

given by the stomach, but enemata of warm water may be administered with the hope, not of supplying heat, but of diluting the thickened blood. The best way of administering the enema is by using a siphon tube proceeding from a vessel placed at a convenient height, or the douche enema, made for me by Messrs. Francis, Upper-street, Islington. By this means a continuous and equable flow is maintained, and the saltatory jet and the frequent mess of an ordinary enema-syringe are avoided.

It has been proposed to transfuse blood or a fluid analogous to it into the veins, and in some instances this practice has met with at least a temporary success. The warm fluid dilutes the thickened contents of the venous system, promotes a flow in the capillaries, then reaches the minute contracted arteries, and distends them. Motion is renewed, and motion is life. It is at first sight very strange that two such opposite courses as transfusion and venesection should have been of equal benefit. But if we consider that the symptoms are due as well to diminished arterial supply as to retention of products which should be excreted, as well to arterial anæmia as to venous engorgement, we may understand the cause. The veins in the case of bleeding being lightened of their load, the excretory products which had narcotized the system being in part removed, respiration and aëration return, and the column of blood moves. In a patient suffering from syncope, motion of the blood is of the first importance for reanimation. If we tilt the feet, so as to allow the column of blood to fall back upon the heart, the failing circulation is rapidly restored. Again, in cases of threatened death from suffocation, it is only when the current of blood is set in motion that the symptoms of danger pass off. In a case of collapse, in which the arteries are nearly empty and the veins over-full, motion of the blood can only be induced in two ways—either by venesection, which allows an escape from the distended right side of the heart, or by forcing a stream *à tergo* from a vein. Either or both these means may be tentatively employed, but neither should be adopted unless other means are found to fail.

If there be any mode of relaxing the contraction of the arteries, this should be tried. I should think a fair trial should be given to inhalation of chloroform. This procedure has been known to relieve the cramps and to induce at least a temporary reaction. Combined with local warmth to the epigastrium and warm injections of the bowel, it may be yet more successful, and it certainly deserves a fair and careful trial.

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