

face as possible, the abdomen being the preferable site for the application. As long as there exists tenderness on pressing the vaginal vault, or pain in imparting motion to the uterus, galvanism is indicated, the positive—the anæsthetic, alternative pole being placed within the vagina. When the symptoms have disappeared, faradization, first the primary current, and later the secondary, will be found most effectual in completing the cure, in so far as this is possible. In the intervals between the sances, and these should be held every other day at the outset, the uterus should be gently supported by a wool tampon—the organ should not be crowded up by a number of tampons packed as solidly as possible into the vagina, for thus as much harm is done to the ligaments, blood-vessels and adjacent organs in an upward direction as they suffer when, without the tampon, the uterus sags downward.

ENLARGED PROSTATE GLAND— TREATED BY ASPIRATION.

The patient was æt. 70; had had enlarged prostate with usual symptoms, for three years, using a catheter meanwhile. On a certain occasion Dr. Rockford was sent for in haste, and says:

I took my aspirator, expecting to use it at once. I found him delirious, and chock-full of water. I did not attempt to introduce a catheter, but used the inspirator at once. I drew nearly a gallon of water from him, and, after having drawn the water, as it smelled very bad, I thought it would be a good plan to wash out and disinfect. I used an ounce of Listerine (Lambert's) to a pint of warm water. I pumped that into the bladder, and let it remain a short time, and then drew it off. May 20, just twenty-four hours afterward, I again used the aspirator after unsuccessfully attempting to use catheters. So I used the aspirator fourteen times before the catheter could be used, but I enjoined the nurse to let him have but little fluids. I had the bowels moved freely with salts, and also had injections of tepid water. Also had him to take hot sitzbaths, which he said felt so comfortable to him. After having used the aspirator fourteen times, and washing out the bladder each time with hot water and Listerine, he is now able to use the catheter again himself. But I have him—after having drawn the urine—to attach the aspirator and wash the bladder out, still using tepid water and Listerine. I used the needle fourteen times within a space of a silver quarter, and had little or no swelling to follow. In fact, they healed up like pin scratches.—*Dr. A. P. Rockford in Cincin. Lancet Clin.*

EXTERNAL PRESSURE AS AN AID TO PARTURITION.

By OLIVER S. ANDREWS, M.D., Millford, Mass.

Mass. Med. Jour., August.—An article which appeared not long since, showing by the detailed history of several cases the valuable aid derived from the external application of cold water as an oxytocic, recalled to my mind the fact that I have seen very little in the literature of our profession of late with regard to another agent upon which I have confidently relied in all cases of labor protracted by uterine inertia, for the past year or more; and it is one which has never failed to arouse the lazy uterus to a proper and active performance of its parturient functions.

The agent I allude to is pressure with the open hand or hands properly applied to the part of the abdominal wall corresponding to the fundus of the uterus. Most of the text books with which I am familiar are either silent upon the subject, or they give it a mere passing notice. Can it be that their authors were unacquainted with its marvelous efficacy?

The causes which trammel and impede the gravid uterus in its efforts to expel its contents are varied, and are often of so complex and serious a nature as to demand prompt and energetic medical, and it may be surgical, interference for their removal, and that being accomplished, the womb will at once resume its normal activity, and the case proceed to a successful and happy termination. But these are delays which seem to be owing to no appreciable lesion, and it is in these cases that the agent with which I have headed this article acts so satisfactorily.

Ergot has been, and is still, relied upon by practitioners as the motive power to draw them and their patient out of the obstetrical mire into which they have fallen, and it will often succeed, but generally at the expense of the fetus, whose life is often lost in the struggle. In my earliest obstetrical teachings my mind was awakened to the direful effect of this drug, and in all my practice I have administered it but once as a parturient, and then the life of the fetus was believed to be extinct.

I have repeatedly prescribed morphia to compose the patient, when she was being harassed by spurious labor pains, with the happiest effect. I have administered it to travailing women, whose sufferings had almost exhausted their vital powers, and by temporarily relieving the pain, sleep, calm, refreshing sleep, would be followed by rapid delivery. But morphia has been known to do harm, and if danger to mother or child should be heralded, we cannot remove the offending cause when it is operating from within as we can a mechanical agent operating from without.

Now I seldom use anything but pressure. As soon as I find the uterus relaxing its expulsive

A physician is much sooner in demand if he has wealth than if he has only learning and skill.