

Lusk seems to share. Of course, in their hospital experience, a physician is always at hand to meet any emergency, while in private practice, and especially in the country, another condition of things prevails. Yet it seems that enough has been said to indicate plainly that the routine practice of plugging, in threatened abortion with but slight hæmorrhage, merely as a precautionary proceeding, has no countenance from the authorities.

Besides the natural bias of the physician's mental makeup—his individual personal equation—his views will vary as his experience has been large or small. To a beginner, the loss of a slight amount of blood from the uterus of a pregnant woman is fraught with direful forebodings. As his experience widens, hæmorrhage will become dangerous less frequently, abortion will take its place under the inevitable class with much less facility, and the tampon will be employed only to fulfil its two legitimate indications.

The young practitioner is not the only offender in the over-free use of the tampon. His older brother may well look to the well-worn grooves in which his practice moves more or less smoothly to discover whether he, too is not a devotee of the tenet that the fœtus has no rights which the physician is bound to respect. The tampon is legitimately employed only when for good and sufficient reasons it is necessary to terminate gestation.—*Dr. J. W. Keene, New York Med. Journal.*

CONFESSION NO PROOF OF GUILT.—The *Lyon Medical*, of April 28th, 1882, refers to the case of a girl, aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage, her size seemed to have considerably diminished; and the girl being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fœtus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigsty. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six months imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the goal. When admitted, it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the clearest proof of guilt, can not always be relied upon. And what shall we say of the surgeon and midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.

TREATMENT OF HEMORRHAGE AFTER OPERATIONS ON THE RECTUM.—Mr. Samuel Benton (*British Medical Journal*) brings to the notice of the profession a useful instrument for checking hemorrhage after rectal operations. It consists essentially of a piece of catheter tubing surrounded by a bag of thin rubber. When introduced into the rectum, the rubber bag is inflated to any extent required, and so a considerable amount of pressure may be brought to bear on the bleeding surface, in the same way that a similar apparatus is used for the relief of epistaxis. Mr. Benton's bag is constricted in the middle (like a Barnes' bag), so the amount of pressure on the sphincter will not be too severe. The catheter tube, by allowing the escape of flatus, contributes much to the comfort of the patient. The inventor considers that, in addition to its use as a hæmostatic, it will prove serviceable in the treatment of some rectal diseases where even pressure is indicated, as in non-malignant tumors of the rectum.—*Annals of Surgery.*

ENDOCARDITIS.—When endocarditis is found to be present, Dr. C. Paul, *L'Union Méd.*, applies a large blister over the region of the heart, orders rest, and prescribes some cool acidulated drink. If the disease occurs with articular rheumatism and sali-cylate of soda or sulphate of quinine is found efficacious, its use is continued as long as the pulse is not too rapid and irregular. If, however, the heart's action is disturbed, tincture of digitalis is to be given in doses of twenty drops twice a day, and gradually increased to sixty or eighty drops. The dose should not be increased until two days have elapsed, and as soon as the heart's action becomes regular the remedy may be diminished in quantity or suspended. The tincture of convallaria maialis, in doses of seventy-five minims per diem, may be given in place of the digitalis. As soon as the pulse becomes regular, recourse must be had to tonics, and especially the soluble ferruginous preparations.—*N. Y. Med. Record*, May 23d.

BRONCHITIS WITH VALVULAR HEART DISEASE.—Prof. Bruen, Phila., at his clinic, speaking of such a case, said:

My own experience in the treatment of simple bronchitis has been that the expectorants designed to increase secretion of the bronchial mucous membrane may be at first freely given; but their