of the principal nerves, from their centres of origin, or call them into action, reflexly, through the afferent nerves connected with those centres. In limited paralyses, and even in circumscribed sclerosis, this power is of the highest therapeutic importance.

4. I can nearly always arouse torpid centres to action, and thus pave the way for their restoration to states of normal activity. Since it is physiologically certain that nutrition depends on exercise, and every part of the organism feeds in proportion as it works *healthily*, it is a great thing to be able to act thus directly on the nerve-centres which are the seats of energy.

5. I can subdue the exaggerated reflex irritability of revolting subordinate centres, and replace them under the control of the higher centres, even in cases of lateral sclerosis.

Applying these facts—for such they undoubtedly are—to the needs of special nervous states, the practitioner will have no difficulty in perceiving that my method has great and obvious uses. I am anxious not to overstate the results I am obtaining, but they are such as to show that the physiological process of mechanical vibration is likely to prove a potent agent in the treatment of a wide range of maladies now the most intractable. It will afford me much pleasure to show the process to any medical man who will call on me. It is impossible at present to describe its details in writing; but I will gladly aid anyone in its application. My method has nothing in common with the "muscle-beating" and shaking to which you directed attention in your last issue. It is a system which must be approved and practised by the profession exclusively. Nothing do I so much dread as its falling into unprofessional hands. I have been engaged upon it since 1862, shortly after which date some of the first results were communicated to the Obstetrical Society.

THE USE OF IODOFORM IN THE TREATMENT OF SOFT SORES.

By WALTER WHITEHEAD, F.R.C.S. Edin., Manchester.

IODOFORM appears to be one of the most efficacious drugs in the treatment of the syphilitic non-infecting soft sore, when not unduly inflamed. It has, however, the unfortunate counterbalancing disadvantage of attaching to the patient the liability of unenviable suspicion, and the significant expressions of his companions—the public having become keenly alive to its distinctive and penetrating odour, and having also acquired an appreciative knowledge of the principal purpose for which the drug is most frequently used.

The various attempts which have been made to disguise or modify this peculiar odour appear hitherto to have failed. Tonquin beans, kept in the same bottle with the iodoform, succeed to a certain extent and for a limited time. The beans, however, possess a smell which is regarded by many with equal objection to that of iodoform.

I have succeeded, I consider, in obviating this objectionable feature, without apparently sacrificing any of the therapeutic advantages of the drug, by using it after the following manner. I first very carefully cleanse and dry the sores by means of little pledgets of bibulous paper, and then, by means of a camel-hair pencil, apply freely over the surface of the sores a solution of iodoform in ether. The ether rapidly evaporates, and leaves the iodoform uniformly spread in an impalpable powder over the sores.

To ensure a free application, the latter part of the process may be repeated and allowed to dry. When perfectly dry, each sore is given a coating of collodion, which is allowed to overlap about a quarter of an inch the area of each sore. Before the collodion has had time to dry, a pinch of absorbent cotton-wool is placed on each patch as a protection against the rough contact of clothing. This dressing is allowed to remain undisturbed for twenty-four hours, when the firm film which forms may be gently removed and a fresh coating applied. This treatment is continued day by day until all the sores have quite healed. I have found, on the same principle, and with equal success, that a piece of goldbeaters' skin may be substituted for collodion after the application of the iodoform.

By this means, the patient and his associates are spared the disagreeable consciousness of the remedy being employed, whilst the full benefit of the drug is being preserved. A further advantage gained is the protection afforded by the collodion against auto-inoculation, and also against the risk of contagion from others coming in contact with the sores.

The iodoform solution I am in the habit of using has been made for me by Messrs. Standing, Son, and Co. of Manchester, by dissolving one part of iodoform in two of ether; and, in my Lock Hospital practice, where time and economy is of moment, I have the collodion and iodoform mixed together, the formula being iodoform one part, ether two

parts, collodion to ten parts. In the latter solution, the odour cannot be said to be wholly disguised, but it is sufficiently concealed for all practical purposes.

OBSTETRIC MEMORANDA.

TWO OBSTETRICAL CASES.

I was recently sent for by one of our midwives in attendance on an out-patient who was said to be "bleeding profusely in consequence of placenta prævia. On examination, I found presenting, at the brim, a fleshy mass from which there was considerable hæmorrhage. There were scarcely any labour pains, and I passed my hand into the vagina, which was capacious, and had no difficulty in making out that the mass was not a placenta, but a large hæmatoma growing from the vertex of an acephalous monster. I applied forceps, and delivered a very large fœtus.

A case of prolapsus uteri has just left my ward at the Samaritan Hospital with the following curious history. When the woman was last pregnant, the uterus came down between the third and fourth month, and could not be returned. The fœtus was carried to full term in the prolapsed uterus, "which reached down to the hamstrings", and was not unlike a cow's udder.

Dr. Lowe of Lynn attended the patient, and saw the fœtus and placenta pass straight from the uterus, without, of course, traversing the pelvis. The labour was short, easy, and quick. The case suggests the possibility of producing artificial prolapse in certain cases as an alternative for craniotomy and the opportunity afforded of making accurate and interesting observations with regard to uterine contraction during labour.

PERCY BOULTON, M.D., M.R.C.S. Lond., Physician to Out-patients, Queen Charlotte's Lying-in Hospital.

SURGICAL MEMORANDA.

TREATMENT OF TONGUE-TIE.

VARIOUS and elaborate instruments have been adapted by different surgeons for the treatment of tongue-tie (as it is commonly called by the profession at large), by incision. I think the following method preferable and much safer. I pass my right index-finger into the mouth of the infant to be operated on, under the tongue, and press my nail against the frænum till I rupture it to a sufficient extent. So far my cases have turned out quite a success. The plan, I am sure, will recommend itself to all.

J. BRINDLEY JAMES, M.R.C.S., London.

THERAPEUTIC MEMORANDA.

THE TREATMENT OF DIPHTHERIA.

THE note by Dr. F. P. Atkinson is a valuable addition to the means at present employed for limiting the extension of false membranes in diphtheria.

The following combination of the glycerols of tannin and carbolic acid has proved itself, during a considerable experience of diphtheria and scarlet fever, a highly efficient application in my hands, viz.: R Glycerini acidi tannici ʒvij; Glycerini acidi carbol. ʒj. Misce. In the application of glycerine as an absorbent, it is of practical importance (as pointed out some time since in the *Pharmaceutical Journal*) that a small proportion of water should be added to it. In order to secure this, a sufficiency of the glycerine should be placed in a saucer, and a throat-brush dipped in water should first be stirred into the glycerine before applying it to the tonsils and fauces.

The combination above-mentioned has been found practically the most efficient proportion for securing the necessary astringent and antiseptic results, without irritation. An application twice, or at most thrice, in the twenty-four hours secures the utmost benefit the remedy affords—a matter of importance both to the patient and practitioner, as the former is not fatigued by frequent applications, and the latter can make these personally at the usual visits.

It is seldom that any additional local remedies are required, but it is wise to precede the application of the glycerols with gargling the fauces and washing out the mouth with a solution of permanganate of potass and water, and to use the sulphurous acid spray; the double advantage which follows being, that the fauces are the better prepared to benefit from the glycerine, and that the safety of the practitioner is increased in the event of the patient expectorating any false membrane during the act of swabbing. To further increase the safety of the medical attendant, a glass screen, placed between him and the patient, will afford protection without limiting the efficiency of the procedure.

H. CRIPPS LAWRENCE, L.R.C.P. Lond., etc.