its more powerful stimulant influence upon the brain in narcotic poisoning. It does not act as ergot, producing by its toxical influence on the nervous system an abnormal and dangerous stimulation of the parts which are affected by it, but the reverse; the dormant or flagging powers are, as it were, awakened to renewed action, a normal state of affairs is re-established, and the functions are carried on as they were previous to their failure. The following mode of using this remedy is recommended: The water should be cold; it is not necessary always to have ice-water, as Dr. Garvin suggests; but, if convenient, it is preferable. A towel should be dipped in it, and wrung until only sufficient water remains to wet the parts to which it is applied; this should be quickly placed upon the abdomen, so that as much of the cold will remain as possible; the cloth should be changed every five or ten minutes, or as soon as it becomes warm.—*Technics.*

THE MANAGEMENT OF PLACENTA PRÆVIA.

Dr. Malcolm MacLane offers the following rules as those which should best govern the treatment of placenta prævia (*Amer. Journ. Obstetrics*, March 1886):

First.—In any case avoid the application of all chemical styptics, which only clog the vagina with inert coagula, and do not prevent hemorrhage. At the very first, the patient should be put in a state of absolute rest,—body and mind,—and a mild opiate is often desirable at this stage to quiet irritation.

Second.—Inasmuch as the dangers from hemorrhage are greater than all else to both mother and child, at the earliest moment preparations should be made to induce premature labor; and labor being once started, the case should be closely watched to its termination by the accoucheur.

Third.—In primiparæ, and mothers with rigid tissues, the vagina should be well distended, by either the colpeurynter or tampon, as an adjuvant to the cervical dilatation.

Fourth.—In the majority of cases generally, and in all cases especially where there is reason to believe that rapid delivery may be required, it is more safe to rely upon the thorough continuous hydrostatic pressure of a Barnee's dilator than on pressure by the fœtal parts.

Fifth.—Where the implantation is only lateral or partial, and where there is no object in hurrying the labor, bipolar version, drawing down a foot, and leaving one thigh to occlude and dilate, the os may be practised according to the method of Braxton Hicks, except in cases where the head presents well at the os, when,

Sixth.—The membranes should be ruptured, the waters evacuated, and the head encouraged to engage in the cervico-vaginal canal.

Seventh.—In the majority of cases, podalic version is to be preferred to application of the forceps within the os.

Eighth.—In some cases, in the absence of sufficient assistance or the necessary instruments, the complete vaginal tampon, in part or wholly of cotton, may be applied and left *in situ* until (within a reasonable time) it is dislodged by uterine contractions and the voluntary efforts of the mother. In cases of favorable presentation,—occiput or breech,—the tampon will not materially obstruct the descent of the child, and in some cases the tampon, placenta, and the child will be expelled rapidly and safely without artificial assistance.

Ninth.—The dangers of septic infection by means of the tampon or india-rubber dilators are so slight, if properly used, as not to be considered as seriously impairing their great value.

Tenth.—Whenever it is possible, dilutation and delivery ought to be deliberately accomplished, in order to avoid maternal lacerations.

Finally.—As cases of placenta prævia offer special dangers faom post-partum hemorrhages, septicæmia, etc., the greatest care must be exercised in every detail of operation and nursing, to avoid conveying septic material to the system of the mother.

Absolute cleanliness, rather than chemical substitutes for that virtue, should be our constant companion in the practice of the obstetric art.

TREATMENT OF PAINFUL FISSURE OF THE ANUS WITHOUT OPERATION.

Mr. C. G. Wheelhouse employs the operation of "stretching" the sphincter ani is advocated, in preference to "cutting" the muscle. This treatment Mr. Wheelhouse recommends in fissure of the anus, because "we can attain our end without causing an external wound, and thereby rendering our patient liable to septic poisoning." I have hitherto treated these fissures without any operative interference at all, and with such success as to warrant a continuance of the method. The following case will illustrate it:

J. T., a coachman, aged fifty-six, had for eighteen months suffered such agonizing pain during defecation that an enforced habit of constipation was established. From time to time he relieved his bowels by enemata, first taking a large dose of laudanum to alleviate his sufferings. On examination with a speculum, I found a fissure, nearly an inch in length, with irregular edges and an indurated base. The sphincter was much hypertrophied, and contracted powerfully and spasmodically during the examination.

I ordered a full dose of castor oil, with some rhubarb for its secondary astringent action, forbidding the customary laudanum. When this had operated I had the bowels well washed out with an enema containing Condy's fluid. This done, I passed the speculum and painted the fissure with a solution of chloride of zinc (twenty grains to one