

THE TREATMENT OF PHLEGMASIA DOLENS.—The *Union Médicale* attributes to Delore and Pouillet the following sketch of the proper treatment of phlegmasia alba dolens: Absolute rest in the dorsal decubitus, the affected member placed in an attitude of forced extension, and a mixture of oil and chloroform applied; then cotton batting is placed around the limb, which is to be kept warm at an even temperature. Movement and repeated examinations are to be avoided. To combat pain, narcotics by the mouth, subcutaneous injections of morphine, and laxatives are in order. When pain begins to subside, alkaline and diuretic drinks may be given to hasten resolution of the œdema. If there is much œdema, the fluid may be allowed to ooze out through small incisions, or through a drainage-tube. The patient should be kept in bed for thirty days after the cessation of pain and until the œdema has almost completely disappeared.—*N. Y. Med. Jour.*

ABDOMINAL DROPSY IN A YOUNG SUBJECT.—Some time ago, I was invited by Dr. Burwell, of this city, to see the following case: A boy, eleven months old, with acute general dropsy. The scalp, hands, arms, legs, and ankles all pitted on pressure. The abdomen was greatly distended with fluid. There was no history of previous ill-health. The bowels moved naturally every day. There was no suppression of urine. There had been no cutaneous trouble. Small powders of jalap and cream of tartar were prescribed. These operated freely, and reduced the œdema of the extremities to a marked extent. The ascites, however, was undiminished, and we accordingly decided to tap. We drew off one pint of fluid, which was straw-colored, and did not differ from the usual ascitic fluid. The child made a complete recovery. I report this case, as I believe it unusual to find dropsy in children under a year old.—*James Wright Putnam, M.D., in Buffalo Med. and Surg. Jour.*

TREATMENT OF PARTURIENT RUPTURED UTERUS.—The conclusions to which my brief studies and limited experience force me are as follows, viz.:

1. In cases of rupture of the uterus, with the head presenting, delivery by forceps should be attempted, but should be abandoned if not found

easily practicable. Turning should not be undertaken, but the case should be at once recognized as one for either the Cæsarean or Porro operation.

2. In cases of ascertained incomplete rupture, treatment should be by antiseptic irrigations and rest.

3. All cases of ascertained complete rupture should be submitted to abdominal section so soon as the condition of the patient with reference to shock will admit, for the following purposes—viz., (1) to explore the abdomen, (2) to remove all foreign bodies, (3) to cleanse the peritoneum, (4) to close the rent if the labor has been short and the uterus not seriously damaged, and (5) to remove the uterus if the labor has been long and the uterus seriously damaged.—*Reed in N. Y. Med. Jour.*

ANTIFEBRIN IN QUINSY.—In the *Wiener Medizinische Blätter* for August 8, 1889, Dr. W. Sahli writes that on the second day of a violent attack of quinsy he took seven grains of antifebrin, and within a quarter of an hour all headache and pain on swallowing or in mastication had completely disappeared. On the next day there was a slight return of pain, which was almost immediately subdued by the repetition of the dose of antifebrin, and this treatment was continued on each reappearance of pain with the same results, until the disease had run its course. Dr. Sahli refers to twelve cases of quinsy in which four grains of antifebrin likewise produced satisfactory results. The same effect was also observed by the writer in the relief of pain in angina of an epidemic of scarlet fever and diphtheria. It relieves pain in all movements of the throat, and, by rendering the operation painless, is a great assistance to gargling the throat, especially in children, while, of course, it also assists in the administration of food. Dr. Shali does not, however, claim that antifebrin is a specific for angina or diphtheria, since the pathological processes are not influenced by its administration. He administers it shaken up in a little spirits and syrup.—*Therapeutic Gazette.*

IODOFORM GAUZE IN POST-PARTUM HÆMORRHAGE.—Dr. O. Piering, assistant in Prof. Schauta's obstetric clinic in Prague, has published his experience in the employment of Dührssen's