

INFLUENCE OF CASCARA SAGRADA ON THE DIGESTIVE SECRETIONS.

The virtues which were discovered in cascara sagrada, through the empirical use of the drug, were so pronounced as to attract to it the attention of the physiological experimenters; and although nothing new has been recently advanced, the evidence that the original claims for this tonic laxative were well founded is rapidly accumulating. Dr. Tschelzen, who has studied cascara sagrada experimentally, has arrived at the following conclusions, which he publishes in the *Journal de Médecine de Paris*:

1. Cascara sagrada is efficacious when a prompt cathartic action is looked for.

2. It acts as a purgative only after it has been introduced into the stomach; when injected into the skin or into the vessels, it does not cause an intestinal evacuation.

3. It does not increase the salivary secretion.

4. It causes an increase of the gastric juice which is often continued during the process of digestion; it increases also the biliary and pancreatic secretions.

All these effects have been obtained when the remedy has been introduced into the stomach.

When it is injected into the vessels, animals undergo partial and often fatal collapse. The blood-pressure is rapidly decreased, even after partial dissection of the pneumogastric.

Dr. Thompson has employed the extract of cascara in more than 300 cases, administering a dose of 5 centigrams combined with 10 centigrams of berberis aquifolium, in pill form, in the morning and evening, against habitual constipation. The remedy preserves its activity even when its use is continued through several months.

Dr. Landousk has stated that the laxative effect of the powder of the bark can be obtained with a dose of 25 centigrams, and permanent effects are obtained when this dose is given three or four times a day for a few months.—*Medical and Surg. Reporter.*

Barker's work on *Puerperal Diseases* and Emmet's *Gynecology* have recently been translated into German and published by Abel, of Leipzig.

TREATMENT OF THREATENED RUPTURE OF THE UTERUS BY MANIPULATION AND POSTURE.

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The following case will serve as a type of some of those in which this serious accident is threatened, and the mode of treatment was found conservative and efficient.

A. B., primipara, a well-formed brunette, aged twenty, had entered the first stage of labor. Abdominal palpation demonstrated that the foetus occupied the right half of the uterus, its back at the mother's right; the feet in the right upper segment of the uterus; the heart sounds heard plainest on the right side below the umbilicus; the head at the symphysis pubis. Upon vaginal examination the frontal suture was found extending obliquely to the left sacroiliac synchondrosis: the greater fontanelle lay in the centre. The os uteri was permeable for only two fingers. The inspection of the abdomen showed at the upper border of the lower uterine segment and upon the right a well-marked bulging; it was evident that the distention of the uterus at this point was excessive. Meconium was constantly escaping in small quantities; labor pains were regular, but of moderate strength; foetal heart sounds were regular and strong.

The foetal position was evidently strong cephalic extension, and it was probable that operative interference would be necessary: the danger most imminent was uterine rupture.

In the non-dilated condition of the os uteri it was determined to endeavor to secure rotation and spontaneous birth by posture and external manipulation. The patient was accordingly placed upon her left side; an attendant was ordered to sit beside her, and, by gentle manual pressure upon the abdominal projection, aid in rotation; the foetal heart and the maternal temperature were carefully watched; the pressure made was gentle and intermittent. In less than three hours the tumor had become smaller, and vaginal examination showed an improvement in the position of the head. This improvement continued; the labor was tedious, but operative interference was not necessary; and in about twelve hours from its beginning