

the wound of clots, and plugged it firmly from the bottom with lint soaked in equal parts of boroglyceride and glycerine, and bound the hand and thumb firmly on a splint, well packed with boracic cotton. I also put a compress over the radial artery, near the wrist, and kept the hand against opposite shoulder. The dressings were left on for four days, at the end of which time the patient had a severe rigor, followed by a temperature of 104° F. I then removed the dressings and let out about an ounce of perfectly sweet pus. The wound was redressed with boroglyceride, and covered with a pad of boracic cotton, the splint reapplied, and the whole kept in place by a firmly and evenly applied gauze bandage. No hemorrhage occurred after removal of the Esmarch, which was applied during the dressing; and from this time forward the case progressed favorably, the wound granulating from the bottom.

No doubt, in this case, the drainage tube ulcerated through either the princeps pollicis artery or a branch from the radial, which so often passes over the web of the thumb to complete the superficial arch, and which is also connected with the deep arch by a short trunk. Fortunately, by the thorough drainage the cellulitis had been controlled before the severe hemorrhage came on. The second hemorrhage was due no doubt to the displacement of the clot by the straining at stool.

Testis in perinæo.—DR. R. L. MACDONNELL related the case. The patient is 15 years old. The left testicle has rested in the perinæum from the time of his birth. It is situated slightly to the left of the ano-scrotal raphe, rather nearer the anus than the scrotum. The organ is well developed, and freely movable. It can be put into its proper place, but cannot be retained there. The scrotum is not so well developed on the left side as upon the right. There is left inguinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has, as yet, caused him no inconvenience.

Nitro-Glycerine in Epilepsy.—DR. F. W. CAMPBELL spoke of the good effects of a one per cent. solution of nitro-glycerine in two cases of epilepsy. The first was a young woman who used to have an attack every four or five weeks; occasionally would be free for about two months.

Gave her one drop three times a day, since which time (Dec. 16) has not had a single attack. The second case was a man whose attacks varied in frequency from three or four a day to one in two or three weeks. Three months ago put him on one drop doses three times a day. He has not had an attack since.

DR. HENRY HOWARD asked if these were cases of pure epilepsy, because the nitro-glycerine treatment has not proved to be of much use in true epilepsy—that is, where there is loss of memory and micturition during the seizure.

DR. CAMPBELL did not know if his patients micturated, but believed they were true epileptics.

DR. HENRY HOWARD said that according to modern alienists, loss of memory and micturition must be present else it is not true epilepsy, and the treatment of most use in these cases is tying the internal carotid. This is useless in the pseudo cases.

DR. KENNEDY mentioned having had good success in one case of epilepsy with 10-grain doses of borax three times a day.

Progress of Medical Science

THE FREQUENT REPETITION OF DOSES.

A lecture delivered at the Bellevue Hospital Medical College, by A. A. Smith, M.D., and published in the *Medical Record*.

GENTLEMEN:—I propose to direct your attention this morning to the subject referred to at my last lecture, namely, the frequent repetition of doses. This subject is a very important one, and one regarding which it is very difficult to establish any arbitrary rules. In the case of chronic diseases, where it is necessary to continue the treatment for a long time, the plan of administering the medicine in larger doses at intervals of five or six hours is probably the best one which can be adopted. For example, if you were prescribing some preparation of iron in a case of anæmia, it would be unnecessary to give it oftener than three times daily. Again, in certain cases it may be desirable to produce the full effect of the drug at a single dose, as in the administration of a cathartic, or of quinine to reduce temperature.

In other cases, however, it is desired, in administering medicinal remedies, to keep up their continued effect, and the question arises, whether we can accomplish this purpose better by giving them in smaller doses at frequent intervals than by giving them in large doses at much longer intervals, the total amount of the drug in the end