

distress is at once measurably decreased. The temptation to constant repetition of this inunction is only restrained by the salutary fear that the interior caloric is not diminished synchronously with that of the surface. That it should be more than desirable. This butter of cocoa has the rare advantage of being a valuable nutrient. Its liberal absorption by the skin is equivalent to a fair share of food taken into the stomach, and normally assimilated. During the desquamative stage it far surpasses lard or oils, being neither so disagreeably unctuous or offensive to the smell. Indeed the odor of the body after its use is positively agreeable. It always retains its massive form, ready to be laid aside like a piece of fragrant soap when, for the time being, no longer needed, and its application is, to the nurse, almost a pastime.

During the period of intensest febrile excitement, it is quite right to adopt a sort of *coup-sur-coup* course, so to speak, with this agent as heat must be withdrawn as rapidly as possible for the comfort and welfare of the patient. Once an hour is as often as I have ever applied it, though it might be used oftener with benefit in some cases, and once every three or four hours is the minimum frequency where it is needed at all. I see no reason why, for similar conditions in other diseases, this admirable, pleasantly-flavored, heat-absorbing agent may not be used with great advantage.

Cold to the head must not be overlooked. In a child it cannot be applied in the same direct and comparatively unguarded manner as can be done in the adult.

I have found it sufficient, and more than *tolerable* (being *positively agreeable*), to have pounded ice enclosed in a bladder, and either laid or suspended near the vertex. The air, for many inches around the ice-bag, will be several degrees cooler than the prevailing temperature of the apartment. This can be borne for an indefinite period of time, as it is not attended with the shock ordinarily produced by other more direct applications of intense cold. The shifting and changing so frequently required by other methods, to the great disturbance of the highly-excited or morbidly-conscious patient, are, by this method, quite done away with. On the small iron cots or cribs of the nursery, I have often hung the half-flooded ice-bag, within a few inches of the crown of the head, and induced thereby an undisturbed sleep for as much as an hour or more at a time. This refreshment has a value which we can all readily appreciate in the delirious or semi-delirious subject. Such practical matters relating to the management of the disease, in this stage of high vascular excitement and perturbation, may be more or less fully rehearsed at any subsequent period, calling for the resumption of measures similar to those adopted at the first. A relapse of the fever is as successfully treated by the means herein indicated as it is at the beginning, and for many reasons often the whole array of measures, such as are here suggested, are urgently demanded. For rapid reduction of abnormal temperature, I know of no better or more acceptable means.

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy recommends, in obstinate vomiting, diachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimeters in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncrasy caused some ill effects to result. It is not meant to be asserted that this means always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases, he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so extremely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a young married lady, who never could place foot on a vessel without being tortured with sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having had some vomiting on the first day, she, when last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Medical and Surgical Reporter.*

ANTICIPATION AND TREATMENT OF POST PARTUM HÆMORRHAGE.

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After an active experience extending over five and twenty years, and a very careful examination of all the circumstances surrounding *post partum* hæmorrhage, I have arrived at the conclusion that the best method of anticipating it is to prepare the patient for her confinement by a course of medical treatment extending over a period of from four to six weeks, the basis of such treatment being the administration of iron. Of course, this can only be