

*Goitre* has been successfully treated by subcutaneous injections of ergotine, one third, gradually increased to one grain.

*Membranous Croup.* Equal parts of water and sol. ferri perchlor., injected into the trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

*Erectile Tumors* have been successfully treated by injections of perchloride of iron and chloride of sodium in solution, the tumor to be surrounded by a ring.

*Abortion* has been caused by hypodermics of pilocarpin. This should insure caution.

*Hemorrhages.* Hemoptysis, hematemesis, and uterine hemorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

*Night-sweats.* Atropine has given good results in injections of about one fortieth of a grain at bedtime.

*Tetanus.* Chloral hydrate is recommended in conjunction with chloroformization, alternating it with other powerful anodynes and antispasmodics.

*Infantile Convulsions.* Morphia, subcutaneously, with inhalations of five drops of nitrite of amyl immediately following, have proved successful.

*Retention of Urine* from paralysis of the bladder, accompanying typhus, variola, and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

*Arrest of Perspiration.* Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

*Opium-poisoning.* Quite rapid recovery is reported to have followed warm hypodermics of fluid extract coffee in thirty-minim doses. Caffein citrate and sulphate atropia are also considered antidotes to opium.

*Suspension of Salivary Secretion.* Pilocarpin used as heretofore explained excites salivation.

*Chorea.* Curare, in hypodermics of from one tenth to one twentieth of a grain daily, has been found valuable in this disease.

*Obstruction of the Bowels.* Aloin has been used with success, subcutaneously, to move the bowels.

*Hydrophobia.* Much amelioration of the symptoms has followed hypodermics of curare.

*Bubo* has been aborted by injecting carbolic acid into the centre of the swelling.

*Syphilis* has been treated by solutions of some of the mercurials, injected locally.

*Hernia* is more easily reduced by giving a hypodermic of morphine with or without atropia.

*Dysentery.* Morphia, hypodermically, in one-third-grain doses, has been found more rapid in relieving tenesmus than any other opiate.

*Epilepsy.* Curare, in solution, seven grains in twenty-five minims water, with two drops hydrochloric acid. About once a week inject about

eight drops beneath the skin. It has cured cases of several years' standing within two months.

*Snake-bites.* Ammonia, brandy, carbolic or salicylic acids are all recommended, hypodermically, in case of snake-poison, and have been injected with benefit directly into a vein.

## THE USE OF THE FORCEPS AND ITS ALTERNATIVES IN LINGERING LABOR.

The admirable opening address of Dr. Barnes was not followed up with the ability which might have been expected, some of the addresses being prolix and not very edifying. The opinion of the leading English obstetricians on this subject have much interest, however. Dr. George Kidd, of Dublin, in reference to the "high operation," thought no one would hesitate to apply the forceps when the os is nearly or entirely dilated, and the head lying at the brim and making no progress. The point is, are we to use the forceps when the os is undilated? Dr. Kidd thought not. Even when the os is dilatable, he thought manipulation better. Even, also, when the os was dilated to an inch and a half, to proceed and introduce the forceps to drag the head down through it, was, he believed, a dangerous practice. He preferred the warm bath chloral, or chloroform, etc. When, however, there is some minor disproportion or a malposition, Dr. Kidd would use the forceps high up with the os undilated. "But," he concluded, "to let it go forward as our teaching that we may always use, or should always use, the forceps early in the first stage of labor, when there is no urgent demand for it, except the time that has been passed, would I think, be most unfortunate for society, and for our profession."

Dr. Thorburn, of Manchester, inveighed against the use of ergot with an undilated os, and urged the more frequent employment of chloroform. Prof. Stevenson, of Aberdeen, and Mr. Newman agreed with Dr. Barnes. Dr. Malins, of Birmingham, maintained that in the majority of cases in which the "high operation" is used the alternative of turning is as efficient as easy, and as safe a practice as the use of the forceps. Dr. Alderson and Mr. Worship followed, urging the frequent employment of the forceps. Dr. Edis considered the forceps as an aid to supplement the defective arrangements of nature, and not as a last resort. When evidence of flaccid powers showed itself, he would apply outside pressure by the hands or with a binder. He would not use ergot. Dr. Lombe Atthill thought that if any aid was necessary to midwifery, the forceps was superior to any other. With respect to the use of ergot, this was absolutely prohibited in the Rotunda Hospital, under his