

her clinical history. I will not enter into details, but at once say to you that she has cirrhosis of the liver, with hydropertoneum. She has suffered from this affection more or less for some time, and the cirrhosis is clearly traceable to the great cause of that affection of the liver—namely, a certain method of using alcohol. Some time ago, three and half quarts of fluid were drawn from the abdominal cavity by aspiration. I am inclined to think that this is the best method of removing fluid from the peritoneal cavity. She then took diuretics for a while. The aspiration was made on the 20th of November. At the present time, December 11th, there is but little liquid in the abdomen, and the point in the clinical history to which I especially direct your attention, is what occurred between the date of the tapping and the present examination.

The diuretic mixture upon which she was placed after the aspiration consisted of infusion of digitalis, sweet spirits of nitre, and bicarbonate of potash. For a time, the daily quantity of urine passed was increased, and then the apparently favorable action of the diuretic ceased. While the patient was taking the diuretic mixture freely, the daily quantity of urine discharged was 5, 12, 13, 12½, 10, 12, 17, 18, 16, ounces. and although an increase from what it was previous to the aspirations, the desired effect was not produced.

On December 1st all medicinal remedies were stopped, and the patient was placed upon a full milk diet. The quantity of urine passed during the next twenty-four hours was 19 ounces; and we find recorded 39, 36, 30, 56, 54, 50, 70, and 69 ounces as the quantities passed on the days immediately following. Under the influence of the milk diet, the quantity of urine passed daily was at once increased, and the increase has been sustained up to the present date. Before December 1st the patient took but little milk, and had only a poor appetite. Since that time her general condition and appetite have greatly improved.

In clinical medicine there is nothing more important than to call into exercise our best judgment regarding discontinuance of medicinal treatment. I have been made aware of the fact that there is danger of error in the medicinal mind in two directions: first, we may be over-confident with regard to the efficacy of medicines. There are those who have such unbounded confidence in the efficacy of drugs that they never see the natural course of a disease. This error should be avoided. The opposite error, also, is to guarded against; namely, an over-distrustfulness regarding the benefits to be derived by the use of medicines. In the treatment of all chronic cases it is an excellent plan to occasionally cease all medicinal measures, and study the effect produced. The with-

holding of all medicines, and the dietetic change, have, in this case, yielded the most satisfactory results. The patient is now taking six pints of milk daily.

THE TAMPON IN ABORTION.

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of string, but not large, twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced end-way, turned half around so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable, either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but, as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.—R. W. Griswold, M.D., in the Louisville Med. News.

FOR SORE NIPPLES.

R Tannin..... 3 j.
Sub-nit. bismuth..... 3 ij.
Vaseline..... 3 j.

M. Sig. To be applied constantly when the child is not nursing.—Dr. Howell.