

of zinc, which, on the whole, I have found the most satisfactory.

(3) *Hæmoptysis*. It must be borne in mind that in most cases hæmoptysis tends to subside of its own accord, and that quiet and rest are what, as a rule, the patient most requires. A hypodermic injection of morphia (gr. $\frac{1}{4}$) will generally fulfil all the indications. The diet should be plain and no stimulants should be allowed.

Hæmostatics such as hamamelis and ergot are sometimes employed. It is difficult to explain how they act, and it is likely that the esteem in which they are held is due to the natural cessation of the hæmorrhage already referred to. Tincture of hamamelis is used in doses of 20 or 60 minims, and ergot is best given in the form of hypodermic injection (1 or 2 grains of ergotin in solution).

When the bleeding is profuse and continued, sometimes depressants such as antimony may be cautiously given, a dose of 1-60 gr. being repeated every half-hour until some effect is produced.

(4) *Cough*. Space will permit only a very brief reference to the treatment of this frequent and troublesome complication of pulmonary tuberculosis. Our endeavor to treat the cough must be guided by a knowledge of the condition on which the cough depends. If there is active secretion from the bronchi or from the wall of cavities, or if breaking down of lung tissue is going on, expectoration is a necessity. In such cases opiates should be avoided, and in all cases they should be given with great care. Cough mixtures and linctus are generally apt to spoil the appetite, and remedies should be as simple as possible. Lozenges of gum acacia and liquorice are much used at the Brompton Hospital. Certain dry inhalations given on inhalation respirators are very useful where the cough depends on an irritable condition of the mucous membrane. Twenty drops of a saturated alcoholic solution of menthol, or a similar quantity of a mixture consisting of equal parts of creosote or guaiacol and spirit of chloroform, are examples of dry inhalations which have been found useful. Menthol is often used in the form of a lozenge or pastille. When there is laryngeal catarrh the use of a steam inhaler containing a drachm of compound tincture

of benzoin to a pint of water at 140° F. sometimes affords relief. When there is excessive secretion, belladonna or codeine may be cautiously used.—*The Practitioner* (*Special Tuberculosis number, June, 1898.*)

THE CAUTERY IN THE REMOVAL OF THE APPENDIX.

Dr. A. J. C. Skene, in the *New York Medical Journal*, discusses this subject. He says: "For the first time in the history of appendicectomy the method of operating with the electric hæmostatic forceps was used. This departure from the current methods of ligature, suture, cauterization, invagination and others, is the logical outcome of the success of his practice when operating upon the pelvic viscera. All the other steps of the operation were such as are advertised by surgeons generally. The incision was the ordinary one over McBurney's point, two inches in length. On inspection, both the appendix and the meso-appendix were found to be much enlarged and thickened, and superficially traversed by numerous dilated blood vessels. There were no adhesions. The first grasp of the forceps was upon the meso-appendix close to its mesenteric attachment. A current which heated the forceps to 180° F. was then induced for half a minute. Upon the removal of the forceps the tissues were found to be not charred but dried, having the appearance of white horny matter. Scissors were used to bisect this desiccated area. A second seizure was made upon the appendix itself close to the caput coli, and the same current continued for ninety seconds. The forceps was then removed and the tissue divided in the line of the desiccated area away from the caput. The same result was manifested. No charred tissue, no bleeding, and, more important than all, no escape of the contents of the appendix. The tissues had been simply dried out. Just at this point a rather violent attack of retching came upon the patient, which continued for nearly a minute, yet without inducing any change whatever in the stump. All the severe pressure and strain had not forced even a speck of blood or serum into