

who, while endeavoring to hurl a ten-pound dumb-bell to a considerable distance, had thrown back his right arm so far that it was beyond the control of certain muscles, with the result that the humerus had snapped just below the deltoid insertion. Of course, in this case the weight of the dumb-bell had been a decided factor in addition to the muscular action. The fracture had united satisfactorily. No disease of the bone had been found, although the speaker said that when fracture occurred in this way he was usually suspicious of the existence of malignant disease of the bone. It was not uncommon for fractures of bone to occur from very slight causes, such as movements in bed, where there was malignant disease of the bone.—*N. Y. Med. Jour.*

A NEW SIGN OF DEATH FROM EXPOSURE TO COLD.—In the *Wiener medizinische Blätter* for July 11th, there is an abstract of an article published in the *Journal für öffentlicher Hygiene, gerichtlicher und praktischer Medizin* for March, by Dr. S. Wischniewski, who has made post-mortem examinations of forty-four frozen persons. In forty instances he found hæmorrhages on the mucous membrane of the stomach. These hæmorrhages looked like little spots somewhat raised above the surface of the mucous membrane. They were round or oval in shape, of a dusky or blackish color, and reached the size of a pea. They varied in number from five to a hundred in individual cases. In cases where the person had died from some other cause, and then the body had been frozen, the author did not find these hæmorrhages. The appearance of the hæmorrhages was not affected by the condition of the stomach in regard to being full or empty. By way of test experiments the author froze rats and guinea-pigs, and found the same hæmorrhages as in man, but in cats and young dogs frozen to death he did not observe them, but only a general hyperæmia of the gastric mucous membrane. The author considers this sign of medico-legal importance, as significant of death from exposure to cold.

REMOVAL OF A PIECE OF PYLORIC MUCOUS MEMBRANE BY THE STOMACH-TUBE.—Ebstein (*Berliner klin. Wochenschrift*, 1895, No. 4) reports a case in which this accident happened, the fragment being found in the fenestrum of the tube. The case was one of chronic peritonitis with strictures and dilatations of the duodenum. Death occurred from septic peritonitis four days after a laparotomy. Neither loss of tissue nor cicatrix could be found in the stomach. Ebstein thinks this accident much more frequent than is usually believed. Position and size of the stomach, and, as in the case reported, adhesion with neighboring organs, favor the occurrence. The author advises distention before passing the sound in

order to be able to form an idea of the extent and configuration of the stomach. The sound must be sufficiently thin; must not be removed too rapidly, but slowly, and while water is allowed to run in. The occurrence of vomiting while the tube is in the stomach necessitates special caution.—*Am. Jour. Med. Sci.*

RULES AS TO TIME OF RUPTURING THE AMNIOTIC SAC IN LABOR.—1. In multipara, rupture when os is fully dilated.

2. In primipara, delay until the small parts are also dilated.

3. In cases of face and breech presentation, delay in rupturing the sac is best.

4. Where the pelvis is small, and the fœtus large, delay rupturing.

5. In premature labor, with dead fœtus, rupture early.

6. Rupture the sac early when the membranes are unusually thick, tough and unyielding.

7. When speedy delivery is demanded, rupture early and dilate with the fingers.

8. Rupture the sac when an excessive amount of amniotic fluid retards labor.

9. When version is necessary, and can be accomplished by bimanual manipulation, perform this operation before rupturing.

10. Remember that a dry labor is always to be deprecated, hence do not rupture at all, unless for good reasons, and the case demands it.—*Times and Reg.*

MERCURY IN MENINGITIS.—Mercury is an agent of unrivalled excellence, judiciously administered; in inflammatory conditions of the fibro-serous membranes. On the meninges, it acts with especial energy; therefore, why, in those cases of cranial trauma, a purgative dose of calomel is given early, and repeated later, should symptoms of meningeal trouble threaten; the dose of the drug being so apportioned as to promptly secure its full therapeutic effect, without its possible lethal action.

ABSORPTION BY THE RECTUM.—Posner (*Ber. über die Verh. des 13 Congress für innere Med.*) has made some observations showing the rapidity of absorption of certain substances by the rectum. Certain solutions, like indigo-carmin, methylene-blue, etc., injected into the rectum appear within fifteen minutes in the bile and urine. Other substances, such as naphthol green B, were not absorbed at all. The experiments confirm early observations as to the importance of the rectum in absorbing remedies or poisons, and led von Noorden to recommend anew the use of quinine suppositories in whooping cough.—*Am. Jour. Med. Sci.*