

sand consecutive cases being 1000 for males, to 1009 for females. From this you will perceive that for the purpose of prognosis sex is devoid of practical importance.

The *constitutional condition* of the patient has, on the contrary, a most important bearing on prognosis. Where cerebral hemorrhage occurs from leukaemia or contracted granular kidney, the prognosis is unfavourable. Gout and syphilis are likewise undesirable complications, while the absence of constitutional faults will, *ceteris paribus*, render the patient's prospects more hopeful.

Finally, *treatment* may incline the balance towards recovery or death. The treatment by venesection, which was formerly much in favour, was thoroughly irrational, and generally followed by disastrous results; indeed, many patients have died of the remedy rather than of the disease. Venesection has lately fallen into disuse; but the condition of the brain during cerebral hemorrhage is not one of congestion, as was formerly believed, but of anæmia; the organ not only loses blood largely, but is also, from compression of its arterioles through the clot, unable to receive a fresh supply of the reviving fluid; death in this disease takes place chiefly from anæmia; and by resorting to phlebotomy, you simply increase cerebral anæmia still further, and thereby hasten the fatal result. *Eschew the lancet, therefore, as a deadly instrument in these cases.*

A simply expectant plan of treatment is recommended by the most recent writers on the disease; and there can be no doubt that abstaining from all active interference is far better than to bleed your patient. Molière, on his death-bed, cried out to his doctors: "Laissez-moi mourir, mais ne me tuez pas!" and the expectant plan of treatment certainly does not kill the patient, it only allows him to die. In spite, however, of recent authorities for doing nothing, a more active mode of treating cerebral hemorrhage seems to me to be called for.

Your object must be to arrest the further effusion of blood from the ruptured coats of the miliary aneurisms, by causing the vessels to contract. Now, many styptics must be inapplicable for these cases, because the patient cannot swallow, and even if medicines were intro-

duced into his stomach, it seems most doubtful whether they would be absorbed. Nor can the rectum be used for the purpose of affecting the circulation, as there is frequently paralysis of the sphincter-ani, and inability of the bowel to retain its contents. The hypodermic mode of administering medicine seems, therefore, to recommend itself, particularly in these cases; and the remedy I think most appropriate for them is ergotine.

There are two kinds of ergotine known to chemists, viz., Wiggers' and Bonjean's. The former is insoluble in water, ether, and dilute acids, but soluble in alcohol, strong acetic acid, and caustic potash; and, on account of these peculiarities, it is not suitable for subcutaneous injection. Bonjean's ergotine, on the other hand, is easily soluble in water, and it is this therefore which you should use. I am in the habit of injecting a grain of it every hour, or where the symptoms are very urgent, even every half hour, into the subcutaneous cellular tissue; and, although the experience of a single observer, in a disease like the one now under consideration, cannot count for much, yet I feel justified in recommending you to follow this practice, as being likely to save many lives.—*Med. and Surg. Reporter.*

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METHODS OF INCREASING OR DIMINISHING INTRA-THORACIC PRESSURE AT WILL WITHOUT ANY PRESSURE.—Dr. J. S. Cohen, (*Med. and Surg. Reporter*, July 26, 1876) gives the following method of obtaining the advantages of rarefied or condensed air:

1. Valsalva's method, a forcible movement of expiration with mouth and nostrils closed, increases the intra-thoracic pressure and has the same physical effect as the inspiration of compressed air, and the effect can be increased by external compression of the chest and abdomen.

2. Deep and prolonged inspirations with mouth and nose closed will expand the chest and rarefy the air in the lungs, and the effect is the same as that of the inspiration of rarefied air.

3. Expiration aided by external compression of the chest and abdomen has an effect similar to that of expiration into rarefied air.