

which from its mobility avoids even the consequences of considerable pressure if this be made in a methodical and skilful manner. A folded cloth may be placed, as suggested by Taniier, between the handles of the forceps, to prevent too much compression. The forceps takes a better hold, and the author has never seen it slip in sacro-posterior positions. He recommends, in some cases of sacro-posterior positions, that the position should be altered by a forcible rotation of the sacrum forwards before using traction. It is better, he says, to keep up a certain amount of compression in the intervals of traction; if this be not done, the iliac wings, by their great elasticity, tend to resume their normal place, and the forceps may be displaced.—*Lon. Med. Record.*

CHRONIC BRIGHT'S DISEASE.—Dr. Wm. Pepper (*Medical Times*, April 19, 1884,) gives the following in regard to treatment:

"With this pulmonary trouble and emaciation, I should be unwilling to treat her with such a rigid diet as I should resort to if she were in a better state of nutrition, and were not the subject of chronic lung disease. She will receive a light breakfast and supper, consisting of some form of mush, with cream or milk. Her dinner will consist of meat, fish, or oysters. Between each meal she will be given a glass of milk; egg will be avoided. The form of albumen found in eggs has seemed to me to dispose to an increased excretion of albumen. I prefer to this lean, under-done meats and oysters.

"I propose to give her cod-liver oil and bichloride of mercury. Iodide of potassium, which I should gladly give her occasionally, irritates the kidneys. I therefore prefer to use bichloride of mercury, beginning with a moderate dose and increasing it as the stomach will permit. I shall commence with one-fiftieth of a grain, slowly increasing to one-twentieth of a grain, immediately after meals. The cod-liver oil will be given during the alkaline stage of digestion, an hour and a half after meals. Iodine will be applied over the left chest as frequently as can be done without producing too much irritation of the skin. The action of the skin will be promoted by daily friction and the rubbing of a little oil into the skin."

ANEURISM—LACERATION—PROLAPSUS UTERI.—M. Trélat communicated two cases of aneurism to the Société de Chirurgie, one of which refused to be influenced by indirect pressure sustained for a relatively long period. The position occupied by the tumor was the popliteal space, and although compression was made in Scarpa's triangle, no diminution was appreciable. At last the ligature was resorted to, and the tumor was not slow to shrink, harden and disappear. The same member reported a case of suture of the perineum, in which

the perineal and vaginal sutures were made. The patient cured rapidly. Out of eleven cases thus operated upon, only three failed. M. Verneuil, who agreed with M. Trélat as to the position of the sutures, preferred the silver wire to the mother-of-pearl buttons; he leaves them eight or ten days *in situ*. M. Després was astonished at the large number of these cases which have recently come to light. In his long career he had only three times practiced the operation. His principle was to wait until three months after the delivery; and to prevent the vaginal liquids from penetrating the wound, he made the patient lie upon her face.

M. Thomas communicated the case of an irreducible prolapsus of the uterus, and for which he was compelled to have recourse to total ablation by the elastic ligature. It was the case of a domestic, who for two years had been suffering from the affection in question, and all attempts at reduction were rendered useless. The tumor was voluminous, and showed signs of sphacelating. In an attempt at reduction he tore the posterior wall of the vagina. It was then he decided on extirpation, and the patient made a good recovery.—*Medical Press.*

ELECTRICITY IN PARALYSIS CAUSED BY CEREBRAL HEMORRHAGE.—Authorities differ greatly as to the time which should elapse after an apoplectic attack has been followed by paralysis, before commencing treatment by electricity. The general opinion is in favour of allowing some time to pass, so as to permit the absorption of the clot and the subsidence of the inflammatory reaction. Prof. De Kenzi (*Revista Clinicae Therapeutica*, Jan., 1884) on the other hand, thinks that electricity may be employed, if proper precautions are taken, with the greatest success a short time after the attack, that is, in the first week. To the treatment of electricity he invariably adds other means to prevent the return of the hemorrhage and the development of inflammatory reaction. These consist in the external use of bromide of potassium, the constant application of cold to the head, and the administration of some drastic purgative whenever there is constipation. The application of electricity exerts an immediate effect on the muscles, which, in the majority of cases, at once regain their contractile power under the influence of the will. S. P. was admitted suffering from cerebral hemorrhage; on the fourth day of the attack there was complete paralysis of the left leg. Electricity was applied to the muscles of the thigh, and immediately afterwards the patient was able to bend the limb and to raise the knee for some distance from the level of the bed. On the next day the patient was unable to extend the limb after bending it; electricity was again applied; he then flexed and extended the leg without difficulty. On the sixth day paralysis of the toes only remained,