Iodoform as a Dressing for Wounds.—Mikulicz (in *Wiener Med. Wochenschift*, 1881, No. 23), gives results of the use of iodoform in Billroth’s wards. He claims that it is in antiseptic qualities equal to carbolic acid, is more easily used, and less apt to cause constitutional disturbance by absorption. Symptoms of poisoning are, however, seen in rare cases, and in the *Deutsche Med. Woch.*, 1881, No. 34, A. Henry describes two fatal cases. (See p. 460 of last volume of this Journal.) The symptoms are of the narcotico-irritant type.

In open wounds the iodoform is sprinkled on the surface and covered with lint and gutta-percha tissue, fixed by a bandage. The results have been very satisfactory; the dressings require changing but seldom, discharge is slight, decomposition never occurs, and there is rapid formation of healthy granulations. In incised wounds healing is even more certain than with carbolic acid, and there is much less fear of absorption causing constitutional disturbance.

Wounds implicating mucous surfaces, as of the mouth or rectum, are usually very difficult to treat antiseptically. In such cases iodoform, applied on gauze compresses, has been found to completely prevent offensive smell, and to cause no discomfort to the patients.

In a case of removal of an abdominal tumour, iodoform was sprinkled into the cavity and the wound closed at once. The patient recovered without a bad symptom.

In septic gangrenous or sloughing wounds the results were especially satisfactory. Sprinkling with iodoform removed all smell in from four to six hours, and the wounds healed rapidly and without discharge, even in some cases where severe constitutional symptoms had already appeared.

In strumous diseases iodoform is said to give such brilliant results as almost to entitle it to the rank of a specific. (See also V. Mosetig-Moorhof in *Wien. Med. Woch.*, 1881, No. 13.) Fungating ulcers with spreading undermined edges and offensive discharge, healed rapidly and completely under a thick layer of iodoform.

In lupus also its effects are gratifying. Riehl (*Wien. Med. Woch.*, 1881, No. 19), gives the results of twenty cases in
Kaposi's clinique. The epidermis, when necessary, having been removed by the application of 5 to 10 per cent solution of caustic potash, the iodoform is laid on in a layer several millimetres thick, and fixed as above described. On removal of the dressings in from three to eight days the disease is found completely removed, redness and swelling gone, and the sore skinned over.

In deep wounds, when the powder would be difficult to apply, Mikulicz recommends pencils composed of one part of iodoform to two of cacao butter, and for injection a 20 per cent ethereal solution. The smell of the drug can be overcome by adding 1 ml bergamot to 10 gr. of the iodoform, or moistening with an ethereal or alcoholic extract of Tonquin bean. Local irritation can be effectually prevented by previously oiling the sound skin near where the iodoform is to be applied.—*Centralbl. f. Chir.*, 1881. Nos. 32 and 39.—D. M'P.

**Iodoform Subcutaneously in Syphilis.**—Dr. E. Thomann, of Graz, has treated a series of cases of recent syphilis, with well marked skin manifestations and glandular enlargements, by the administration of iodoform subcutaneously, and states that even after ten to twelve injections great improvement in all the symptoms is manifest. The preparation he used consisted of 6 parts of iodoform suspended in 20 parts of glycerine; this was administered in doses of 0.3 grm., increasing gradually to 0.75 grm. No abscesses were produced, though the skin became slightly red and tender, and the spots operated on were harder than the surrounding parts, and slightly swollen for a few days. Iodine may be detected in the urine in two hours after the first injection; no smell of iodoform was perceptible, either in the breath, perspiration, or urine. There was no constitutional disturbance or drowsiness, and the temperature and pulse were unaffected. A solution of iodoform in almond oil (0.3 grm. in 6 ccm.) was also tried, but proved too irritating; it caused an erysipelatous reddening of the skin. The feeling of local hardness was absent however, as the oil was so much more quickly absorbed than the glycerine preparation.—*Cbl. f. d. Med. Wiss.* 29th Oct., 1881.

**Experiments on the Infectiousness of the Blood and Urine of Tuberculous Animals.**—V. Lentz, of Greifswald, in his inaugural dissertation, describes the results of a series of experiments on rabbits.

In six rabbits he injected fresh blood of tuberculous rabbits into the lungs through a tracheotomy incision. In all of
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these, killed in from 92 to 216 days afterwards, he found miliary tubercles in the lungs, and in four of them in the liver as well. In one he found caseous masses in the lungs.

In all of four in which the blood was injected subcutaneously (killed after from 125 to 148 days), he found miliary tubercles in the lungs, and in two of them in the liver as well.

In one the blood was injected into the joint and adjoining connective tissue. The knee became swollen by the third day; on the 18th the animal died, and dissection showed stinking caseous suppuration in the joint, and tubercles in the lungs.

Two rabbits were subjected daily, for 71 days, to an atmosphere charged with steam, containing from 30 to 40 c. cm. of freshly voided urine from tuberculous animals. After death the lungs were found full of minute subpleural ecchymoses and numerous peribronchial tubercles.

With three others "phthisical" urine, which had been allowed to stand for several days in a warm room, was used. One died on the ninth day, after aborting, and examination showed in the peribronchial connective tissues numerous masses of round, well defined nucleated cells, "undoubtedly commencing tubercles." In the others (killed on the 48th and 60th days), tubercules, less numerous, but more uniform in nature and position than in the rabbit treated with fresh urine, were found.

In all the sections of tissue examined, a decided thickening of the arterial coats was observed.—Centralbl. f. Chir., 1881. No. 33.—D. M'P.

Treatment of Eczema.—Dr. Puntz, advocates the use of the soot from burnt pine in the treatment of eczema. He claims for it that it is entirely painless; is applicable to all forms of the disease; causes no irritation either in the ear or in the eye; is not poisonous, so that it can be applied to the breasts of a nursing woman; and that its curative powers are surprising.

He mixes the soot with lard, and applies it every morning and evening for six days, then rubs it gently off, and repeats the operation till all is healed. He has had good results from this treatment in impetigo, prurigo, lichen, erythema papulatum, &c.—Memorabil., xxvi, 4, 1881. New York Med. Journ. Nov. 1831.—J. A. A.

Chlorosis.—Dr. Zander's article on Chlorosis bears par-
ticularly upon the matter of treatment. The effects of iron, he remarks, are apt to be transitory—so soon as its administration is suspended, the phenomena of the disease reappear. The pathology of the affection lies not so much in a mere deficiency of iron in the blood as in a lowered state of the general nutrition, usually dependent on enfeebled digestion.

Treatment founded on this theory has given excellent results in the author's hands. He makes use of hydrochloric acid chiefly according to the following formula:—Hydrochloric acid 2-0–4-0 grammes (½ to 1 drachm); water 200-0 grammes (about 6½ ounces). One or two tablespoonfuls to be taken a quarter of an hour after meals. In a few severe cases he has used pepsin in addition.—New York Med. Journ., Nov. 1881, from Arch. f. Path. Anat. v. Physiol. v. f. Klin. Med., lxxxiv, 1, 1881.—J. A. A.

Mistletoe (Viscum Album) in Heart Diseases.—Dr. R. Park states that in this drug will be found a remedy of no mean physiological power, and an excellent substitute for digitalis. He has used it in a large number of cases of heart disease in which, whatever the exact pathological condition might be, incompetency and tumultuous distressing cardiac action were the immediate symptoms calling for treatment, giving half-drachm doses of the tincture every four hours, "with the very best results." No formula for the preparation of the tincture is given.—The Practitioner. November, 1881. [Dorvault says, in L’Officine, p. 535, that mistletoe is an astringent and emetic, that it was formerly much used against epilepsy, and that its powers as an abortive are equal to those of ergot of rye. From the bark and berries is extracted the proximate principle named glu by the French chemists, the substance to which bird lime owes its viscosity; treated with ether, glu yields viscine, which is soluble, and viscosine, which is insoluble. Wood & Bache, in the U. S. Dispensatory, 1867, p. 1620, observe that this drug is said to be capable of producing vomiting and purging when largely taken. A case is mentioned in which a child three years old was poisoned by eating the berries, the symptoms being vomiting, prostration, insensibility, fixed and contracted pupils, coldness of skin, and convulsive movements of the extremities; an emetic brought away a number of berries, and the child recovered. The plant was formerly regarded as a powerful anti-spasmodic, and was employed in "epilepsy, palsy, and other nervous diseases." The leaves and the wood were given in the dose of a drachm in substance, and of an ounce in decoction.]
Nasal Polypi Treated with Tannin.—M. S. Martin states that in six cases of nasal polypus he has succeeded in effecting a cure by means of injection of a watery solution of tannin. The solution he employs consists of one part of officinal tannin dissolved in ten parts of distilled water; this is injected into the nasal cavities morning and evening, with a glass syringe.—Bull. Gén. de Thérap. 15th December, 1881.

A Modification of Lister’s Antiseptic Dressing.—In the New York Medical Journal and Obstetrical Review for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, states that, while having full confidence in Mr. Lister’s antiseptic method, he, like many others, has long recognised the great difficulty that must needs be experienced by the general practitioner in attempting to carry out the minute details of the dressing. Dr. Little has for several years been surgeon to a large factory in New York, in which three thousand hands are employed, and where injuries by machinery are quite frequent. These injuries consist chiefly of wounds of the hands and fingers, caused by their being caught in the cog-wheels and other parts of the machinery. In many cases the fingers are torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases he has, for the past six years, been using the following simple antiseptic dressing:—

Having put the parts in a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolised cheese cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid of the strength of one to one hundred. The author employs Squibb’s solution of impure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be kept at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered
indications for renewing the dressing. In many cases where rubber drainage tubes have been used they may be removed at the second dressing, and, if catgut has been used for sutures, this second dressing can be allowed to remain on for an indefinite period. In a number of cases of lacerated wounds the first dressing has been allowed to remain on until the wound has entirely healed. In these cases the external use of carbolic lotion was discontinued after the fifth or sixth day, and the dressings would become dry and hard, the wound healing, as it were, "under a scab." The patient should be instructed to loosen the bandage at once if any pain occurs. Out of nearly three hundred cases of open wounds involving the fingers and hands, thus treated, not one has been followed by inflammatory symptoms.

Ol. Santalis Flav.—With reference to this remedy, Dr. R. Park finds that it is no use prescribing it for the purpose of curing a gonorrhoea, if by the term is meant the urethritis or other pathological condition causing discharge. But it will get rid of the most troublesome symptom—the "running;" this it will restrain at once, frequently stopping it in course of 48 hours. It must be continued for quite a fortnight after entire cessation of the discharge. If within 48 hours the running is not arrested—and this happens in some cases—another drug should be employed or therapeutic procedure adopted. Twenty drops is a full dose, as this quantity invariably produces griping of the bowels, and dull lumbar aching. Dr. Park suggests that the drug acts in two ways—on the pelvic and genital nervous system, and on the suppurating surface as an antiseptic or contra-purulent. It certainly has a drying effect on all the mucous surfaces, and also appears to be a special stimulant to unstriated muscular fibre, and in this way is probably constricting.—The Practitioner. December, 1881.

Injections of Bromide of Potassium in Gonorrhoea.—Dr. Cambillard, in the Journal de Thérapeutique for 25th October, 1881, points out how all authors acknowledge the exhausting sleeplessness, the malaise, the nervous irritability, and the intolerable suffering that nocturnal erections induce in gonorrhoea. After having indicated the various modes of treatment directed against this symptom, camphor, lupulin, essence of santal, subcutaneous injections of morphia in the perinæum, injections of chloral into the urethra, pills of extract of opium or opium fomentations, he, following the
example of his teacher, M. Mauriac, insists upon the superior efficacy of injections of bromide of potassium into the urethra. These injections are by no means painful; at the most, in some cases, a slight smarting is caused. They are repeated four times in the day, and the last is administered just before going to bed. They are allowed to remain in the canal one or two minutes, otherwise they are inefficacious. Here is the formula:

\[
\begin{align*}
\text{Water,} & \quad \text{150 grammes.} \\
\text{Glycerine,} & \quad \text{10 }\text{"} \\
\text{Bromide of Potassium,} & \quad \text{6 }\text{"} \\
\text{Laudanum,} & \quad \text{2 }\text{"}
\end{align*}
\]

He reports 18 cases, and he has noted in 15 a rapid diminution or the complete suppression of the erection. He attributes this to the local anaesthesia, to that remarkable property which the bromide possesses of diminishing the mucous sensibility and moderating the reflex excitability.

—Lyon Médical. November, 1881.—J. A. A.

**Perchloride of Iron in Internal Hæmorrhages.**—In a thesis presented to the Société de Thérapeutique de Paris, Dr. Guestre protests against the practice of prescribing the perchloride of iron indiscriminately in all cases of internal hæmorrhages. Its action as a local hæmostat, due to its coagulant powers (the formation of insoluble albuminates), is undeniable. But if the drug acted in this way internally, either along the digestive tube or in the capillaries, gastro-enteritis and thrombosis would result. Nor does it act directly by causing contraction of the smaller vessels; even when applied directly, and in concentrated solution, it has no such action. Dr. Guestre seems to adopt the views of Rabuteau and of Cervello with regard to the perchloride of iron: that it is not eliminated by the kidneys in any quantity; that it acts internally, not as a coagulant, but as a simple astringent; that the protochloride might be used instead of the perchloride with the same results, the latter being reduced to the state of proto-salt before absorption; that the influence of the chlorides of iron is exerted principally on the heart and vessels, cardiac action becoming slower and feebler, the vessels contracting, and the blood-pressure rising; and that it is on these cardiac and vascular effects that the hæmostat properties of iron depend. Dr. Guestre also proved, by experiment on himself, that half a gramme of perchloride iron taken internally, at first reduced the amplitude of the pulse-tracing, and diminished
the dicrotism; a further half-gramme dose taken half-an-hour after, produced still further diminution, and also made the heart's action slower; eighty minutes after taking one gramme the volume of the pulse was much reduced, dicrotism had almost disappeared, the line of descent was longer, while the retardation of the heart's action was very marked. Dr. Guestre concludes that the ferrous salts are as powerful haemostatics as the ferric salts. Clinical evidence is also against the ferric salts; it is shown with regard to purpura in particular, that treatment without iron is more successful than with that drug. Bearing in mind the excellent results obtained with ipecacuanha in haemoptysis and ergotine in metrorrhagia, and on the contrary, the frequently injurious action of the perchloride of iron in gastorrhagia, it seems scarcely advisable to administer this remedy as a haemostatic, at least by the mouth.—Bull. et Mém. de la Soc. de Thérap. 15th Nov., 1881.

Substitutes for Nitro-Hydrochloric and Nitrous Acids. —Dr. E. A. Cook is of opinion that the conflicting statements made regarding the therapeutic action of the above named acids are due to the changes which these bodies undergo soon after preparation. Thus, it is well known that with nitro-hydrochloric acid the best results are obtained by mixing the strong nitric and strong hydrochloric acids in due proportions, and using them shortly thereafter. Such a mixture is orange coloured; after a time, however, its colour changes to lemon-yellow, the odour of chlorine is lost, and the mixture, though as powerful chemically as ever, is therapeutically useless, the difference in action being probably due to the disappearance of some unstable compound, such as (1) an oxide of nitrogen; (2) free chlorine; (3) an oxide of chlorine; (4) or a compound of an oxide of nitrogen with an oxide of chlorine. In the case of acidum nitrosum, which, as sold in the shops, consists simply of strong nitric acid charged with vapours of some of the lower oxides of nitrogen, the good effect must be due, if not to nitric acid, to the lower oxides referred to.

In Dr. Cook's first efforts in this direction, he provided the nurse with two separate bottles of strong acid, with instructions as to dropping, mixing, and diluting; and though improvement in cases of torpid liver with congestion was great and rapid, the objections to this mode of administration were too obvious. A substitute for the old nitro-hydrochloric acid was therefore desirable; and as the virtues of that
remedy do not depend on either of its component acids, it struck Dr. Cook that the end would be attained if a compound could be given, containing but a small quantity of those acids, and at the same time highly charged with the products of their decomposition. Nitrite of soda mixed with dilute hydrochloric acid evolves free oxides of nitrogen; chlorate of potash, with a dilute acid, gives off oxides of chlorine; and a mixture of these salts with an acid or with the acid gastric juice will give rise to these mixed oxides. The most convenient prescription is:—

R. Sol. Sodae Nitritis (1 in 4).  
   Sol. Pot. Chlorat (1 in 4) ææ ʒii.  M.

R. Acid. Hydrochlor. dil.  
Aq. ææ ʒii.  M.

One teaspoonful of each mixture to be added separately to a wine-glassful of water, and taken after meals. When nitrous acid is to be administered without the chance of any chlorine oxides being present, the solution of chlorate of potash is omitted, and replaced by an equal quantity of water.

Cases suitable for the mixed acids are those of torpor of the liver with congestion and catarrh of the bile ducts. The relief obtained in every case from their administration has been most marked, the motions becoming healthy, and the skin and conjunctivæ clear. The cases suitable for the nitrite and hydrochloric acid alone are those of loose diarrhœa, dyspepsia, and chronic irritability of the stomach.—*The Practitioner.* Nov. 1881.

Treatment of Goitre by Ammonium Chloride.—Dr. A. D. Stevens records six cases of cure of large goitres by the administration of ammonium chloride. The dose given was 10 grains, dissolved in water, and repeated thrice daily for two months or more. There was no deterioration of the general health from the prolonged use of the drug, but rather the reverse.—*New York Medical Tribune.* Feb., 1881.—G. S. M.

Radical Cure of Goitre.—In the case of a young man, 24 years of age, who had suffered from goitre for eight years, all treatment of which had been of no avail, Dr. Paolo Droecchi, of San Francisco, recently successfully performed extirpation. The method adopted was that of Fiorani (of Lodi, Italy). He makes an incision through the skin from one pole of the tumour to the other, and cuts stratum after stratum, as in the operation for hernia. If large blood-vessels are met with, he
cuts them between two ligatures. When the tumour is reached, it is very easy, by the aid of the finger, to isolate it down to the peduncle; the operator then applies interrupted sutures, and separates the connecting stitches, so as to allow the tumour to pass through like a button. An elastic ligature is now passed round the neck of the tumour, and the stitches tied. The operation is quickly performed, and the tumour falls off in ten or twelve days. Fiorani has had three successful cases. In Droecchi’s case the elastic ligature was applied, but owing to threatened asphyxia, it was cut, and the tumour was carefully dissected out. Few unimportant vessels had to be tied. Drainage tubes were inserted, and the wound treated antiseptically. In a fortnight perfect recovery had taken place. The tumour weighed sixteen ounces.—San Francisco Western Lancet. August, 1881.—G. S. M.

Effects Produced by Cantharidin.—M. Cornil records the effects produced in the rabbit by the internal exhibition of cantharidine as follows. Twenty minutes after injection the cavity of a glomerulus of the kidney presents the following lesions:—A large number of white corpuscles are found between the envelope of the capsule of Müller and the vessels which compose the glomerulus of Malpighi; besides, the uriniferous tubules contain a granular exudation which fills and obliterates them. At the end of an hour the lesions are characterised by the proliferation of the cells, which, although they are round, become by mutual pressure irregularly pavemented: then there exists a true catarrh of the uriniferous tubules. In the bladder the lesions are similar, but superficial. In the lungs the smaller bronchi are filled with white corpuscles, pus corpuscles; these lesions, which indicate inflammation of the mucous membrane, are found also in the parenchyma, and are due to the cantharidine being carried to the organs in the circulation. In the larynx and trachea similar lesions are seen. When cantharidine is applied to the skin sufficiently long, similar lesions are found. Hence M. Cornil concludes that blisters should only be applied for three or four hours, and not for fifteen or twenty, as seems to be the custom in France.—La France Médicale. 15th February, 1881.—G. S. M.

Treatment of Sciatica by Copaiva.—Any suggestion in the way of successful treatment of obstinate sciatica will be welcomed by those who see much of it. Hence, it may be worth while to note that Dr. H. C. March has met with
excellent results in the most obstinate cases from the administration of copaiva. He does not exhibit it until the bowels have been cleared, and any gouty, rheumatic or anæmic condition relieved. If after that the pain continues, he administers copaiva as follows:

Rb. Bals. copaiva, \(5 \text{ iv.}
\)
Tr. lavand. co., \(5 \text{ iv.}
\)
Tr. hyoscy., \(3 \text{ iii.}
\)
Pot. bicarb., \(5 \text{ i.}
\)
Mucilag., \(\frac{3}{3} \text{ i.}
\)
Aq[ue], \(\frac{3}{3}\) vi. M.

Sig.—A tablespoonful every four hours.

More recently he has employed the resin in the form of pills. He suggests that its action may have some connection with its power of producing diuresis in certain forms of hepatic dropsy.—Med. Times and Gazette. 26th February, 1881.—G. S. M.

Iodine in Chlorosis.—In cases of chlorosis, especially hemorrhagic chlorosis, in which iron has failed, Dr. E. Trastour recommends the following combination:

R. Iodi, 1 gramme.

Potas. Iodid. 10 "

Aq. Dest. 300 "

M.

Dose—a teaspoonful.

This will generally restore the health in two or three months. The obstinate anæmia which so often follows lactation yields very quickly to the same treatment.—Bull. Gén. de Thérap. 15th Nov., 1881.

Pilocarpin in Diphtheria.—During the months of May and June, 1881, Dr. Archambault treated twenty-one cases of true diphtheria, occurring in children, with nitrate of pilocarpin alone, by the mouth or subcutaneously; the result, nine recoveries and twelve deaths, "was deplorable, worse than that which might be obtained by simple expectant treatment." All the nine cases which recovered, with the exception of two, were mild enough to have recovered under any treatment; nevertheless, it must be stated that in these the false membrane was detached more completely and promptly than usual. Of the twelve cases which died, the author states that they were very grave from the outset, and that he would have considered pilocarpin a valuable remedy if it had saved half of them; and yet it is just for cases of this grave nature that a reliable remedy is wanted.—Bull. et Mém. de la Soc. de Thérap. 15th Nov., 1881.
The Pre-Ataxic Stage of Locomotor Ataxia.—From the observation of a considerable number of cases, Dr. Dowse has come to the conclusion that the following signs are diagnostic of the pre-ataxic stage of locomotor ataxia:

- Inequality of pupils.
- Small pupils.
- Paresis of third left nerve.
- Cutaneous fulgurating pains.
- Sexual excitement.
- Transitory inco-ordination of the lower limbs.
- Variable patellar tendon reflex, rarely absent.
- Spinal irritability.
- Dysaesthesia
- Anæsthesia very transitory.
- Hyperæsthesia
- Visual colour-changes.
- Gastric and intestinal crises.
- Variable temperament.
- Retinal changes.
- Mental depression.
- Insomnia.

In his lecture (which is given in full in the Med. Times and Gaz., 1st October, 1881), he indicates the relative importance of many of these symptoms. He regards fulgurating, cutaneous pains, and plantar and dorsal, limited anaesthesia, as infallible signs of the pre-ataxic stage. He also places much reliance on the eye-symptoms. To the knee-reflex he does not attach the same value as other physicians. He records several interesting cases in which this reflex was absent on examination, but returned immediately on a continuous current of electricity being passed through the cord. In many cases of so-called nervous dyspepsia and biliousness, he has recognised the nature of the disease by finding diminution or absence of this reflex. While admitting that many cases of advanced ataxia have proved obstinate to all his treatment, he maintains that there is a stage of the disease when, by prompt and energetic treatment, “we may safely hope for good and successful results.” His treatment of that stage consists in dry cupping and the actual cautery, with the internal exhibition of iodide of potassium, mercury, bromide of potassium, and ergot, &c., according to the requirements of each case.—G. S. M.

Puerperal Temperatures.—Dr. A. D. Leith Napier summarises a series of observations on puerperal temperatures, in the following sentences:

(1.) Temperature varies in the normal puerperal condition. In certain individuals it may be as low as 97° F. or as high as 99·5° for a week or more without a single bad symptom. The average for the three or four days immediately succeeding parturition is 98·5° to 99°; the subsequent heat is modified
by the hour of delivery, but to only a small extent. The healthy puerperal range is 2.5°.

(2.) No temperature over 99° (unless accounted for by individual nervous susceptibility) is normal after four days. The healthy patient may have an occasional night temperature of 100° or 101° within the first four or five days, but a continuing, or even a morning or day record like this requires an explanation.

(3.) Slight causes, e.g., constipation, retention of urine, etc., give a rise to 99°-100.5°, sometimes more.

(4.) Retention of clots or secundines, 99°-101°, or upwards; 103° at times.

(5.) Weid has a sudden late temperature of 103.5°, with rapid pulse; the heat falls quickly with the development of the local affection. Other cases of mastitis are mildly febrile for several days.

(6.) Metritis (endo- and peri-) gives record of 103.5°, with slow pulse.

(7.) Peritonitis has a single rigor and a sudden early temperature of 104° or upwards; the pulse is wiry. General peritonitis, if severe, 105.5°-106°.

(8.) Pelvic cellulitis, oöphoritis, parametritis, &c., have a heat of 101°-102°; the pulse is weak and irritable. Recurrent rigors mark fresh deposits of pus, and are followed by temporary increased heat, 104.5°.

(9.) Pyæmia and uterine phlebitis average 103°, perhaps more. Cases in which the veins are rapidly affected are soon 104.5°-106°, and end speedily. Pyæmia is frequently late in development, 7-10 days.

(10.) Septicemia varies from 102.5°-107°. The heat is never less, at least for some period of the twenty-four hours, than 102.5°, if the case is properly established. The temperature is liable to variations, but after the normal has been reached is less so than in pyæmia. There is no security from remission till the night temperature is under 100°. Recovery may take place after 106°, but is rare.

(11.) Mental emotion may show 104° or even 106°, and we may sometimes have in addition symptoms resembling metropentitis. These cases do not persist, and are generally normal in less than forty-eight hours.

(12.) If the temperature does not rise within ten days from delivery, there is little risk of grave disease unless from gross imprudence in exposure to cold, or zymotic infection.

(13.) Although the temperature is moderately low, 100° to 101°, so long as the pulse continues 120 or more we are not
safe from relapse. No anxiety need be felt so long as the temperature is kept under 102°. However fast the pulse, if the temperature continues low the prognosis is favourable. An evident exception pertains when temperature is low from collapse. If the temperature is persistent at 102°, or frequently recurs to this point, there must be an abnormal organic condition.

(14.) Temperature should be observed night and morning for the first seven days, and daily for three to seven days after, more especially if any instrumentation has been required for delivery, or if zymotic or epidemic disease prevails. When an abnormal temperature is discovered, it should be reduced to the normal as early as possible by one or other agent. It is of the highest moment to bring it down to 100° and keep it there or lower.—Edinburgh Medical Journal. November, 1881.

**Action of Duboisia on the Circulation.**—After performing a long series of experiments on rabbits, Dr. G. A. Gibson has arrived at the following conclusions regarding the action of duboisia on the circulation:

1. Duboisia, in quantities not exceeding 0·005 gramme, raises the arterial blood pressure, without materially affecting the pulse rate.

2. In quantities not exceeding 0·05 gramme, it diminishes the blood pressure and lessens the pulse rate.

3. In quantities of 0·05 and upwards, it causes death, with the heart in a state of diastole.

4. Upon the heart itself duboisia has but little action, except in very large doses—i.e., doses of more than 0·05, and then it causes arrest of the heart in diastole.

5. Duboisia stimulates the central inhibitory mechanism.

6. The alkaloid paralyses the peripheral inhibitory apparatus.

7. Duboisia stimulates the central vasomotor apparatus, and causes contraction of the arterioles, in small doses; in large doses, it lowers the activity of the central vaso-motor mechanism, and dilates the arterioles.

8. Duboisia has no influence over the sympathetic nerve.—Journal of Anat. and Physiol. October, 1881.