

is born. Practise Crede's method, already referred to. Compress the uterus after the expulsion of the placenta, as directed, until the bandage is applied. Allow no clots to collect in the uterus. Direct the patient to keep the thighs approximated. Abridged from *American Journal of Obstetrics*, August, 1872.

THE THERAPEUTIC VALUE OF THE MURIATE OF LIME.

In the *Edinburgh Med. Journal* for July Dr. Begbie has an elaborate memoir upon the therapeutic value of muriate of lime, in which he gives a review of the English literature on the subject as well as his own experience, which he states to have been large. He says that, as stated long ago by Dr. Beddoes, the salt is of very great value in the chronic diarrhoea of children, associated with feeble appetite, anæmia, enlarged belly, and hectic symptoms. He also adduces much testimony as to its remarkable efficacy in cases of scrofulous taint with enlargement of the cervical glands, confirming this testimony by his own experience. In such cases he has seen the most brilliant cures under its use, after the complete failure of iodine, cod-liver oil, and all the other orthodox remedies. In some cases it requires to be taken for a long time, in some instances, even for months, before its beneficial effects are seen; generally, however, the glands begin to soften and lessen in size after a few weeks, and the general symptoms consentaneously to improve. The salt has a disagreeable, mawkish taste, to which patients generally soon become accustomed, especially when the drug is taken in milk. Dr. Begbie also affirms that the chloride is of equal value in acquired and hereditary scrofulous adenitis. He states that he has used it with great benefit in *tubercles mesenterica*. In Paris he saw it used many years ago by Cazenave with asserted success in lupus. The dose for an adult is from ten to twenty grains three times a day, gradually augmented to thirty grains, unless symptoms of local gastric disturbance are developed. The Doctor is partial to the old solution of the *Edinburgh Pharmacopœia* as a ready means of administering the drug. To young children the commencing dose is from two to six grains. It is best administered in milk, shortly after meals, although it may be given with impunity in an empty stomach.

CHLORAL IN PUERPERAL CONVULSIONS.

In the *Dublin Journal of Medical Science* for June, 1872, Dr. McDowell details a case of puerperal convulsions and mania, in which chloral seemed "to act like a charm."

TREATMENT OF SPERMATORRHEA.

The occasional introduction of a catheter as large as the urethra will take, is often of the greatest service; it should be passed into the bladder and allowed to remain for five or ten minutes, according to the tolerance of the patient; its mechanical pressure helps to unload the congested capillaries and small vessels of the urethra; its contact deadens

and destroys the extreme sensibility of the urethral nerves, and renders them less susceptible to the influence of slight excitants; whilst, by stimulating the muscles, it provokes their contraction, and so renders material assistance in emptying the larger veins. A silver catheter is the best instrument for the purpose, as it exerts firmer pressure than an elastic bougie; and, as the urine can be drawn off through it, the patient will not require to micturate for several hours, which is a point of some importance, as the urethra is often very tender after the passage of an instrument for the first few times. The frequency with which it should be employed depends upon the amount of discomfort its presence occasions; and if the pain be great, it should not be left in more than a few seconds, lest rigors, swelled testicle, etc., be occasioned. Sometimes the urethra is *extremely* sensitive, and much pain attends the use of the catheter; but this is an additional reason for persisting with it, though a smaller one may be employed at first, so as to cause less pain. I have sometimes found that smearing the catheter with blue or calomel ointment, or with half a grain to a grain of nitrate of silver rubbed down in an ounce of lard, to be of use in obstinate cases; but I prefer the blue ointment to anything I have yet tried. Some camphar, extract of opium, belladonna, etc., may be combined with these ointments, if thought desirable. Care should be taken that these applications do not reach much beyond the curve of the instrument, and it should be thoroughly oiled before using it. The over secretion of mucus is always checked by the use of the catheter, whether armed with ointment or not.

Cold bathing, cold douches, etc., should not be employed on going to bed. The ordinary bath in the morning does good; but cold applications at night should be forbidden, as the reaction which follows them will increase the local circulation, and so cause congestion and erection of the penis, and thus increase the probability of emissions.

Not only must the position assumed in sleep be attended to, but undue warmth in bed avoided, whether by using very soft beds or too large an amount of clothing. The bowels should be carefully regulated, to prevent any accumulation within the rectum; and the urine examined from time to time, so as to detect an excess of uric acid, the presence of oxalates, etc., which may render its passage irritating to the hypersensitive urethra. Over distention of the bladder must, at all times, be guarded against, and the patient warned to pass urine on waking in the morning, lest he doze off again with a full bladder, which is one of the most certain provocations of erection and emissions.

Before commencing to treat this affection constitutionally, it is generally necessary to allay the digestive disturbances, which are so common and often so severe, by giving such remedies as may be applicable to the condition of the patient either with or without the more special medicines. By neglecting to do so, we may not only add to the dyspeptic troubles and obtain no benefit from the drugs given, but a valuable medicine may do harm and be brought into dis-