five grains in two ounces. Solutions of sulphate of zinc and acetate of lead may also be used of the same strength. No other treatment will effect improvement, if injections, which remove pus and the secretions of the meatus, are neglected. A little piece of wool dipped in a weak solution of carbolic acid may be placed in the orifice of the meatus after each injection; a little weak solution of nitrate of silver may be employed in the same way, and may also be injected once a day, the ear having been first thoroughly cleansed by the injection of warm water, and dried by the subsequent introduction of a little warm dry wool. Neither of these topical applications, and especially of carbolized glycerine, is painful or harsh, as they simply cause a tickling sensation in the ear, and the secreting surface is thus modified without harm. M. Ménière frequently uses the following lotion, the ear having been previously injected with water and dried:—

Water, 200 parts.
Glycerine, 100 parts.
Sulphate of zinc, 5 to 6 parts.

Another lotion, which may be used even when there is great vascularity at the bottom of the meatus, and even in cases of perforation of the tympanum, is:—

Acetate of lead, 5 to 15 parts.
Water 300 parts.

In both cases a few drops may be allowed to remain in the ear for eight or ten minutes. By the use of these means it is not to be expected that every case of otorrhœa will be cured, but at all events the disease will be prevented from getting indefinitely worse, and the patient placed under the most favorable conditions for special treatment.

THE STYLOID MUSCLES AND ANESTHETICS.

D. S. W. Copeland gives the following explanation of the irregular and obstructed breathing which so frequently occurs at a certain stage in the administration of anæsthetics, the patient being in the usual sitting or recumbent posture, with the head held back:

The styloid muscles are put on the stretch. The stylo-glossi draw the tongue backwards, the stylo-hyoidei draw the os hyoides upwards and the stylo-pharyngei raise the pharynx and thyroid cartilage upwards, all thus uniting to close the epiglottis. Pulling out the tongue will partially overcome the action of the styloglossi, while the other muscles will maintain their action.

If now the head be tilted forward, the styloid muscles are all relaxed, the tongue falls forward in the mouth, and the larynx falls into its proper place, thus leaving the epiglottis free and the glottis unobstructed, and establishing regular respiration through the natural channel of the nose.—*Boston Medical and Surgical Journal*, Feb. 26, 1874.