

blood may, any of them, be sufficient to cause an almost insupportable condition of nervousness and dread. This is particularly true of females, and especially when *encente*. Hence the increased necessity for trying to avoid or to modify these disturbing causes. Under some circumstances it would be better for the dentist to visit the patient at her house, and extract the tooth with an instrument previously warmed and kept from her sight. Much nervous distress may in this way be avoided.

I do not think that any practitioner of dentistry should entertain the theory that the pregnant state is one that may safely be ignored, for I believe such a theory full of possible dangers. Nor should it be forgotten that the question of miscarriage is not the only one involved in this matter. *Prenatal influences* are recognized by intelligent observers, both in and out of medical circles, as among the most important in determining the organic qualities of human beings, and more than usual care is exercised by sensible people to avoid disturbing influences upon the woman and child.

STRANGULATED HERNIA IN PRIVATE PRACTICE.

More than twenty years ago I performed my first herniotomy under every inconvenient circumstances. While administering chloroform I had to operate; my medical friend held the candle, and a female relative of the patient held the mouthpiece in position. Often, in the course of a personal experience of about one hundred and thirty operations, varying inconvenience has been felt. A few years ago I suggested the use of an enlarged wire eye-speculum to separate the edges of the wound, as a substitute for skilled fingers. December 20th I advised immediate herniotomy in the person of a female, aged seventy-two. It became the duty of my medical friend to give his sole attention to the chloroform, while my only other assistant held the light. The hernia was turned well up over Poupart's ligament, while fibrous bands tightly constricted its neck, and were deeply placed. The speculum allowed the light to reach the bottom of the wound, and thus added greatly to the safe performance of a delicate operation. —C. F. Maunder, in *London Lancet*.

A NEW REMEDY FOR DYSENTERY.

According to the *India Medical Gazette* of October 1st, a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungum in Ben-

galee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (ROXB.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general. —*London Medical Times and Gazette*.

PROLAPSE OF THE RECTUM IN INFANTS.

In a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail, and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock toward and against it. With the right hand several strips of plaster of some two finger-breaths are drawn from below upward, and outward, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three fingers-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary. —*Press and Cir*.

LANCING THE GUMS IN DENTITION.

In discarding this simple expedient our profession has thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and still more the intolerable itching.