owing to the latitude, which is five degrees more south than Marseilles, to the proximity of the sea, and to the shelter of the Sahel hills, which rise behind the town. Even at Algiers, however, sharp frosts occasionally occur. Thus Colonel Playfair, the English Consul, wrote last January to the *Gardener's Chronicle* that, on the last two nights of the year 1869, a severe and exceptional frost occurred which killed most of the tender plants in his greenhouse.

From the above data, it will be seen that, speaking in a general sense, the winter climate of Algiers is mild and moist—mild from latitude and proximity to the sea, and moist owing to the all but constant prevalence of sea winds. The average monthly temperature is higher than on the Genoese Riviera, or the sheltered region of the north Mediterranean shore, not so much, perhaps, from greater heat in the day, although the day heat is rather greater, as from a higher temperature at night.

These facts being accepted, and they cannot be controverted or denied, their application to the treatment of disease depends on medical doctrines. If it is held that a mild moist climate is required for chronic chest-disease, for which a southern residence in winter is principally in request, then Algiers answers the indication, as do Pau and Madeira. But Algiers is much warmer than Pau, and not so warm as Madeira. If, on the contrary, the doctrine entertained is the one that I myself support, viz., that in chronic chest-diseases, and especially in pulmonary consumption, constitutional treatment is principally to be considered, and that a bracing tonifying treatment is indicated, then Algiers is not the right place. A dry cool climate, such as that of the east coast of Spain, or of the Genoese Riviera, better fulfil the indications.

Practically, my own limited experience respecting Algiers accords with these latter views. I have seen many consumptive people who have wintered at Algiers, and can scarcely call to mind one thoroughly satisfactory case, such as I constantly meet with in the drier and more bracing climate of the Riviera. On the other hand, I should presume that in some exceptional forms of consumption, in which there is great nervous irritability, with constant tendency to pulmonary hæmorrhage, the softer moister climate of Algiers may be more favourable than that of eastern Spain or of the north shore of the Mediterranean. But then these are generally the unfavourable cases, the cases that do well no where.

In some forms of nervous disease, of neuralgia, of idiopathic asthma, and again when a mere mild winter climate with change of scene is required to recruit a tired mind and body, I think a winter at Algiers might be safely tried. To such as merely require rest and change, a residence at Algiers during the winter months offers many charms.

ON THE ADVANTAGES TO BE DERIVED FROM CURVING THE HANDLES OF MIDWIFERY FORCEPS.*

By J. H. AVELING, M.D., Rochester.

CURVING the handles of midwifery forceps is a practice of no recent date. In fact, the first pair of forceps used for midwifery purposes had one of the handles curved. Chapman and Levret curved the ends of the handles of their forceps, in the one case inwards and in the other outwards, so as to form hooks. Du Bois, the handles of whose forceps were of wood, also curved their extremities outwards; and Dr. Bedford of New York curves the ends of his forceps handles backwards. Besides these, there are several other forms of midwifery forceps, the handles of which are curved in various forms; but those now referred to illustrate the whole of the kinds I have been able to meet with.

There are a great many points essential in a good pair of forceps; but over all others two dominate, viz., ease of application and power of traction. To attain these two important ends, I propose to curve the handles of midwifery forceps backwards throughout their whole length. By this simple modification, ease of application is attained by removing the handles well out of the way of the operator when passing the blades and locking the instrument; and most efficient traction power is insured by the handles being placed at an angle instead of parallel to the line of traction. Another advantage from this backward curving of the handles is, that they become less in the way of the patient's legs when the child's head sweeps forward over the perinæum.

There can be no advantage in having the handles of forceps straight, except for the purpose of compression; and we know that the amount of power required of this kind is very small. The forceps of the late Sir James Simpson and of Dr. Inglis demonstrate this. Any lateral

motion required can be as easily effected by the curved handles, and any rotatory action can be better produced by them.

From the construction of all sorts of midwifery forceps, we can detect that the failure in the straight-handed form is the want of traction-power which they afford. We therefore find upon them hooks, wings, grooves, rings, openings for the fingers between the blades, and many other ingenious contrivances to prevent the hand from losing its hold. By simply curving the handles backwards, all these are dispensed with. No new forceps are required. You have only to send your forceps to the instrument-maker and request him to curve their handles, and he will do it without in the least altering the form of any other parts of the instruments.

The pair which I now show you have been so altered, and I have used them several times myself, and my friends have used them also. This other pair have been made in imitation of them by Messrs. Weiss, 62, Strand.

POISONING BY STRYCHINE IN THE DOG: A NOVEL METHOD OF TREATMENT.

By JAMES A. EAMES, M.D.,

Resident Medical Superintendent of the Donegal District Lunatic Asylum, Letterkenny.

A REMARKABLE case of successful treatment in poisoning by strychnine having lately come under my observation, a statement of the particulars may not be devoid of interest to members of the Association—the more so, as strychnine has been recently used to destroy some valuable hounds belonging to the Kilkenny pack.

I may premise by saying that, some years ago, while walking in a remote part of the country, I happened to see a dog suspended by the hind legs and hanging to a tree. On my asking the owner his reason for placing the animal in this position, he informed me that it had taken poison on the mountain, and that this was the means which he was adopting for its cure, having previously made it swallow a quantity of butter. He added that on a former occasion he had saved the same dog's life in a similar way and under similar circumstances.

About three months since, a terrier bitch of my own took some strychnine which had been laid for rats; and when I saw her she was almost moribund, being blue at the lips, frothing, unable to stand, and on being touched, however lightly, suffering from the most violent tetanic spasms. I immediately poured about half a pint of sweet oil down her throat, and had her tied up to a beam by the hind legs for about six hours. During this time I visited her frequently, and had her taken down once or twice for a few minutes; but the spasms continued to recur until she had been suspended for the period above mentioned, after which symptoms of recovery gradually showed themselves. Next day she was quite well. Strange to say, she was with pup at the time, and shortly afterwards gave birth to three puppies, all of which were alive.

The great success which in this case attended the carrying out of the measures which I have just described encourages me, even in the absence of an extended experience of their efficacy, to place these details on record.

The explanation of the *modus operandi* of the treatment may perhaps be regarded as a physiological one, and as depending on the fact that the congestion of the vessels of the brain produced by the prolonged suspension counteracted the effects of the poison on the nervous system. The oil, of course, acts only mechanically in preventing, probably, both the corrosive action of the poison on the mucous membrane of the stomach and its further absorption into the organism at large.

In the case of the human subject, there seems to me to be no reason why there should not be a mode of treatment based on similar principles; and it is a question whether, in poisoning by strychnine, the fixing of the body on an inclined plane, with the head partially downwards and the back applied to the plane, might not be attended with good results.

* Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Newcastle-upon-Tyne, August 1870.