

emulsion of 10 parts of iodoform in 100 parts of glycerin. The edges of the wound are then brought together and stitched very carefully, so as to close the cavity perfectly without an opening for drainage. Thoroughly antiseptic dressings are applied and left on for several days. In most cases he gets primary union and the abscess heals, the iodoform emulsion being slowly absorbed as granulation goes on. Sometimes when antiseptics has been imperfect sloughing results, but even then the abscess generally heals from the bottom without recurrence. In a few cases the results were not good, but in these the operation was not sufficiently thorough, as some of the recesses were left untouched. Strange as it may seem, iodoform poisoning has been noticed in only a few cases, and in a very slight degree. Billroth has used the same method in tuberculous caries with equally good results, and now asks the profession to try the method. How does the iodoform act? It is known that iodoform is not a perfect antiseptic, but a most powerful stimulant of granulation. To use Billroth's words, "Iodoform exerts a great formative influence on the smaller vessels, and these soon begin to grow out and multiply in an extraordinary manner by constant production of offshoots and capillary loops. This energetic growth of the living tissue seems to rob the microbes of their nourishment; in the struggle for existence they succumb to the growing cells of the vessel walls." As granulations secrete pus only when diseased, drainage is unnecessary. When the method is used in caries the action is the same, the osteophytes in this case being stimulated.—*Vienna Letter, Medical News.*

EPILEPSY CAUSED BY IMPERFORATE HYMEN.

—L.K. An intelligent, well-educated girl, about medium height, of slight build, and dark complexion, æt. 21., had for some three years suffered from falling fits. No history of fits or any cerebral infirmity on either side of the house. No history of any fall or blow upon the head. Four years ago she had what were thought to be dyspeptic attacks, at which time she suffered from backache, sickness, constipation, flushings, loss of appetite, abdominal pains, swelling and general discomfort, frequently from headache, and after a while from frequent desire to mictur-

ate. Prescribed: Pil. aloes et ferri. R Decoc. aloes co., mist. ferri aromat., spt. am. ar., aq. camph. ad ʒ viij.; ʒ j. c. i. pil. ter die; and ordered her to put her feet in mustard and warm water at bedtime, and place a large linseed and mustard poultice over both breasts at least one night in the week, at the same time to have a liberal diet, with plenty of milk. This, instead of relieving, seemed to aggravate the symptoms, which now assumed an intermittent character. She was completely prostrated for four or five days at a time, then she appeared to improve, and was, comparatively speaking, pretty comfortable for about three weeks, when the symptoms invariably returned in an aggravated form. On the night of May 10, 1886, she had been in bed about three hours when her mother was startled by hearing her scream; she immediately hastened to her assistance, and found her working in a fit; her eyes were fixed and staring, and she frothed considerably at the mouth. Before the nearest medical man arrived she had regained consciousness, and felt quite herself again, with the exception of a slight headache. The next day and the day following she was seized with similar attacks, and was then free from them for about five months; after that time the fits became more and more frequent, and during the last twelve months she has been attacked for a few days at the beginning and end of each month. Last month she has had as many as five fits in two days. Her appetite was bad, her bowels costive, urine clear and healthy-looking, but passed frequently in small quantities. She suffered frequently from headache, fulness after meals, flatulence, heart-beat, and a short dry cough, which was very troublesome at times. She had never menstruated, but thought it must have something to do with her present illness, as she suffered more at the beginning and end of each month than between times. I accordingly examined her in the dorsal position, and on inspection found the abdomen symmetrically enlarged and very prominent. On palpation, I could detect a central firm tumor well defined, evidently the uterus enlarged. On vaginal examination, I found the orifice obstructed by a distinct fluctuating swelling, which felt uncommonly like the unruptured membranes in labor, and which I had little doubt was an im-