

be given. Another means M. Trousseau has frequently found the advantage of during the last twenty years, is compression of the carotids. When the convulsion especially affects one side, the compression should be especially made on the opposite carotid ; while, when the convulsion is nearly equilateral, it should be made, first on one carotid, and then on the other ; or, if it does not produce too much obstruction of respiration, on both at the same time. The compression should be continued for fifteen or twenty minutes on each artery, and as its maintenance is irksome, we should have the aid of an assistant, or instruct the friends in its performance. As soon as the acute accidents have disappeared, the eclampsia and the hæmaturia, which usually precede or accompany the anasarca, having passed away, we should give gentle diuretics, especially nitrate of potash and digitalis, giving at the same time, as recommended by Graves, iodide of potassium in large doses. But the anasarca and albuminuria of scarlatina, which are usually cured in two or three weeks in certain cases only form the first stage of Bright's disease ; and we must always distrust a case when we find the albuminuria continuing after the acute symptoms have subsided. With respect to the pleural and pericardial complications which are met with at or about the same time as the scarlatinal anasarca, they are best treated by blistering and puncture of pleura or pericardium. But it will be always found that, at the end of ten or twenty days, the effusion is converted into a lactescent or purulent collection. By means of iodine injections we may be still enabled to cure this dangerous complication in children, but we shall strive in vain to relieve it in the adult.—*Gaz. des Hôp.*

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*Anchylosis of the Stapedio-Vestibular Articulation, (the base of the Stapes and the Fenestra Ovalis) associated with Rheumatism and Gout ; with an Account of 136 Dissections of the Disease. Read before the Royal Medical and Chirurgical Society. By Mr. Toynbee of London.*

THE author commences his paper by showing that there is a distinct joint between the circumference of the base of the stapes and the inner surface of the fenestra ovalis, and that this stapedio-vestibular joint (perhaps more constantly used than any other in the human body) is very subject to be affected with rheumatic gout (rheumatic arthritis), producing in various stages of its progress various degrees of deafness. For the better elucidation of the nature and treatment of rheumatic arthritis in the stapedio-vestibular articulation, the author commences by making some general observations upon the subject of rheumatism and gout, the results of