

ing, which may be relieved promptly by the application of a pledget of cotton saturated with four per cent. solution of cocaine. It is advisable to perform dilatation under the influence of an anæsthetic, the A. C. E. mixture being the one I always use.—*New York Med. Jour.*

ON THE ACTIONS OF THE SIMPLE BITTERS.—The use of bitters as remedial agents are based upon the four following actions:—

1. They increase secretion.

2. They increase peristalsis.

3. They diminish fermentation; and, they do this not only by their antiseptic action, but, very likely, partly on account of the increased digestion, so that there is not left so much material to ferment, and also by hastening on the material into the duodenum that it does not have time to remain in the stomach and ferment.

4. They increase absorption.

From the above actions you can readily deduce the conclusion that wherever there is diminished secretion, wherever there is diminished peristalsis, wherever there is undue fermentation, wherever there is sluggish absorption, that these drugs may be indicated and may be of service.

Hence, in atonic dyspepsia, where the mucous membrane is pale and inactive, bitters are of great service by increasing secretion and peristalsis. The same is true of the sluggish digestion that occurs in convalescence from acute disease; especially is this true of the emaciated typhoid patient. It is also of use in chronic gastric catarrh. It is not only of use to increase the action of the stomach, but in diarrhoea, due to relaxation of the mucous membrane, by increasing the tonicity of the various structures of the membrane, the diarrhoea is often improved. It is also of service where there is habitual accumulation of flatus, because it increases peristalsis, and removes the accumulated material and arrests fermentation, so that it will not be formed.—*N. Am. Practitioner.*

TREATMENT OF FISSURED NIPPLE AND ENGORGED MAMMARY GLAND.—In the treatment of fissured nipple, when the cracks are at all extensive, the ordinary remedies recommended from time to time have been found more or less unsatisfactory. Painting with tincture of benzoin, for instance, while an excellent procedure for small superficial cracks of the nipple, is perfectly worthless in more advanced cases.

The writer has found in hospital and private practice that excellent results can be secured in bad cases by the application of an ointment made up of equal parts of castor oil and subnitrate of bismuth. This mixture makes a very smooth, soft ointment, which relieves the pain, and is an excellent protective to the part. Before application, the nipple and surrounding skin should be care-

fully cleansed and disinfected, and then the ointment should be smeared on plentifully. If it is necessary for the child to nurse from the affected nipple, it can be allowed to do so without the necessity of removing the ointment from the nipple, as must be done if tannic acid or the salts of lead are used. This is a serious disadvantage of many forms of treatment recommended for fissured nipple, for the irritation of removing the substance employed as a local sedative neutralizes its action.

For the engorgement and pain in the mammary gland itself, which so often accompanies fissured nipple, the writer has had excellent results from the use of an application of lead water and laudanum, which is applied by means of a cloth covering the whole breast, renewed at frequent intervals, and kept in place by a suitable mammary binder, either that recommended by Richardson or the Murphy bandage. This not only retains the dressing, but supports the breast and exercises even pressure upon it. With this treatment the development of mammary abscess is a rare event. If the child can be nursed from the other breast alone it is safer, I think, to draw the milk from the affected gland by means of a breast-pump until the cure is almost complete. If it is necessary that the child should nurse from the cracked nipple, a glass nipple shield with a rubber tip must be employed.—B. C. Hirst, M.D., in *Univ. Med. Mag.*

AFTER PAINS.—Dewees is authority for the following rules for the prevention of after-pains:

1. Do not rupture the membranes before the neck is completely dilated.

2. After the head is born make no traction, but allow the uterus to expel the shoulders and trunk.

3. Do not extract the placenta until the womb is thoroughly contracted.

4. After the placenta is delivered, excite the womb so as to oblige the muscular fibres to contract as much as possible.

Leishman says: "Nothing does so much to prevent their being severe as pressure outside upon the womb during the expulsion of the child and placenta, thereby producing firm contractions." When traction is made upon the cord before the placenta has been expelled from the uterus, the placental vessels are often torn and bleed, and thus a clot is formed. Efforts to deliver the placenta should be directed to producing contractions. These will expel it without leaving a clot; then by continuing to grasp the womb through the abdominal walls, should it soften, the fact should be recognized, and efforts made to prevent relaxation. This can be done with one hand and the placenta removed from the vagina with the other.—*Med. Summary.*

POSTURE IN TREATMENT OF NOCTURNAL INCON-