

These are the middle line of the sacrum, after that, in thin persons, the posterior superior spines of the ilium, and the sacro-iliac articulations, then the trochanters of the femur. The chief thing is a frequent change of posture. If a patient can lie in four different positions during the day bed-sores may be prevented. He may lie on his back, each side, and on his face. Of course, you couldn't make a stout person lie on his face; he would simply suffocate. This change prevents the gravitation of the blood. This may easily be seen by looking at the back of a subject in the post mortem room. The back is quite red from this cause.

When patients lie on their backs they may be saved for a time by dividing a mattress and leaving a space of six inches between the halves. You may thus save the sacrum, which will have no pressure on it. The case before referred to was treated so, but sores came on the ilium and trochanters.

Large cushions made of amadou in the shape of a horse-shoe are very good. Isinglass plaster or felt water-pillows. Pads of cotton-wool may also be used with advantage. In speaking of the mode of curing bed-sores, already formed, let me remind you to continue your preventive treatment just as if there were none lest they come in other parts.

During the sloughing there is nothing better than a poultice of equal parts of linseed and bread and enough charcoal to have a deodorizing effect. Carrot and turnip poultices are also deodorizing but they are not so good as the first. The poultice is best spread on ordinary tow. When spread on linen &c., folds are liable to form, and if the patient is on these they promote the bed-sore. When slough begins to separate the resin or other stimulating ointment should be spread on the surface of the poultice.

When the slough has separated the sore should be dressed with resin ointment or Peruvian balsam, or equal parts of these in the following manner: little bits of cotton wool should be slightly spread with the ointment, and put into the sore until it is quite full. They thus make an equable soft surface for the sore. These are the chief local means for curing bed-sores. As regards internal treatment, don't stimulate. Let the diet be gentle but good; plenty of milk and bread; little or no meat, and a small quantity of wine.—*The Students' Journal.*

A CASE OF LITHOTOMY, WITH UNUSUALLY RAPID RECOVERY.

(Under the care of Mr. BARWELL.)

Boys under nine years of age recover from the operation of lithotomy more rapidly, as a rule, than older persons, and