

acute cases. Permanganate of potassium he had found to be very efficacious in cystitis and chronic prostatitis. Where it failed nitrate of silver often succeeded, and *vice versa*. The bladder should be thoroughly irrigated with the permanganate solution (1 to 4,000 or 1 to 5,000), and this was conveniently done by means of a large Uitzmann syringe connected with a soft-rubber catheter. One syringeful at a time was injected and allowed to flow out again, and this was repeated until the solution came away with its color unchanged. Then two or three ounces were injected and left in the bladder as long as they could be comfortably borne. The author then detailed the histories of a number of cases of cystitis, that had come under his observation.—*N. Y. Med. Jour.*

A NEW METHOD OF REDUCING BACKWARD DISPLACEMENTS OF THE UTERUS.—Reporting the communication of Rapin at the Rome Congress, Batnaud says that many cases of backward displacement of the uterus, in which this organ is supposed to be adherent to the surrounding viscera, are, as a matter of fact, simply held in Douglas' pouch by a combination of atmospheric pressure, the intestines, and the two layers of the sacro-uterine ligament, which imprison it laterally. To dislodge the uterus from this incarcerated position, Rapin has proposed this procedure:

The first two times insert the sound and rotate in the usual way. If the position remains unchanged, the third time, instead of lowering the handle of the sound, press upon the sound from behind forward and from below upward, moving the uterus as with a lever; by so doing one presses upon the entire anterior face of the uterine cavity, not only with the point, but with the entire part of the sound within the uterus; then we raise and draw the uterus forward and upward without endeavoring at first to replace it.

By this manœuvre we dislodge the fundus from the rectum, opening the *cul-de-sac*, and the intestines, pressed down by the atmospheric pressure, fall into the place formerly occupied by the fundus, thus aiding in the forward movement of the organ.

At the moment the intestines assume their new position one feels that the resistance is overcome, and if now the handle of the sound is lowered, the replacement is completed without the aid of force or the provoking of pain. The sound is withdrawn, while, with the index finger in the vagina, the neck of the uterus is pushed backward and the fundus comes forward into position. When there is resistance to the upward and forward traction, instead of the continuous pressure, a to-and-fro or a sawing movement, causing the uterus to advance in a zigzag manner, is often of advantage.

In all these manipulations the sound is governed by one hand, while the index finger is placed within the vagina, palpating the *cul-de-sac* and controlling the sound within the uterus.

To maintain the uterus in position a pessary is used that fits partly in the vagina and partly within the uterine cavity.—Jules Batnaud, in *Revue Médico-Chirurgicale des Maladies des Femmes*—*The Brooklyn Medical Journal.*

A NEW AND RELIABLE ANTHELMINTIC.—Dr. Mirowicz first called public attention to naphthaline, as a reliable anthelmintic and tenicide, in 1891. Naphthaline is a coal-tar derivative, crystalline in form, insoluble in water, and but slightly soluble in alcohol. It is soluble in alkaline digestive fluids, but is not absorbed through the intestinal walls to any appreciable extent. Four hours after the exhibition of a maximum dose, no evidence of its presence could be detected by any abnormal products in the urine or sweat. It is absolutely destructive to all forms of entozoa, is an unchangeable intestinal antiseptic, is a neutralizer of ptomaines—rendering them innocuous, is an anti-ferment. As a tenicide, one dose is usually sufficient, and it is unnecessary to examine for the head—it always comes away. There is no uncertainty about the dose, as with *felix mas*; there is no permanent injury to the gastric glands, as with tannate of pelletierine; there is no terrible cephalalgia, as with ammonium embelate; there is no danger, as with chloroform.

Naphthaline, however, has its drawbacks. It is a very disagreeable drug to administer. Not only is it quite unpleasant to the taste and smell, but it is followed by offensive eructations.

As to technique, it should be given in capsules, 20 grains for one dose, and in the morning when the stomach is empty.

The three previous meals should contain an excess of salty and vegetable acid foods. Four hours after taking the capsules, an 8 grain dose of calomel with 4 grains of bi-carbonate of soda should be given, followed in another four hours by two tablespoonfuls of castor oil. This is for an adult of average size. The dose for children should be about one-half as much, given only when extreme debility does not exist. Naphthaline can be had from any first-class drug house and should cost about 20 cents per ounce. The chemically pure crystals only should be used.—A. D. Hurd, M.D., in *The Cincinnati Medical Journal*

LYCETOL.—Dr. Wittzack, (*Allg. Nedivn. Central Zig.*) calls attention to this new derivative of piperazine, which has been introduced by the *Farbenfabriken vorn. Friedr. Bayer & Co.*, of Elberfeld. Lycetol is the tartrate of dimethyl piperazine and is fully as effective as the base piper-