

—The *Louisville Med. News* says:—Ovariectomy has been reduced to such an exact science, and cases have recovered under circumstances so adverse, that reports of special cases have given way to statistical remarks upon lines of cure. In the *British Medical Journal* of May 24th. however, there is the report of a special case, which has no fellow that we know of in history, in which is described a successful ovariectomy by Mr. Spencer Wells, in which the patient was suffering at the time from suppurative peritonitis and pyæmic fever. The operation was rendered necessary by the bursting of a cyst into the peritoneal cavity.

CURE OF THE OPIUM HABIT.—The *Med. and Surg. Reporter* says:—Dr. O'good, of the Missionary Hospital at Foochow, has treated successfully several hundred cases of the opium habit by the following plan: 1. The total and absolute discontinuance of the opium from the beginning of treatment. 2. A trusty attendant to be with the patient day and night for the first three days. 3. Chloral hydrate for the first three nights, if required. 4. Good food, milk, raw eggs, brandy (in some cases), and chicken broth. (The above is taken in small quantities and frequently). 5. In diarrhoea, give two-drachm doses of a mixture of equal parts of tincture of catechu and tincture of ginger.

TREATMENT OF SCARLET FEVER.—The late Prof. George T. Elliot, of New York, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive state, and only the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged, great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc, are beneficial. As a palliative to the throat, the vapor from slacked lime can be recommended. Strong beef tea, with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarged and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show hyperæmia, desquamation, or transitory albuminuria, then there is a twofold danger. Al-

ways examine the urine when the patient has kidney disease; the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics.

To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience they can not be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*New York Medical Record*.

PROPHYLACTIC TREATMENT OF POST PARTUM HEMORRHAGE.—Dr. John Kent Spender discusses this subject in a recent number of the *London Lancet*. He has examined all the literature of obstetric medicine at his disposal, including the first sixteen volumes of the *Obstetrical Transactions*, but finds no paper on the prophylaxis of flooding which treats of the treatment at the proper period of gestation. All discussion dwells on what should be done *during the progress of labor*, and Dr. Spender asks: "Is this then the whole problem? Is it not a mere fragment of a very wide problem, whose area is co extensive with the whole period of gestation and even beyond? If we expect a child-bearing patient to lose an unnatural quantity of blood during the third stage of her next labor, certainly it is a most narrow view to imagine that we are doing our whole duty to that patient in merely 'anticipating' hemorrhage when the early stages of labor are going on." "It is easy to lose ourselves in a dark thicket of words about 'debility,' 'want of tone,' and the like; but this is not science, nor can scientific knowledge be gained by any such means. Divesting ourselves of all obstetric specialty, we shall best approach the subject as the pure physician; and perhaps we shall find that a bleeding womb is only one weak member among many weak members, the vital resistance of which is weakened by deficient hæmatisation and imperfect formative power. The history of gestation may give rise to many medical accidents; the physiological experiment of pregnancy (as Dr. Barnes calls it) searches the body in every part, and tells in plain terms when blood is poor, nerves and nerve-centres are irritable, and excretory glands are blocked or damaged. But at the end of nine months there is one organ whose strength will be specially tested, and the enormous strain to which it is then submitted will prove or disprove its textural soundness, the integrity of its muscular fibres, and the elasticity of its blood vessels. And if this healthy balance be seriously disturbed, can we wonder at the phenomenon of post-partum hemorrhage?"—Dr. Spender believes, in the first place, that many cases of post-partum hemorrhage arise from an ill-nourished uterus. In many cases the uterus is starved because the body is; and nerves and muscles and bones waste because of