health is fair. He believes that his brother was murdered in the work-house, and that the assassins are now after himself. He fancies that they are constantly watching him, hiding themselves in the ceiling and under the floors and even suspended in mid-air over head. He heard them constantly plotting how they may kill him. One of their favourite modes of attack is by shooting vitriol, ammonia, and "black poison" at him, besides using to his injury other magic and black arts. These persecutions go on principally at night, and the arrangements which he makes for warding them off are worthy of remark. He secures small pieces of wood in the day-time, by which he wedges the door of his room at night, and places his bed so that, should anyone attempt to enter, he must be awakened. He envelopes his head with his pillow-case, which drops over his face, stuffs his ears and nostrils with cotton-wool and his mouth with a pocket-handkerchief, and thus, he believes, he keeps out any drug or vapour when he is asleep. All the key-holes, ventilators, and open spaces about the doors and shutters are also carefully covered with blankets or sheets. It takes him more than an hour every night to complete these arrangements, and when he lies down under his mattress he considers he is in circumstances of comparative safety. He frequently complains of pains in the head and burning sensations on his skin, which he attributes to his unseen enemies shooting poison on him. He complains during the day, but is worse at night, and every morning recounts some new plan of attack that his tormentors have been attempting. He has been under treatment for eighteen months; but in his, as in similar cases, it is almost impossible to carry out a system of treatment, and no improvement has taken place in the case. He threatens to commit suicide, to put an end to his sufferings; but has never made any actual attempt.

REMARKS.—These cases have several characters in common. 1. They all occur on subjects who have suffered from syphilis. 2. The character of the delusion is similar. They all believe themselves the victims of conspiracy, persecution, and cruelty undeserved. 3. They are all subjects of hallucinations of touch, hearing, and sight. 4. They are all suicidal, two of them having made actual attempts on their own lives. 5. They are all dangerous to others when under the influence of their delusions, and were quite unsafe to be at large. 6. They are all worst at night, which circumstance may be dwelt upon as indicating the syphilitic nature of the disease. 7. They all suffered severely from cephalalgia: their abnormal sensations were in the brain. 8. The treatment produced but little effect, and it is feared they can only be looked upon as incurable; but still, by the relief of symptoms, much of the distressing character of the disease may be assuaged.

ON THE TREATMENT OF GUN-SHOT WOUNDS BY CHLORIDE OF ZINC.

BY CAMPBELL DE MORGAN, F.R.S.,
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THE present war affords a great opportunity for testing the merits of the various antiseptics which have of late been recommended and adopted. Carbolic acid has, so far as I can learn, been as yet almost exclusively employed. It would be impossible, amidst such scenes of wholesale destruction, to use this agent with the care and nicety on which its undoubted benefits largely depend. Profuse and foul suppuration, with its constant attendant, pyæmia, is but too common. I should much like, under these circumstances, that a trial should be given to the chloride of zinc—an agent which I still employ, in preference to all others, in a large number of cases, and to which I often return after the use of others.

Like other antiseptics, it often prevents suppuration, and allows the most rapid and quiet healing in cases which would appear at first incapable of running a favourable course. It never acts on the system at large, and it can be used by any ordinary nurse without other qualification than that of attention to orders.

In recent wounds, where the skin is not much thinned, I use a solution of from thirty to forty grains to the ounce of distilled water. I use this freely, especially in the crevices and dark corners of a wound, in the cavities of bone, as well as elsewhere; and I sponge it into the wound until the whole surface is creamy. This causes an exudation of blood for a time. Any large vessels which bleed in consequence of the application may be secured; the small ones need not be cared about. The wound may be put together in the ordinary way; and it should be covered with linen or lint wetted with a solution of five grains of chloride of zinc to the ounce of water. Care should be taken that the covering is kept constantly wet. If the wound be a crushed one, which will not unite, it may be sponged out as before, and then covered with the weak solution.

The wound, which has been brought together, may become in twelve or twenty-four hours filled with fluid. This should be let out by loosening a stitch; it will be found to consist of fluid bloody exudation. The wound may be brought together again, and the weak solution used as before.

With no more care than this, I have had rapid cure without suppuration in crushed and lacerated wounds; perfect union by first intention in large operations, as high amputation of the thigh, etc.; and very commonly union with only slight suppuration in the course of the wound, and this where ligatures have been placed on all the vessels requiring them.

When a wound becomes foul in the interior, it should be syringed out several times a day with the weak solution.

No doubt pyæmia will ensue, in spite of all these applications; but it is rendered much less prevalent. This must be so, when the discharges are kept a great degree free from putrefaction.

RECENT IMPROVEMENTS IN THE PELVIC BAND (AN INSTRUMENT FOR AIDING LABOUR).*

BY PROTHEROE SMITH, M.D.,
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HAVING fully described the pelvic band in a paper read before the British Medical Association at Leeds last year, and having exhibited it at meetings of the Obstetrical Societies of London and Edinburgh, as well as before the Société de Chirurgie of Paris, etc., it will only now be necessary to mention certain alterations and improvements in the instrument by which the end proposed—viz., to give efficient aid in labour—is better and more readily attained. I stated last year my views as to the dual character of the force employed in parturition: since then, Professor Haughton has demonstrated, by a series of ingenious experiments, that, of the two forces engaged, that of the lumbo-abdominal voluntary muscles exceeds that of the uterus in the ratio of nearly ten to one.

I claim this first principle as the basis of my argument for the expediency of supplying an artificial force to subsidise that of the lumbo-abdominal muscles, when impaired or lost by the constriction of dress or by anæsthetics. My own experience proves that my conclusions from these premises are just. It has enabled me to practise midwifery with infinitely less labour and anxiety to myself, and with greatly diminished peril to my patients. Moreover, it has lessened the duration of parturition and the consequent attendance of the accoucheur. It has relieved the uterus of the undue demands on its powers through absence of the voluntary muscular forces; it has induced efficient contraction of the uterus after speedy expulsion of the placenta; it has prevented and controlled *post partum* hæmorrhage; it has readily rectified the anteverted condition of the uterus when it has depended on laxity of the abdominal walls and want of lumbar curve. It prevents, if worn during the later months of pregnancy, the separation of the sheaths of the recti, and the distressing hernia which follows such separation.

It may be well here to enumerate a few of the advantages claimed for the pelvic band in labour. By it a fixed point is secured for the exercise of mechanical force, from which, by the aid of powerful springs, with a well-adjusted belt, it supplies a power which no circular bandage, whether tightened by springs or otherwise, is able to effect. By these means supplemental expulsive force can be employed during the pains, and relaxed in the intervals or employed permanently, as *post partum* and otherwise is often needed, thus simulating the action of the abdominal muscles in a normal state during parturition. It will readily be seen how, when the voluntary muscular force is wanting permanently from the result of pressure, or temporarily from the abuse of anæsthetics, the want of this paramount force throws the burden of the act of expulsion on the overtaxed uterus. Thus this overworked viscus succumbs to the undue strain, and does not recover itself as do the other muscles after their efforts during parturition. Hence the long period necessary for the "getting up", the risk of subinvolution, prolapsus, and other displacements and disorders of the uterus, which often follow the accouchement of the civilised woman.

It will doubtless be remembered, both from my paper read at Leeds and also from the more complete description which was published this year, together with woodcuts and illustrative cases, in the *Lancet* of June 4th, that the principle of the pelvic band consists in a steel band fitting and grasping the pelvis immovably, and connecting two pads, one on the sacrum, the other on the pubes; and these two antagonistic points of sup-

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