

may be located in some displacement of the pelvic organs, and this point should be determined by immediate examination.

*Fourth*, That due regard must be had to the natural mobility and normal position of the uterus in the placing of pessaries.

*Fifth*, That the Hodge pessary and its modifications are the most scientific and rational instruments we possess, and should be used, if possible, to the exclusion of all others.

*Sixth*, That, contrary to the general view, retroflexion can be redressed and maintained in position by a skilful adjustment of the traction-lever pessary.

*Seventh*, That pessaries should be fitted and placed with the patient in Sims' position, this being the most favorable for such procedure.

*Eighth*, That while the evidence thus far has been discouraging as to the curability of uterine displacements by means of pessaries, we must at least acknowledge their powerful aid as palliatives, and we are justified in believing that the future statistics will demonstrate their greater efficacy in tables showing permanent results.—*Compendium of Med. Science*.

#### TREATMENT OF CARBUNCLE WITHOUT INCISION.—

In the course of a paper on this subject before the American Medical Association, by Dr. L. Duncan Bulkley (*Med. News*, 9th May, 1885), the author related the case of a gentleman, aged fifty-six, large and florid, who suffered for several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumor, thickly spread on the woolly side of lint, the following ointment:—

R	Ergotæ fl. ext.	3ij	
	Zinci oxidi	3ss	
	Unguenti aq. rosæ	3ij.	M.

Covering this was cotton-wadding, to prevent blows or injury. He was given sulphide of calcium,  $\frac{1}{4}$  gr. every two hours, and occasionally the following:—

R	Magnesii sulphat.	: iv	
	Ferri sulphat.	3j	
	Acidi sulph.	3iij	
	Syr. zingiberis	3j	
	Aquam	ad 3iij.	M.

S.—Teaspoonful in water through a tube three times daily.

At bedtime Dover's powder was administered to give rest when required. The result of the treatment was cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work. The paper was summed up as follows:—(1) Avoid any irritation, as pressure, blows, &c. (2) Avoid warmth and moisture, as in poultices. (3) Avoid incisions. (4) Do not use stimulants. (5) Protect the in-

flamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick. (6) Use sulphide of calcium every two hours for its effect upon suppuration. (7) Employ good nutritious food, and fresh air. (8) A sedative, if desired, and occasionally the laxative and refrigerant tonic as above. The advantages are:—(1) Short time required for recovery. (2) Cessation of pain. (3) No scar. (4) No operation. (5) No detention from business.—*Glasgow Medical Journal*.

THE TREATMENT OF PLEURISY IN THE BELLEVUE HOSPITAL.—Dr. S. Mitchell, of New York, in a recent article states that about 150 cases of pleurisy are treated annually. It is rare to meet with true cases of acute pleurisy, except when they occur in patients while in the hospital. When a case, however, is seen within the first few hours, opium is given, usually as Dover's powder or as Majendie's solution, and hypodermically, which, besides relieving the pain and nervous manifestations, to some extent checks the determination of blood to the pleura. The bowels are opened by salines, and mustard or turpentine applied to the chest. The pain caused by the movements of the chest is greatly relieved by strips of adhesive plaster. Tincture of aconite is given in half-minim doses every fifteen minutes for two hours, and afterwards every two hours until the pulse shows signs of becoming feeble. Quinine in doses of ten grains every six hours is given during the first twenty-four hours. When the state of effusion occurs, the patient is made to take freely of a bitartrate of potassium solution as a diuretic, the saline cathartics are continued, and iodine is applied locally. Another form of local application, which is a favorite with some, is the punctuated cauterisation with Paquelin's cautery every other day. Tonics are given and continued into the third stage, the following formula being that usually prescribed: Strychninæ Sulph. gr. i, Liq. Pot. Arsenit. 3 ij, Citrat. Ferri et Quininæ 3 iv, Glycerini Aq. Cinnam. part. æqual. ad 3 viii; a drachm after meals. With this is often given an ounce of whisky three times a day. A drachm of the following mixture is also given occasionally to allay the cough: Morph. Sulph. Pot. Cyanid. aa. gr. ij, Syr. Tolut. Syr. Prun. Virg. part. æqual. ad 3 ij. Blisters are seldom employed. When the effusion is great enough to cause much dyspnoea, paracentesis is performed at the mid-axillary line in the sixth interspace, the fluid being withdrawn slowly and arrested at the moment when the patient begins to cough or feel other unpleasant symptoms. In the chronic form of the disease the patient is put on diuretics, tonics, and mild cathartics, and counter-irritation is kept up by Corson's paint, made of Ol. Tiglii 3 ij, Aetheris 3 iv, Tr. Iodi. Co. ad 3 ij. This painted on every morning