date. In his concluding remarks he insists upon the importance in each stage of the disease, of careful attention to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional diseases.

SUBSTITUTE FOR COD-LIVER OIL.—Dr. Emmet, in his work on gynæcology, gives the following directions for preparing pork for invalids: "I direct a thick portion of a rib piece, free from lean, to be selected and allowed to remain in soak for thirty-six hours before being boiled, the water being frequently changed to get rid of the salt. It should be boiled slowly, and thoroughly cooked, and while boiling, the water must be changed several times by pouring it off, and fresh water nearly boiling substituted. It is to be eaten cold in the form of a sandwich made from stale bread, and both should be cut as thin as possible. It is very nutritious, but it should only be given in small quantities until a taste for it has been acquired. It is the most concentrated form in which food can be taken in the same bulk, and I have frequently seen it retained when the stomach was so irritable that other substances would be rejected. For this condition of the stomach it may be rubbed up thoroughly in a porcelain mortar and then given in minute quantities at a time."

TREATMENT OF WHOOPING-COUGH. — Pertussis is one of the common epidemic diseases that rarely occurs twice in the same person. It is a specific catarrh and should be treated with just as much promptness and care as any other form of bronchitis. That the disease runs a definite course, with a natural tendency to recover, is not questioned. That most all acute inflammations pass through equally well marked stages no one doubts. That if it is rational to treat pneumonia, the same reasons demand that whooping-cough shall be treated.

The first stage is that of congestion with dry, irritative cough; the second stage is that of mucous secretion, in abnormal quantities, and no acinous secretion (no chloride of sodium to liquify the mucus), attended with prolonged efforts to expectorate.

In the first stage a purgative dose of calomel, followed by a full dose of quinine—enough to produce decided constitutional effect. Say ten grains to a child between two and six years of age. The local use of bromide of potassium, ten grains to an ounce of water, to be used in a spray for inhalation every two hours. This plan of treatment, with slight modifications to suit individual cases and complications, has proven as nearly specific as could be desired. A full report of the results of this general plan of treating pertussis will, at an early day, appear in the columns of the *Herald*. Enough has been done to demonstrate that the disease is a specific catarrh, and that it may be successfully treated; not by any abortive measures, but by such means as naturally tend to hasten the various stages to a favorable termination, without the danger of capillary bronchitis and pneumonia. —*Med. Herald.*

NECROSIS WITHOUT SUPPURATION. — William Colles, M.D., in the *Dublin Journal of Medical Sciences* for December, 1878, reports the following case:

"F., aged 15, healthy, was thrown from a carriage and received some bruises on the face; also there was a slight transverse wound, about one-fourth of an inch, at the ulnar side of the left wrist close to the joint. Through this opening projected a small piece of very rough bone, which was considered to be the lower end of the ulna broken off and projecting. It could not be restored or retained in position. Two days later she was put under the influence of chloroform, but it was still found impossible to restore the natural form of the limb. It was therefore determined to remove the projecting piece. With this view the piece was caught in a forceps, and a director passed behind it. It was found that the latter instrument could be easily passed for a considerable distance in all directions without obstruction from ligamentous or other attachments. On bending the hand backwards, and pressing the director inwards, there slipped out a portion of bone two inches long. On examining the forearm, the bones seemed quite naturally in their position, but perhaps slightly larger than those of the opposite limb. On examining the bone extruded, it was much smaller than would be expected in a person of her age; it was quite devoid of periosteum; no cartilage or epiphysary end, but a small rough deposit of new bone; the upper end irregular, jagged, but in no part did it present any appearance of its having been acted on by living parts; and on section—which was difficult, from the dryness and friability of the bone—the medullary cavity was the same as in ordinary section of bones.

"On further inquiry it was found that about eight or ten years ago the patient fell and received what was called a sallyswitch fracture of both bones; this was treated by splints and rest; she recovered with perfect use of the limb, but there was a slight thickening of the bone.

"That this was a case of necrosis there can be no doubt; and if it was the result of injury, it must have been of only two days' duration, which is scarcely possible, for the bone to die, to lose its periosteum, cartilage, and epiphysary end, and for a new case to be formed around the dead bone. Hence it was more probably the result of the fracture received so many years ago."

OVARIOTOMY UNDER ADVERSE CIRCUMSTANCES.