

effect upon the blood, bind the oxygen more closely to the hemoglobin and proteids, and directly promote elimination, through the alimentary canal, the skin, and the kidneys, of the noxious products of the morbid ferment, and of the increased and altered chemical actions.

TO AVOID RUPTURE OF THE PERINEUM DURING LABOR.—In regard to this important and much vexed question, Dr. Berry Hart (*Ed. Med. Jour.*), says:—"All the attendant can do, apart from the familiar means of relaxing perineal spasm by chloroform and hot applications, is to prevent the sinciput being forced down in advance of or faster than the occiput. He restrains the foetal head from passing too rapidly. He thus has always to get the occiput to lead, and to get it fully born first if possible. So far as I can judge, the best way of doing this is as follows: With the patient lying, of course, on her left side, the attendant places the thumb of his right hand, guarded by a napkin soaked in hot sublimate, in front of the anus and presses it gently there. The pressure is not in the direction of a line joining his thumb and the pubic arch, but nearly in that of the axis of the pelvic outlet. By this, descent of the sinciput is hindered, and that of the occiput favored. When the latter is beginning to pass under the pubic arch, the fingers of the same hand are placed between it and the apex of the arch, so that when the occiput has cleared the arch, the fingers are passed towards the nape of the neck, and the head thus grasped in the hand, the thumb lying over the sagittal suture. This gives one complete command over the head, which is now engaging in the diameters between the nape of the neck and forehead and face, and allow the whole passage with as little tear as possible."

TREATMENT OF HEAT STROKE IN THE BRITISH ARMY.—The following is the treatment (*Br. Med. Jour.*), described by Surgeon C. Douglass Hunter, as that which he has successfully practised among the English troops in the tropics:—"Treatment must be immediate and thorough. The patient should be stripped and laid in the coolest place possible—in the shade outside is best—and cold water dashed on the head and spine; this should be maintained; a large enema administered, and the lower bowel well emptied. If the patient regains

consciousness, he may then be placed on his bed (if the temperature remains high) in a wet pack, and ice kept to his head. Five grains of calomel may then be administered, and diaphoretics given frequently. To promote free action of the skin and maintain the action of the bowels, is very needful. If a relapse threatens, douching should be at once resorted to. If there are no signs of rallying, use sinapisms to the heart, frequent douching, ice to head and spine, friction of the limbs; if the pulse is failing, brandy at frequent intervals in small doses and brandy enemata. If respiration is failing, artificial respiration should be employed and well kept up. On no account give up every attempt until life is quite extinct. On no account bleed the patient. The after-treatment is to maintain free action of the skin and bowels—tonic and change of air to a temperate climate.

"The essence of treatment is to reduce the bodily temperature as speedily as possible, and the surest way to do this is by the application of cold water and ice; this should be maintained, and the least relapse dealt vigorously with in the same way. Immediate action of the bowels by enemata is very necessary, and an emetic is beneficial in suitable cases."

A MOVABLE SHEET FOR THE SICK.—The following, by Dr. Roche (*Pop. Scienc. News*), is of practical value:—"I have found the following a valuable arrangement for the sick needing change of position, or, as is often the case, a weak nurse to perform the labor, or in cases of surgery, where the safe and easy movement of the patient is necessary:

Fasten smoothly to the mattress, with strong safety-pins, a rubber blanket or piece of enamelled cloth, rubber or enamel side up. Upon this, place a similar rubber or enamelled cloth, if possible somewhat wider, so as *always* to keep the under one covered. Cover with a sheet, and make up the bed as usual. Between the rubber or enamelled surfaces sprinkle soapstone powder, kept by all shoe-dealers, or glove-powder; or, if nothing better can be had, the common graphite, known as stove-polish, will do. Now, by grasping the edge of the under sheet and upper enamelled cloth at the same time, it will be found easy to *roll over* or move the heaviest person with slight effort, and