

firmly to the opposite temple. A compressive bandage was applied.

Thirty hours later, there had been but trifling pain, and I removed the thread from the temple. Jan. 6th, the remaining sutures were extracted. The muscle, of course, receded in its centre, and left the cornea free. The patient rapidly convalesced, and returned to her home in the West, Feb. 12th. No strabismus existed, and there was excellent motion in every direction.

The operation will be observed to have been a combination of the two methods of "sewing forward" and "transplanting forward" (Vornähung and Vorlagerung).—*Boston Med. and Surg. Journal*.

DIAGNOSIS OF ANEURISM FROM ABSCESS.

Dr. Stephen Smith, of New York, gives the following as the scientific tests employed for the purpose of diagnosing aneurism:—1. A tumour in the course of an artery. 2. Pulsation synchronous with the heart, and of an expansive character. 3. Cessation of pulsation when the artery is compressed on the cardiac side with partial subsidence of the swelling. 4. A bruit heard with the pulsation. 5. Exploration. In regard to these several points he remarks:—(1.) That a tumour situated in the course of an artery is of frequent occurrence without the presence of aneurism, so that in itself the symptom is of no positive value. (2.) Pulsation may or may not be present when aneurism exists; to be of value when aneurism exists it must be expansive; and yet expansive pulsation may be present in an abscess surrounding an artery, and no aneurism be present. (3.) Cessation of pulsation will occur in any tumour or swelling situated over an artery when compression is made on its cardiac side; subsidence of the swelling on pressure may not occur in aneurism, and may occur in abscesses. (4.) A bruit may or may not be present in aneurism; when present, it is variable in character; it may be present when any tumour or abscess is situated over an artery. (5.) An exploratory puncture may fail to give exit to blood in an aneurism, and may give a jet of blood in various kinds of tumour. From all of which it appears that the several scientific tests or symptoms of aneurism are extremely variable and of doubtful value when present. The various phases of growth of an aneurism may assume all the most marked features of abscess and lose its characteristic symptoms. Thus an aneurism may form without pulsation or a bruit, and may have heat, pain, and fluctuation; while an abscess may form without pulsation and a bruit with an inconsiderable amount of heat and pain. Again, an aneurism may form with an abscess overlying it, and the symptoms of the two may become inextricably intermixed. Finally, an abscess may form which subsequently opens into an artery, and thus suddenly assumes all the apparent conditions of an aneurism. Dr. Smith then proceeds to give a series of very interesting cases culled from recent medical literature, in which many of the difficulties above alluded to in establishing a correct diagnosis were present.—*American Journal of Medical Sciences*.

SHORT NOTES.

ON THE HISTORY AND ORIGIN OF SYPHILIS.

Mr. Milton (*Edinburgh Medical Journal*, July, 1873) adduces extracts from ancient, mediæval, and modern writers on syphilis, in support of his opinion that syphilis is a disease of great antiquity, long anterior to the latter end of the fifteenth century.

INTRODUCTION OF VAGINAL SPECULA.

At the meeting of the London Obstetrical Society on July 2, Dr. Protheroe Smith exhibited his pneumatic India-rubber plug for facilitating the introduction of cylindrical specula into the vagina. It forms a soft elastic cushion in the end of the speculum, and renders the introduction of it painless to the patient.

PREDICTION OF SEX BY ABDOMINAL AUSCULTATION.

Dr. Munro, of Glasgow, in his "Dissertation on the use of the Stethoscope in Obstetrics," quotes from Steinbach's table of observations on fifty-six patients, where the sex was correctly predicted in no less than forty-three instances; the average of the female pulse-rate being 148, while that of the male was 131.

THE ADMINISTRATION OF PERCHLORIDE OF IRON.

Delicate patients, says Dr. Herbert S., very frequently object to the astringent metallic taste long remaining in the mouth after the administration of tincture of perchloride of iron, the flavour of which is but very imperfectly disguised by the syrup or spirit of chloroform with which it is usually ordered. It is worth knowing that the substitution of a small quantity of glycerine (about half an ounce to an eight ounce mixture) will altogether obviate this inconvenience.—*British Med. Journ.*

PILLS OF PROTOXIDE OF IRON

When prepared by the formula proposed ten years ago by W. Kirchmann, keep perfectly; 8.0 grm. crystallized sulphate of iron and 1.3 grm. calcined magnesia are intimately mixed and formed into sixty pills by the aid of sixteen drops of glycerine. They are readily coated with sugar, and are readily soluble in water, leaving a magma of protoxide of iron. As sulphate of iron and sulphate of magnesia require the same amount of water of crystallization, the pills form with the glycerine a very handsome mass, which also prevents the efflorescence of the sulphate of magnesia formed; while the latter, covering the protoxide of iron intimately, prevents its oxidation for years.

PROPYLAMINE.

New remedies are apt to create enthusiasm, and much has been written in Paris for the last few weeks touching the efficacy of propylamine in acute articular rheumatism. Some obstinate men contended at the same time that this new agent (obtained from decomposing fish) was not quite so efficacious as was supposed, and expressed a belief that the chemical facts upon which the pathology of rheumatism is founded should not be altogether thrown overboard, and the use of alkaline salts be quite given up. This is certainly a most rational opposition. But we now find an eminent physician of Paris, Dr. Gubler, saying at the conclusion of an article on the subject in the *Journ.*

de Pharm. et de Chimie, June, 1873: "The trust put by some people in propylamine as an agent of some value in the treatment of acute articular rheumatism is not founded upon a sure basis. Among the facts published in support of propylamine, some are actually unfavourable, and others are nothing more than a lucky coincidence. None of these facts can be looked upon as affording satisfactory proof of the efficacy of the new remedy."

NEW MODE OF ADMINISTERING COD-LIVER OIL.

Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinising or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with bread. Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, 34 small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.

ON THE SUBDIVISION OF MEDICAL PRACTICE.

Dr. Robert Barnes, in the course of his Lumleian lectures, observed:—"It must surely strike those who reflect, that subdivision of Medical practice may be carried out to an injurious, even to an absurd, extent. The true Medical mind will always refuse to look upon any one organ of the body as anything more than a dependent part of a whole. But the public seems to grow less and less reasonable upon this subject every day. I have recently been honoured by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumour of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Séquard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were intrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walsh had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient. The fragmentary way in which medicine is studied, more especially in this town, undoubtedly interposes a serious barrier to the advancement of true knowledge. And it is not difficult to see that it acts injuriously upon the Medical mind, disposing those who too exclusively study one branch to underrate the merit, and even honesty, of those who study a different branch.