

prevention of surgical diseases and deformities, and secondly, in its influence on the results of surgical interference or operation. As a preventive of surgical disease, hygiene can possibly assist us in modifying or arresting the impairment of assimilation on which certain calculi—and, as Professor Haughton has lately shown, cleft palate—depend. But the good influence of hygiene is most desirable in the results of surgical operations; and here is the greatest room for advancement and improvement, for although the manipulative part of operations is now almost perfected, the results have by no means kept pace with this advancement, and much remains to be done in order to render operations more successful and less fatal.

#### THE REMOVAL OF SYPHILITIC STAINS.

M. Langlebert, having observed that blistered surfaces, when allowed to suppurate for a few days, leave, especially in dark-skinned subjects, white marks, often indelible, has conceived the idea (*Gazette des Hopitaux*), of putting small blisters on syphilitic maculae, in the hope that their suppuration for a time would have the effect of removing the little masses of pigmentary granulation which form these maculae. The event has, he says, justified his hope. The experiment has been tried on a patient who, two years previously, was attacked by ecthymatous syphilis affecting the two legs. It had left on each of them about a score of blackish marks, which had not at all died away. M. Langlebert applied to each a blister of the size of a franc piece, desiring the patient to dress it for eight days with an epispastic pomade, and afterwards to heal it with simple cerate, which required about three days more. The black spot disappeared, and was replaced by a rosy spot, which would doubtless grow white, as occurs generally with recently cicatrized blister-marks.

#### THERAPEUTICS.

##### POSITION OF THE HEAD FOR SLEEP.

By Dr. C. B. RADCLIFFE.

Much might easily be said upon the importance of attending to the position of the head where the object was to conciliate sleep, or the contrary, and in many other cases. The recumbent position has obviously very much to do with sleep. A person sleeps on lying down, and for the most part as long as he continues to lie down. Undoubtedly sleep may happen in the sitting posture, and even while standing; but these cases are exceptional, and the broad rule remains that sleep has to do with the recumbent and wakefulness with the sitting and erect positions. It is certain also that sleep in bed is, as a rule, sounder with a low pillow than with a high pillow. If then there be a state of wakefulness at night, the head should be kept low; if, on the contrary, undue sleepiness be the state of things then met, with the head should be kept high. Nay, it would even seem to follow that the degree of sleep and the amount of it may be regulated by simply taking care that the head is in the right position. The facts would seem to be

too obvious to require notice, and yet they certainly have not been realized and applied in practice to the extent which might be expected. It might be expected, for example, that hospital beds would be so constructed as to allow, with a view to the conciliation or contraction of sleep, of the head being easily depressed or raised. It might be expected that the same want would have been met in one way or other in the construction of ordinary beds; but this expectation as yet is not warranted by the facts. Indeed certain complicated couches, as those of Alderman or Ward, are the only effectual means of meeting the case in question; and these have really been contrived, not for the purpose of meeting this case, but simply for the purpose of putting the patient in that particular position in which he would be most comfortable. It is, however, not for this latter purpose, but for that of conciliating or contracting sleep, that I am continually making use of these couches and similar contrivances of a less costly description. In a case of cerebral exhaustion, or in any other head-affection where prolonged recumbency is a necessary part of the treatment, I scarcely know how to dispense with one of these couches or one of these contrivances. On an ordinary bed such a patient is very apt to sleep too much in the day and too little at night—too little at night because he has been sleeping too much in the day; and before long there is no small danger that for this reason night-draughts of various sorts have been introduced into the treatment. On the couch, on the contrary, or on the contrivance which takes its place, all these difficulties are for the most part fully met. By raising the head in the day-time the patient remains awake sufficiently to be able to sleep at night; by depressing the head at bed-time the conditions are rendered more favorable for sleep during the night; and, as a rule, sleep is to be conciliated in this way—an incalculable advantage—without the help of narcotics. At all events, the facts fully justify these statements. It is possible to fight successfully against either undue drowsiness or undue sleeplessness in this way, and that too without the equivocal help of narcotics.

##### ERGOT IN NEURALGIA AND OTHER AFFECTIONS.

Dr. T. K. Spence writes (*British Medical Journal*) as follows: "I have given ergot in some cases of neuralgia, according to the advice of Dr. Woakes, of Luton; but, though I have had particularly good results, I have not been able to remove pain entirely by the use of ergot alone. I can endorse all the favourable views of ergot in the treatment of hæmoptysis, as related by Dr. Dobell and Dr. Anstie. I have used the medicine for this purpose during several years past, having been originally led to do so by a consideration of its therapeutic analogies. It does not yet seem to be clearly defined whether there is any stage of phthisis, even the most advanced, which is absolutely beyond the control of ergot, when spitting of blood occurs. Of the exceeding value of the medicine in these cases (though at times it unaccountably fails), there can be no doubt what-

ever; and, as the facts are very little known, attention cannot be too often called to them. The action of ergot on the uterus is a proverb; may it not affect in a similar way a neighbouring organ,—the bladder? I have found that that quasi-paralytic condition of the bladder, which may come on in middle-aged persons from over-fatigue or from simple want of power in the coats of the organ, is greatly relieved by the continuous use of ergot, and may be altogether removed. The so-called hysterical paralysis of the bladder in young women is admirably treated with the same medicine, (though I cannot deny the occasional necessity for use of the catheter). Whether this want of power be simply motor weakness, or secondary to some variety of abdominal neuralgia, there is no more splendid combination of medicines than ergot and strychnia (half a drachm of the fluid extract of ergot and five or six minims of the liquor strychniæ, Ph. B., in chloroform water, three times a day); and these doses should be continued perseveringly for several weeks, as a very rapid benefit cannot be expected.

##### OLEATE OF MERCURY IN TINEA CIRCINATA.

Dr. Leonard Cane, in the *London Lancet* for August 16, 1873, recommends the use of the oleate of mercury (ten per cent. strength) as being of particular service in tinea circinata, several applications being sufficient to destroy all traces of the affection. It produces no staining or injury to the skin, nor is the application attended with pain or other unpleasant effect. The preparation is said to penetrate into the sebaceous glands, hair-follicles, and even into the hairs themselves, the mercury being in a state of solution in an oily medium. The penetrating power of the oleate may be increased by adding a small quantity of ether (one part to eight) to it.

#### PRACTICAL MEDICINE.

##### INDIA-RUBBER BANDS AS AIDS IN STETHOSCOPIC AUSCULTATION.

Dr. J. W. Southworth, of Toledo, Ohio, writes in the *Buffalo Medical Journal*, that a year or so ago he discovered, while using India-rubber bands around the margin of the chest-piece of his stethoscope, in order to make it conform better to the inequalities of the surface, that it not only answered the purpose intended, but also entirely abolished the roaring tubular quality of the sounds as heard previously, and rendered them less loud; in fact, making them correspond almost exactly with those heard by the unaided ear. He also found himself able to auscultate to his entire satisfaction through several thicknesses of clothing, and even through a starched shirt bosom. Of course, the less clothing intervenes the better; the skin, however, need never be made bare. Fretful children and infants can thus be auscultated without the annoyance and delay, and exposure to cold, incident to removing the chest-clothing. The only precautions to be taken are to steady the instrument and press it well against the chest, after smoothing out the folds of the clothing, and not letting the latter come into con-