Lying in the prone position, or resorting to the genu-pectoral position from time to time, will also assist in encouraging a return of the uterus to its normal position, where it is retroverted; though at first the patient will probably experience much inconvenience, and perhaps state that it is impossible for her to carry out the suggestion. The importance of so doing must be explained to her, and she must be encouraged to persevere in her attempts, gradually prolonging the time as she finds it practicable. The patient must avoid long standing or prolonged exertion of any kind, more especially just before, during, and after the menstrual period. The diet and bowels should be carefully regulated, and the general health improved in every way possible. Skirt-supporters and garment-suspenders, by taking off pressure round the lower abdomen, assist in relieving congestion of the pelvic organs, and may be recommended if thought desirable.

I will not here enter into further details of treatment; but, from much practical acquaintance with these cases of acquired sterility, I can confidently assert that the difficulty may be overcome (if only sufficient time be allowed to follow up the treatment) in a fair proportion of cases, and that without any unreasonable trouble on the part of the practitioner, or prolonged rest on the part of the patient.

THE SCIENTIFIC PRINCIPLES OF INHALATION.

By ROBERT J. LEE, M.D., F.R.C.P.,

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THE important relation recently shown to exist between septic agents diffused in the atmosphere, and certain forms of pulmonary disease, is receiving so much attention, that it is well to consider the scientific principles on which it depends. Experiments show that it is possible to diffuse antiseptic agents in the atmosphere by evaporation, and that organic substances may be preserved in such atmosphere without decomposition; or, in other words, that the air may be treated as a fluid, and be charged with antiseptics which prevent bacterial development. Now, when we burn any of the hydrocarbons or gum-resins, we do not volatilise them, and the air is not rendered antiseptic, except to the extent that a certain amount escapes unburnt and is diffused. It follows from this, that destruction of the antiseptic agent must be avoided. After numerous experiments—and the general results of those made a few years ago were presented at the Cambridge meeting of our Association—it appears that carbolic acid is the only antiseptic, as far as I know, which can be volatilised in a definite and constant manner. This is a most important fact in treatment, and deserving attention. If a solution of 1 part of carbolic acid in 80 of water be distilled under slight pressure, the vapour will contain the same proportion of the acid as the solution during the process of boiling; so that we can obtain vapour of any strength, and diffuse it in the atmosphere. Other antiseptics are either more or less volatile: as, for example, thymol, which comes off very rapidly from the boiling water, as does also benzoic acid; so that they are not convenient for inhaling.

It is also necessary to observe that vapourising a solution in the form of spray does not volatilise the antiseptic to any great extent, since the dew settles quickly on the nearest surfaces, and does not rise and diffuse itself as the vapour of steam does.

Again, the sprinkling of solutions on clothes does not necessarily secure diffusion of the agent; for, at the ordinary temperature, the agent may not evaporate, but will remain in the texture of the cloth. There are other details which will occur to those who reflect on these matters, and will secure such success as may fairly be expected from the scientific use of atmospheric disinfectants. I trust that I shall be forgiven for egotism in saying that I think the small inhaler exhibited by Maw, Son, and Thompson for me at the International Sanitary Exhibition, at the present time affords the most convenient and scientific means of atmospheric disinfection; and that, until more perfect methods are offered to the profession, I believe it will be found deserving of more general attention than it has yet received.

SYMPTOMS SIMULATING THOSE OF ANGINA PECTORIS, ARISING UNDER THE LOCAL APPLICATION OF ERGOTIN.

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THE Rev. J. C., aged 36, came under my care for a growth on the left vocal cord. After making trial of the usual remedies for diminishing such growths, it occurred to me to try the effect of applications of ergotin. To one ounce of glycerine one drachm of tincture of iodine

and fifteen grains of ergotin (increased on March 24th to thirty grains) were added. This was freely applied (with a laryngeal brush dipped in the mixture four or five times) every morning. This treatment was begun on March 20th, and continued till March 26th, without any special developments. That day being Sunday, the patient did not visit me; but on the following morning he made complaint of having had an attack of pain in the cardiac region of the most alarming and agonising character. It had then almost or quite disappeared; but had been severe after the onset for three or four hours. He stated that the action of the heart was rapid "throbbing", and that there seemed to be interference with respiration. He also made special mention of a sensation of coldness around the heart. An examination of the chest revealed no disease that could explain these symptoms. No special complaint was made in the interval up to April 1st, of anything except a marked "oppression on the chest", which the patient attributed to a cold.

On the evening of April 1st, the patient called to state that he was suffering from peculiar symptoms. There was pain extending down the neck, along the inner border of the sterno-cleido-mastoid muscle, outwards beneath the clavicle, and down the arm to the finger-tips; there was numbness and partial loss of power in the arm and hand. These symptoms were confined entirely to the left side, and passed off gradually within twenty-four hours. The ergotin being now suspected to be the cause of these disturbances, it was discontinued; though its use may have been beneficial as far as the growth was concerned; for, on April 6th, a portion of it was coughed up. I could discover no pallor of the arm affected, and no difference in the pulse of that side. Unless certain of these symptoms are to be referred solely to the use of the ergotin, such as coldness in the cardiac region, and numbness, etc., of the arm and hand, it seems difficult to explain them.

These are symptoms almost peculiar to angina pectoris; and this case seems to confirm, in a most remarkable manner, Dr. Lauder Brunton's theory as to the causation of angina pectoris, at least one of its possible modes of causation. This man had had no such symptoms at any period of his life previously, and the most careful examination revealed no aneurysm or any form of cardiac disease. Moreover, there were no such symptoms while under my observation prior or subsequent to the use of ergotin. I resolved to use nitrite of amyl should such symptoms arise again; but had none at hand when the patient called upon me suffering with the second attack.

ABSTRACT OF LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND ZOOLOGY OF THE EDENTATA.

Delivered at the Royal College of Surgeons of England.

By W. H. FLOWER, LL.D., F.R.S.,

Hunterian Professor of Comparative Anatomy.

LECTURE VI.—ANATOMY OF THE ANTEATORS (MYRMECOPHAGIDÆ—continued).

THE second genus of true Anteaters, *Tamandua*, has also one species, *T. tetradactyla*, generally admitted by naturalists; but, as different individuals vary much in their coloration, it is possible that there may be more. It is an inhabitant of the dense primeval forests of South and Central America, and differs from the Great Anteater, essentially in its habits, living mainly among the branches of trees. Its size is usually that of a large cat. It closely resembles *Myrmecophaga jubata*, but its head is much less elongated; the fur is short and bristly; the tail, tapering and prehensile, with the under side throughout, and the whole of the terminal portion, naked and scaly. The tongue, salivary glands, and buccal apparatus generally, resemble those of the Great Anteater; the stomach is also similar, but with the muscular pyloric gizzard not quite so strongly developed. There are a distinct ileo-colic valve, and a short globular cæcum. The fore foot has a very large claw on the third toe, moderate sized claws on the second and fourth, a very minute one on the first, and none on the fifth, which is entirely concealed within the skin. The hind foot has five subequal claws. The vertebrae are seven cervical, seventeen dorsal, two lumbar, five sacral, and thirty-seven caudal. There are rudimentary clavicles. The placenta has been described by A. Milne Edwards; it is dome-