Dr. Landrieux, of France, has published two cases showing its diuretic properties. The first was an individual with ascites from cirrhosis. Under the influence of the drug, given in a syrup, the urine arose rapidly from five hundred grams to twelve and fifteen hundred grams. In three weeks all ascites disappeared. The other case was the subject of heart-disease, with great edema of the legs, enormous ascites, pulmonary and renal congestion, and a considerable diminution of urinary excretion. The stigmata of maize increased the quantity of urine from two hundred to eight hundred grams in twenty-four hours. The edema and the ascites disappeared in a short time. Dr. Landrieux terminates his article thus: 1. Not only the different preparations of the stigmata of maize are useful as a modifying agent of the urine, but these same preparations can be equally considered as an incontestible diuretic agent; 2. Diuresis is rapidly produced; 3. The pulse becomes regular under its influence, the arterial tension increases, while that of the veins diminishes; 4. Complete tolerance of the drug, and in chronic cases the treatment might be continued during a month or six weeks without the slightest inconvenience.

We trust that some of our friends have tried this remedy, and will write us the results. We have used it in a single instance, but with a decided effect. Two double handfuls of corn-silk were boiled in two gallons of water until but a gallon remained. A tumblerful of this was given thrice daily to a patient of eighty, the subject of dropsy of the legs. His urine was scant, but a thorough examination failed to discover in the heart or kidney or liver any cause for the dropsy. While taking the corn-silk decoction, which relieved his dropsy, he declared that he had never made so much water in all his life.

Professor Scheffer, of this city, is now preparing an extract of the stigmata of maize. Experiments must yet determine the time for gathering the silk, and the proper dose and best form of the remedy. It may be that the silk should be gathered before it is impregnated by the pollen from tassel.—*Louisville Med. Times.*

REST AFTER DELIVERY.

Dr. H. J. Garrigues read a paper which was a revised edition of his former paper on the subject, read Sept. 8, 1877, and published in the "Proceedings of the Kings County Medical Society." The question was, "How long should a woman remain in bed after confinement?" It was desirable that practice, in this particular, should be as uniform as possible, and the author believes that the views entertained should not be so divergent as at the present time.

The chief representative of those who recommend that the time should be shortened as much as possible, was Dr. Wm. Goodell of Philadelphia. At this point Dr. Garrigues referred to a case in which the woman was urged by her medical attendant to rise early, and she rose on the fourth day after delivery; and on the fourteenth day she was induced to ride in a carriage, but it was nearly at the cost of her life. From that single illustration, however, he did not wish to draw any definite conclusions.

At the time Dr. Goodell's paper was read, 756 cases were reported, with a total mortality of only six; and the chief reasons why its author recommended early rising after delivery were the following: 1. Labor, if it was a physiological process, should not be made to wear the livery of disease. 2. The upright position excites the uterus to contract, and thereby lessens the amount and duration of the lochia. 3. Uterine diseases are not known among the nations whose women rise early after delivery; and 4. Experience has shown that convalescence is far more prompt and sure than when the woman is kept in bed for a prolonged period. To these points Dr. Garrigues directed the attention of the Section. He maintained that although parturition was a physiological process, it was one in which the transition from the normal to the pathological condition was extremely common; and that was especially true of women of modern times. Again, if the upright position favored the discharge of lochia and diminished its amount and lessened its duration, it must also be borne in mind that serious displacements were liable to be produced by placing the woman in that position before the changes incident to the post-partum state had gone on sufficiently to enable the tissues of the pelvis to resist properly superincumbent weight and pressure; and therefore by other means should the influence of the lochia be modified. While it might be true that uterine disease did not apparently exist among the women of nations where early rising after delivery was commonly practised, there were two factors by which such a conclusion must be modified when applied to modern civilized women; first, not much was known of uterine disease in ancient nations, and, second, modern women with all the enervating influence of what is termed civilization cannot resist disease as did the ancient or the modern uncivilized matrons.

With reference to the good results obtained by Dr. Goodell, he thought they were due to the general excellent care given to his patients, rather than to early rising; and besides he thought it impossible to judge of final results by those obtained in the average length of time which the woman remained in the retreat after delivery.

Dr. Garrigues then quoted from leading authorities in three chief countries in Europe, all of whom recommended absolute rest in the horizontal position for one, two, and even three or four weeks after parturition. In New York, also, most obstetricians favored the long period of retention in bed after delivery.

In the language of the author of the paper, "anatomy and physiology teach us that the puer-