

number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt or linseed oil—but to decidedly improve the general health of the patient. If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and in fact nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical; it is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially a disease, I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

DIARRHŒA OF CHILDREN.

Dr. A. A. Smith (*Med. Record*) gives the following in regard to the treatment of diarrhœa in children.

Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhœa. They should be kept in a partially darkened, quiet room, free from noise, and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this kind aggravates the diarrhœa. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down, as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhœa is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers are usually over careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhœa in children, and this specially so in re-

gard to city children. We in the city, therefore urge a ride on the salt water, or taking the child to the sea-shore if possible. In all cases, in children under a year, if the diarrhœa is severe, keep warm applications over the abdomen: make a spice bag. Take a half ounce each of cloves, allspice, cinnamon and anise seeds pounded, but not powdered, in a mortar, put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whiskey, or alcohol), and water equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle food, and dentition, are among the causes that predispose to diarrhœa.

EXTIRPATION OF THE UTERUS.

[Dr. Marion Sims *Medical Record*, gives the following account of the operation by Prof. Schröder of Berlin.]

The name of Schröder is well known amongst us. We are all familiar with his classic work on gynecology and with his great success as an ovariologist since his adoption of Listerism. He is yet a young man, with a splendid record and an assured brilliant future. I saw in his wards an interesting case of extirpation of the uterus for sarcoma.

The operation had been performed about ten days before, and the patient was convalescent. She was nearly forty years old, and had a tumor about the size of an egg in the body of the uterus. A bit of it was scraped out with the curette, submitted to the microscope, and found to be malignant.

Prof. Schröder then determined to extirpate the organ. He made the incision as for ovariectomy; drew the uterus up from the pelvis; transfixed the cervix with a double ligature antero-posteriorly, just above the vaginal junction; tied one on each side, including the corresponding part of the broad ligament just as Péan does; and then he amputated the body of the uterus from the cervix at the os internum. This left a raw surface about an inch and a half in diameter, which Péan and others have been in the habit of pulling outside through the lower angle of the abdominal incision, and fixing it there, as they did the pedicle in ovariectomy. The clamped pedicle and Listerism are antagonistic, if not incompatible. Prof. Schröder did not wish to leave a sloughing pedicle outside; nor did he wish to leave a suppurating one inside the peritoneal cavity. And he hit upon this happy idea. He excised the cervix conically from the amputation surface down to the surface at which it had been trans-