Dr. Conner had also treated a case of internal hemorrhoids occurring in a woman in the manner described by the last speaker. She reports herself entirely relieved. He mentioned Langenbeck's suggestion that injections of ergotin be made with the hypodermic syringe and that it be thrown into the submucous connective tissue. Had employed the agent subcutaneously in two cases of varicocele with excellent results in one of these. In this one, but two injections were found necessary. The latter of the two was followed by an abscess, in connection with which the doctor mentioned the curious fact, that, although the injection was made on the left side, the abscess occurred on the right; he was certain that the septum had not been pierced by the needle. In the other case referred to, four or five injections had been made with no result whatever. He was inclined to attribute many of the failures following the use of ergot to unreliable preparations. In two cases of varix of the lower extremity, its employment was a perfect failure.

ON THE TREATMENT OF SUSPENDED ANIMATION IN NEW-BORN CHILDREN.

Notes of a Lecture at the Harvard Medical School, by Charles E. Buckingham, M.D., Professor of Obstetrics.

With some obstetricians, the condition of the new-born child, compared with that of the mother, is of secondary consequence. I confess it is so in my estimation. This is a matter which depends upon the religious views of different individuals, and of course is not to be here discussed. Both the mother and the child require attention and you can oftentimes give directions for the benefit of the child while you are making the required pressure over the uterus which has just expelled it.

Sometimes the child cries lustily as soon as it is expelled. Sometimes it gasps feebly, with long intervals between its respirations, which may of themselves become more frequent and stronger, or less frequent and more feeble. It may come into the world blue and flabby, and without a visible sign of life. If there be beating of the umbilical cord, however, there will almost certainly be a gasp, and that gasp may be repeated; or if not repeated unaided, your assistance may restore the child to life. Even if there be no pulsation to be seen or to be felt, you may in some cases hear it by putting your ear over the heart. You need not trouble yourselves about a ligature upon the cord; make the child breathe. And for this end it is not worth while to spend time in trying the Marshall Hall method; you have a chest to deal with which has never been expanded, and a pair of lungs which have never been inflated. Send for a couple of pails of water, one cold and the other rather warmer than it would be comfortable to take an entire bath in. A child who has never breathed, if rapidly dipped in these alternately a few times will often cry audibly. But you must not wait for the pails of water before trying other measures to make the child breathe; if you do, it will be just so much neglect. With a dry rag over your little finger, thoroughly wipe the mucus from the fauces; that operation alone will make some children cry. Take the child up in a dry towel, or a pocket-handkerchief if you have one at hand, or in anything which will keep it from slipping from your grasp; hold it with the scapulæ in the palm of your left hand, the finger and thumb embracing the occiput, which should be firmly pressed backwards; the finger and thumb of the right hand should close its nostrils. Apply your mouth to that of the child and try to inflate its lungs; you need not fear that you will blow too hard; indeed, unless you place a moderately dry cloth between the child's mouth and your own, you will find it difficult to inflate at all. But why press the head forcibly backwards? Because in so doing you close the passage of the œsophagus; and should you neglect that precaution, you would find the stomach inflated instead of the lungs, and a new obstacle thus put in the way of the child's breathing, by your own carelessness.

You should inflate the lungs ten or fifteen times in a minute; and the process should be continued as long as there is the slightest possibility of life. The occasional alternate dipping will help your efforts. In some cases, a rapid and more forcible pulsation of the heart is felt by you upon your very first insufflation, and this, as a rule, will be repeated and increased in strength with every succeeding attempt, until as you take your lips away you will each time see the child gasp, open its eyes, heave its chest, and at last cry. The color, which has been leaden and dull, becomes of a positive red. The points upon which you placed your fingers, before the operation, became white, and remained so long enough for you to count twenty or more; but now the color returns more and more rapidly, and you will find, as the child's respirations become independent of your aid, that the color returns almost immediately on the removal of the pressure.

Be sure that all chance of life is gone before you stop your exertions; I have known an infant, who was laid aside in a sheet as dead by one of our profession, to live to adult age. So long as the breathless child is cool, if pulsation exists even to a slight degree, life is still possible. Excess of heat to such a child will diminish its chances for life. Why then, you may ask, do I dip it in hot water, as well as in cold, to make it breathe? Simply as a stimulant to its skin. It is not to be left in the hot water an instant; it is dipped in hot water for the same reason that I would spank it, or slap it with a wet towel, the object being to irritate its nervous system and make it cry.

If you will now simply wrap the resuscitated infant in a blanket, and leave him without washing or dressing or food for a few hours, he will be better off than if you weary him with further attentions.

Bicarbonate of Soda in Toothache.—Dr. Dyce Duckworth contributes a short memorandum on this subject to the London *Practitioner* for April. He was called on to treat a case of very severe