

sponges, the cleansing of the instruments, and the thorough cleansing of his own hands and arms, and that of the assistant. The sponges in use for ovariectomy or abdominal section, I never use for any other operation. They are cleansed when new, and after each operation under my own supervision, and left standing in a 5 per cent. solution of carbolic acid for several days; then dried and put away. The instruments receive unusual care, especially the compression forceps. The jaws and teeth require most scrupulous attention; and the use of a nail-brush is brought into requisition, to clear away all dried blood or other uncleanness. It is better also that these instruments should never be used in any other operation.

Three or four days before operation, the room that the patient was to occupy was thoroughly cleansed—floor, ceiling, and walls—and a five per cent. solution of carbolic acid sprayed in the room for an hour. For this reason I would not operate in the general surgical theatre, as one cannot insure absolute cleanliness there. The temperature of the room was kept as near 65° as possible, a small fire in the grate *regulating* the temperature, as well as contributing to the ventilation of the room. On the day before the operation, a brisk cathartic was given, and the evening meal restricted to beef tea and dry toast. On the *following morning* the rectum was washed out, and a cup of beef tea, four hours before the operation allowed; no other food.

In Case III. the bowels were not *so thoroughly* moved by the cathartic, and to this I attributed the enormous after-distension; and I am not certain but the foetid character of the pus was partly due to the absorption of gas, from retained faeces in the bowel, in close proximity to the stump; and should a similar imperfect sweeping out of the bowels occur again, I should prefer to repeat the cathartic and delay the operation for 24 hours.

I must apologise for the length of this article. What (of details) must of necessity prove wearisome to some, may possibly prove interesting and suggestive to others.

In England the ratio of the sexes is 105.5 females to 100 males.

## Selections.

### TREATMENT OF HICCOUGH BY COMPRESSION OF THE PHRENIC AND PNEUMOGASTRIC NERVES.

BY DR. GROGNOT.

When we examine the different methods of treatment of hiccough called *idiopathic*, one is surprised to find scarcely anything else advocated than a number of remedies popular as well as empiric, such as strong compression of the wrist, and sudden fright, swallowing a large quantity of cold or acidulated water, compression of the chest or pit of the stomach, etc. It is rather odd that, in the treatment of this spasm of the diaphragm, a therapeutic action upon the nerves which preside over its function or influence it in a reflex manner has been so little sought after—we refer to the phrenic and pneumogastric nerves. It is true that the malady being as a rule benign, the above treatment has usually sufficed. However, T. Schortt, Duchenne, Bouchut, and Tripier, each advocate a method in which they had had in view an action on the nerves which appeared to them to be involved. The first three wished to act on the phrenic, A. Tripier on the pneumogastric. The Scotch physician, Thomas Schortt, successfully applied a blister over the phrenic nerve; Bouchut extols the hypodermic injections of morphia in the course of this nerve; Duchenne uses galvanism of the phrenic; the continued current is used by A. Tripier, who advises its application, "the positive pole to the epigastrium, the negative to the front of the neck, in the line of the pneumogastric."

It will be noticed that, whatever the theoretic idea may be that has influenced the choice of one or other of these nerves, the therapeutic application always involves both. The reason for this is the anatomy of the parts. After referring to the anatomical relations of the two nerves in the neck and to the diffusible nature of electricity applied to the surface, the writer goes on to say: But in a malady usually so mild, and which as a rule lasts but a few minutes or hours, when it is not symptomatic of a serious disease, such as peritonitis, intestinal obstruction by internal strangulation, etc., such a