

was absolutely necessary to use morphine. When such was the case, it should be given in doses amply sufficient to relieve all pain, and should be injected hypodermically and not given by the mouth; the fluid should be injected as near the nerve as possible, as there was some reason to believe that morphine had a tendency to reduce the inflammation in a nerve when brought in contact with it. In milder cases, phenacetin, in a single dose of fifteen grains, which could be repeated in an hour if necessary, would be found to fulfil all requirements. Antipyrine and acetanilide could be used in place of phenacetin if desired.

To relieve the neuritis itself he depended almost entirely upon rest, the application of cold, and the use of electricity. In regard to the value of rest in the treatment of sciatica there could be no doubt. Every time the leg was moved the functions of the sciatic nerve were called into play. It was well known that the use of nerves and muscles induced a temporary congestion of the parts used, which would only have a tendency to aggravate a condition of already existing inflammation. By rest he meant absolute rest attained by keeping the patient in bed and applying the old-fashioned long splint, reaching from the axilla to the sole of the foot. It should be so attached as to leave the thigh and sole uncovered for the use of electricity and cold. Dr. Weir Mitchell had been the first advocate of the use of the splint in sciatica. Every fourth day the splint should be removed for a short time in order to manipulate the joints and muscles to a slight degree. Cold could best be applied to the sciatic region by ice bags. The refrigerating sprays he had found less efficacious. As to electricity, it was very useful, but only the continuous current should be employed, and in the following manner: The negative electrode should be about nine by four inches in size, and should be strapped to the sole of the foot by elastic bands. The positive electrode should be about five or six inches square, and should be applied over the gluteal region, over the point where the sciatica nerve emerged from the pelvis. If there were any very tender parts along the course of the nerve, this electrode could be changed occasionally so as to cover them. The strength of the current should not be such as to cause much pain, but should fall just short of doing so. No rule as to the current strength to be employed could be laid down, as the point of toleration was different in different individuals. The continuous current should be applied twice daily, if possible—certainly once a day—for about five minutes at each *seance*. Most of the text-books recommended that at the end of each application of the continuous current a number of interruptions should be made in order to stimulate the muscles. Nothing of the sort

should be done. It was opposed to the scientific treatment of the disease. It irritated the nerve and counteracted, in part if not altogether, the benefit derived from the continuous current.—*N. Y. Med. Jour.*

SCARLET FEVER AND PUERPERA.—The notes which have appeared in the *Journal* on the above subject and the tone adopted by their authors as to the smallness of risk incurred by the recently confined mother from exposure to contagion, in my opinion, demand the most serious thought, and I trust will call forth an expression of opinion, based on experience, which may determine the question. Does scarlet fever when brought in contact with a puerpera render her liable to great risk of becoming the victim to what is known as puerperal peritonitis, uterine phlebitis, or the more general name puerperal fever? My experience tells me that it does. I have seen too many sad instances in my own practice, as well as that of my neighbours, to doubt it. At the same time I must add, that was before antiseptics were heard of—in those days I simply declined attending midwifery, in spite of threats and entreaties, when I had cases of scarlet fever on my list.

I had also seen the same fatal results when the puerpera was exposed to the contagion of measles, and regret to have to record a case which has just taken place in my practice. On December 19th last a youth came home from a public school where measles was prevalent; he sickened of it on the 21st; a brother and sister followed on the 26th—cases were so mild no advice was deemed necessary. On January 2nd I was sent for to another member of the family on account of something else. I then learned that there were three cases of measles in the house. The mother, who expected to be confined on the 24th, had attended them; nursed them. She showed the disease on the 7th; on the 11th another child had it, and the mother got out of her bed to nurse her. All the cases ran a mild course, and convalescence was complete by the 16th, when I discontinued attendance.

I gave orders that the children were to be removed into lodgings at once, that the whole house was to be thoroughly disinfected, and that the carpets and hangings were to be removed from the bedroom about to be occupied by the mother, and that from its ceiling to its floor it was to be purified; all this was done. The confinement took place on the 21st, before I got to the house. A skilled nurse did all that was needful, and showed me the placenta, etc. The infant was born with the measles out and desquamating in some parts. All went well till the 24th, when after a slight rigor, fever set in; pulse 130; temperature 104.2°; headache, sickness, pain over abdomen, restlessness, lochia natural. I gave 10 grains of an-