

the potassic salt dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A per. . who; a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Alienist and Neurologist*.

**Symphysiotomy.**—Dr. Taylor, of Cincinnati, reports a successful case of symphysiotomy, performed by him on March 30th. The patient was aged twenty-eight: primipara shortened in height about five inches by osteomalacia. Examination by the pelvimeter showed that she had a conjugata vera of two and three-quarter inches. After shaving the pubes and applying thorough antiseptic measures, the patient was placed in the lithotomy position, the limbs being sustained by Peter's wrist and ankle band.

The patient having been thoroughly anæsthetized (chloroform), a staff was passed into the urethra (a catheter being first used), and supported by an assistant. The staff being kept down and to the right side, after which a thorough examination of the symphysis was made as directed by Caruso, of Naples.

Dr. Taylor then made a vertical incision through the skin and fat above the pubes, about three inches in length, extending upward one-half or three-quarters of an inch above the symphysis, and passing in a line down to the insertion of the recti muscles. After detaching the recti muscles from the ossa pubes, he then introduced the index finger of his left hand into the opening, separating the retropubis tissue, keeping the palmar surface of the finger close to the posterior surface of the symphysis, and carried it down, so as to hook the inferior margin of the articulation, at which point he introduced the bistoury, hooking it around the articulation, cutting through the interosseous ligaments and cartilage from within outward, and from below upward.

Dr. Taylor states that there was no unusual resistance of the tissue: the urethra was not injured, and there was no hæmorrhage worth men-

tioning. While the head was passing the pubic separation was two inches.

The result of the operation was the safe delivery of a healthy male child, weighing eight and one-quarter pounds, with a bi-parietal diameter of four and seven-sixteenth inches. The wound was closed with seven interrupted silk sutures, and dressed with sublimated cotton.

Dr. Taylor considers the careful bandaging of the pubes and lower extremities a most important part of the after-procedure. The patient made an uninterrupted recovery, the catheter being used for eight days. The sutures were removed on the eighth day. The patient was helped to a chair on the twentieth day, and has been up every day since.—*Lancet Clinic*.

**The Hygiene of the Teeth.**—All caries of the teeth begins from the outside, no such thing as internal caries having ever been demonstrated: hence if the surfaces could be kept absolutely clean, no decay could take place, however poor the texture of the teeth. This is of course impossible, but much in this direction can be attained by attention to hygienic rules. Parents often ask their dentists and medical attendants: "When ought teeth to be cleaned?" The answer, assuredly is: "As soon as there are teeth." A very small toothbrush charged with some precipitated chalk flavoured with an aromatic drug to make it pleasant, is perhaps the best means.—*The Lancet*.

**Vinum Ipecacuanhæ as an Oxytocic.**—A contributor to the *British Medical Journal* says: "In the course of general practice extending over many years I invariably carried a bottle of vinum ipecacuanhæ in my midwifery bag, and rarely, if ever, gave a dose of ergot in the first stage of labour. Time after time, on coming to a confinement case where the pains had been feeble and inefficient, or had totally ceased, two or three 10 to 15-minim doses of the wine at intervals of ten minutes had been followed in a surprisingly short time by energetic uterine action, with a rapid termination of the labour. It never produces the quasi-tetanic contraction so often met with as the result of ergot, the pains continuing to recur regularly, just as they do in natural labour, but with greater force and at shorter intervals."