

During the following days, and twice daily, an abundant vaginal injection is given. In case of an operation, the following antiseptic precautions are taken: 1. Phenic fumigation of the operating ward by permitting a four-per-cent. solution of phenic acid to boil in the free air; 2. The instruments are boiled in a strong solution of phenic acid (1 to 25); 3. The sponges are composed of pieces of tarlatan boiled in the same solution; 4. Disinfection of the hands; 5. Dressing of the iodoform gauze of commerce.

Porak, in the Hospital Lariboisière, observes antiseptis largely as above. When a woman enters the hospital she is placed in a bath and cleansed with soap. The genital organs are washed in soap, brushed, and bathed in a solution of sublimate, 1 to 1000. After this disinfection compresses soaked in antiseptic solutions are placed over the vulva to prevent later infection. During labor, injections of sublimate, 1 to 2000, are used. Examinations are made as seldom as possible, and then only with every antiseptic precaution. Phenic vaseline is employed as a lubricant. Porak prefers, however, the following preparation:

R. Vaseline, 3 ounces 5 scruples.  
Corrosive sublimate,  $7\frac{1}{2}$  grains.

Alcohol (to dissolve sublimate) qt. suff.—M.

Intra-uterine injections are reserved for cases where a macerated foetus exists, in cases of obstetrical interference, or where vulvar lesions are suspected. In case of a tear of the perineum iodoform gauze is used. The eyes of the infant are bathed in a concentrated boric solution. If the mother has a vaginal discharge, a few drops of this solution of silver nitrate is employed instead.

R. Distilled water, 5 ounces.  
Silver nitrate, 15 grains.—M.

In case of retention of the membrane, foetid lochia, or tear of the perineum after unsuccessful union by first intention, vaginal injections are used together with intra-uterine injections. The corrosive sublimate solution for instruments which do not amalgamate is as follows:

R. Distilled water, 9 ounces 4 drachms.  
Tartaric acid, 4 scruples.  
Corrosive sublimate, 15 grains.—M.

The solution of 1 to 2000 is reserved for the hands.—*Med. News.*

Professor Holland directs that, in making ferric hydrate, the *antidote for arsenic*, calcined magnesia or aqua ammoniæ in excess should be added to tincture of chloride of iron, both being well shaken up together. In this way,  $\text{f3ij}$  of the tincture of chloride of iron yield enough of the ferric hydrate to be an antidote for ten grains of arsenious acid.

## CLINICAL SUGGESTIONS FROM CASES OF "LA GRIPPE."

By Samuel S. Wallian A. M., M. D., of New York.

Ignoring the question of the nature and etiology of this prevalent and somewhat treacherous malady, whether of zymotic or telluric origin, a specific germ disease or an epidemic influenza, of an unusual and unaccountable type, the characteristic, persistent and decidedly serious complications and sequelæ of "la grippe" make its clinical study a matter of intense and immediate importance to every physician, as well as to every inhabitant of the country.

In most of the larger cities, as well as in the rural communities, it is at this moment epidemic, and is sending the death-rate to a figure which may well be a cause of alarm to the most conserving and indifferent of the profession.

It would be preposterous to assume that the rapidly increasing death-rate from pneumonia and other sudden and fatal forms of respiratory disease, from "heart failure"—which has become a popular as well as a professional fad—and from the various other manifestations of a condition of general vital prostration, which follows so closely in the wake of this prevailing malady, are attributable to an old-fashioned influenza, or periodical and rather eccentric "bad cold," which is to be annually expected and combated.

At the first announcement of the scourge it was greeted by the press and the public with a good deal of badinage and an effort at grim humor. It was presumed to be a rather disagreeable but comparatively harmless Russian joke, and the daily press found in it a stock source of humorous sarcasm. All this is changed. Funeral notices have crowded out the funny corner, and the question of how to cope with the new foe to life is now admitted to be of the most serious importance.

The vital point is not so much as to technical origin and microscopical curiosities of the disease, but *what shall we do for our patients?*

The nostrum venders are reaping a rich harvest, measured in dollars, by proclaiming loudly that each of their mixtures, from Ayer's Pectoral and Antipyrine to Scott's Emulsion, is a specific for the disease. No doubt, hundreds of cases have been aggravated, or made unnecessarily fatal, by indiscriminate drugging, under the direction of domestic advisers and reckless counter-prescriptions. Nor has this ill-advised drugging been limited to the laity and the unscrupulous pharmacist. Routinists in the profession have done their share, have relied on those fatal make-shifts, the anodynes and antipyretics, and as a result have inexcusably swelled the death-rate, while adding nothing to our knowledge of the pathology or therapeutics of the disease. For this reason many of those who have treated a large number of cases have nothing of value to offer as a result of their experience. As is true