

that, eleven months before I saw him, he began to complain of pain at the seat of the curvature, which soon became constant. Three months subsequently, his attendant discovered what he supposed to be scoliosis, for the relief of which a support was worn. He continued to work on half-time for six months, suffering from occasional aggravation of the local pain, which was much increased by walking. Three months before he came to me, the left loin was the seat of throbbing paroxysmal pain, and at that time he noticed a small swelling, which had gradually increased until it attained the dimensions to which I have alluded.

Under a tonic and supporting regimen and strict recumbency, his appetite soon improved, his suffering abated, and he became comfortable.

On the 4th of April, 1869, or after the lapse of six months, it was noted that "he is again losing flesh and strength; the pain in the dorsal region is severe; the abscess has increased in size; and the skin is thinned and discoloured to the extent of a ten-cent piece towards its posterior limit." It was then discovered that he had been in the habit of sitting up in bed to take his meals, and rising to pass his excretions.

On the 18th of April, a free incision gave vent to a large amount of strumous pus; the dressings were applied in the manner already described; and he was directed to take a grain of opium every six hours, along with quinia, milk punch, and a nourishing diet. One week later the report showed that "the sponge had been changed every day, and the entire dressing every other day. The discharge is abundant; he has had no constitutional disturbance, and is perfectly comfortable."

On the 3rd of May, "he is gaining strength; the appetite is improving, and the discharge is decreasing." From this time until April 8th, 1870, or nearly one year after the evacuation of the abscess, when he left the city, he maintained the recumbent posture faithfully. For several months he had experienced no pain on motion or firm pressure; the affected vertebræ appeared to be firmly consolidated; he had grown quite fat; the appetite was good; all the functions were regular, and the discharge did not amount to more than one drachm in the twenty-four hours.—*Med. News and Library.*

A SIMPLE METHOD OF REDUCING PROLAP-
SUS OF THE RECTUM.—Dr. J. C. Davis, in the *Hospital Gazette*, says if the patient be a child, place it on its back, flex the thighs and legs at a right angle to the body; let the nurse or an assistant hold them in this position, wipe the mucus or other discharge from the prolapsed part; then take an old handkerchief, or a piece of soft linen or cotton rag, place it loosely over index finger, and introduce it slowly into the rectum: the mucous membrane will adhere to the rag, and the part last descending will be the first to repass the sphincter. Carry the finger the full length up the rectum; then with two fingers of the left hand—one on each side—sustain the gut while withdrawing the finger. To remove the rag, keep up the counter-pressure with the fingers of the left hand, and pull gently, first on one side, then on the other of the handkerchief or rag, and in this way remove it from the rectum. If the patient be other than a child, place him in the "Sim's position" and the same procedure will accomplish the object in view.—*Hospital Gazette.*

NEW METHOD OF COMPRESSING THE COMMON
ILIAC.—In the *British Medical Journal* of May 18th, Mr. Richard Davy, Surgeon to the Westminster Hospital, describes a method he has adopted successfully for the compression of the common iliac artery in amputation of the leg. A straight lever of wood is introduced *per rectum*, and one end applied to the artery between the lumbar bodies and psoas magnus muscle, the other projecting as a handle. By depressing the handle, the perineal tissues serving as a fulcrum, the common and internal iliacs can be effectually controlled. Mr. Davy believes the method more easy and reliable than compression of the aorta, and that the circulatory system is less seriously disturbed by it. No injury need be done to the rectum if proper care is used.

Dr. M. Mannheimer, of Chicago, has accomplished results in the treatment of whooping cough which are of interest. Dr. Mannheimer has employed intralaryngeal insufflations of a fine powder, composed of equal parts of the sulphate of quinine and white chalk. In nine cases the results were that the average duration of the disease, under this treatment, was six days.