

This was readily brought out, and by gently pulling the sheath downward reduction was without difficulty effected. The appearance of the appendix vermiformis, just at the completion of the reduction, confirmed the opinion formed as to the intorsion having begun at the cæcum. Considerable difficulty was encountered in replacing the intestines within the abdomen. They were accordingly punctured with a harelip needle in two or three places, and at the conclusion of the operation the infant was in an alarming collapse. It rallied, however, afterward, took the breast, and passed a motion. Death occurred about six hours after the operation, and the post-mortem showed evidences of recent extensive peritonitis.

In the discussion Dr. West drew attention to the distinction between intussusception in the adult and in the child, pointing out that in the latter the diagnosis is by no means difficult, and that one of the earliest signs is the passage of blood or bloody mucus. Even when the invaginated intestine could not be felt, but there was only indistinct fullness of the abdomen, he thought the diagnosis easy, as also did Dr. E. G. Barnes, in whose practice Mr. Marsh's case had occurred. Both agreed that when other means failed the operation ought to be resorted to. Mr. Thomas Smith argued that the length of the incision was not of much moment, since ovariectomy has taught us that mechanical interference with the peritoneum is not very dangerous. The danger rather lay in the retention of a clot, and all the viscera could be sponged with impunity. He thought it would often be necessary to puncture the intestine. Professor Timothy Holmes thought a long incision facilitated the return of the bowel, and remarked that the operation was usually performed only in hopeless cases. As to the hemorrhage, he observed that the occurrence of blood in a hernial sac shows that it may take place from strangulated intestine. Mr. George Pollock mentioned some experiments which he had made some years ago to determine the danger of over-distention by injection, and which showed that the peritoneum was very apt to crack when the bowel was only slightly distended; thus peritonitis might be set up. Dr. Harre advocated the injection of ice-cold water to reduce the congestion of the intussuscepted portion, and this could be aided by the application of ice to the abdomen. He thought the cold not only diminished the congestion of the vessels, but also the volume of air in the bowel.

#### THE TREATMENT OF HOOPING-COUGH BY THE IODIDE OF SILVER.

Dr. Robert Bell, Physician to the Glasgow Ophthalmic Institute, earnestly advocates (*Obstetrical Journal of Great Britain*, Dec., 1875) the use of iodide of silver in the treatment of whooping-cough. He says: "It has fallen to my lot to treat over 100 cases with this substance, and with uniform success. It is now more than three years since I read of its being useful in this disease, and since then I have used no other remedy, except occasionally ten or

fifteen grains of bromide of potassium at bedtime; which helps very much in procuring a good night's rest. In almost every case in which iodide of silver has been used by me, the cough has lost the hoop by the end of four weeks, and been quite well in six weeks, and I may add the usual complications of the disease have been exceedingly rare. I have twice employed the remedy in families where six patients were ill at the same time, and in both of these instances the disease was practically cured by the end of the fourth week. I have several times treated more than one child in a family at the same time, and with the like excellent results. The superiority of iodide of silver over the bromide of ammonium is most marked. A curious coincidence occurred which demonstrated this. It happened that one of my professional friends was attending a family, the children of which were suffering from whooping-cough, and who resided in one of our west-end terraces, and at the same time I was attending another family in the said terrace, the children of which were also ill with this disease. My little patients were put upon one-eighth-of-a-grain doses of iodide of silver thrice a day, and this was all the medical treatment they required. My friend at this time was anxious to go away for a holiday, and he asked me to look after his patients during his absence. I found the children before mentioned in a state of great prostration, and most sadly afflicted with the cough; one of them, in fact, narrowly escaped with its life. These little patients were being treated by the bromide of ammonium, and were ordered to be kept in one room, and I did not feel justified in changing the treatment. I, however, ordered them to have a large pailful of boiling water brought into the room, into which about a tablespoonful of carbolic acid and glycerine was added, so that they might inhale the carbolic vapour. (This was two years ago.) It was three months before they were able to leave their nursery, and as many more before they were quite well; while my patients, who were about the same ages respectively as the other children, and who had been taking the iodide of silver, and had been going out every fine day, had not a trace of the disease remaining at the end of a month. I do not attempt to explain how the iodide acts in this affection, but it seems to me that whooping-cough is a disease of the gastric periphery of the pneumogastric nerve, and the silver acts as a sedative to this morbidly sensitive nerve, preventing reflex irritation being conveyed to the pulmonary ramifications of the nerve. I would urge all to give this preparation a fair and lengthy trial in the treatment of this disease, as I am convinced that in it we have a most valuable therapeutic agent."

#### ON THE USE OF NITRIC ACID AS A CAUSTIC IN UTERINE PRACTICE.

Dr. James Braithwaite, Lecturer on Midwifery and Diseases of Women and Children at the Leeds' School of Medicine, contributes a short paper on this subject to the *Obstetrical Journal of Great Britain* (Nov., 1875), in which he says, "Cases of