splint. The pressure was relieved at times by small tufts of cotton-wool, and by wearing an old splint at night; but, during the latter part of the time, nothing was worn at night—thus, abrasions from continued pressure were avoided entirely.

The patient now walks well, and is not particular as to distance; but still wears a contrivance to support the knee-cap, and limit the movements of the joint. The advantages claimed for the appliance are these.

1. As soon as the primary inflammation has subsided, and the apparatus firmly and properly adjusted, the patient can begin to move about, and in a short time follow his usual business pursuits.

2. The long confinement to bed is avoided; thus the patient retains his health and strength; and the condition is more favourable to the repair of tissues.

3. Easy adjustment of fragments, and the keeping of them in good position, without fear of slipping when the patient is walking.

4. The slight movement of knee in walking about prevents a stiff joint, and keeps up sufficient activity in the parts to complete the union.

Lastly, but not least, as far as the patient is concerned, the "doctor's bill" is reduced, as he will require much less attention.

I consider the case here mentioned to be a good test case for trying the merits of the invention; for, if the surgeon can secure a good union in a re-fracture, and under such adverse circumstances, surely the results will be far superior in the case of primary fracture.

SEA-SICKNESS.

By T. M. KENDALL, B.A. Sydney, L.R.C.P. Ed.

MANY remedies have been suggested for the prevention of, and much time and patience have been expended in the attempt to relieve, sea-sickness. During a recent voyage, I had under my care about 200 cases of sea-sickness, and, from treating them, I learnt the following facts.

Many people, as soon as sea-sickness commences, have recourse to oranges, lemons, etc. Now oranges are very much to be avoided, on account of their bilious tendency, and even the juice of a lemon should only be allowed in cases of extreme nausea.

Champagne, too, is a very common remedy, and, without doubt, in many cases does good; but this appears to be chiefly due to its exhilarating effects, as, if it be discontinued, the result is bad, and a great amount of prostration follows.

Cresate is a very old but still very good remedy, and, in cases accompanied by great prostration, is very useful; but, if given in the early stages of sea-sickness, it is often followed by very bad results, and even increases the nausea.

Bicarbonate of Soda is useful in slight cases, as it relieves nausea, and checks the frequent eructations which often follow attacks of sea-sickness; but, in severe cases, it is absolutely useless, and, in fact, it very often prolongs the retching.

A very good remedy in the earlier stages of sea-sickness is a teaspoonful of *Worcester Sauce*. How this acts I cannot say; but it, without doubt, relieves the symptoms, and renders the patient easier. Its action is probably of a stimulant nature.

Hydrocyanic Acid is of very little service, and most acid mixtures are to be avoided, except that perhaps, for drinking purposes, when it is best to acidulate the water with a small quantity of hydrochloric acid.

Of all the drugs used, I found that the most effectual was *Bromide of Sodium*. When bromide of sodium is given in doses of 10 grains three times a day, the attacks entirely subside, the appetite improves, and the patient is able to walk about with comfort.

In all cases of sea-sickness, it is very desirable that the patient should take sufficient food, so that at all times the stomach may be comfortably full, for by this means, overstraining during fits of retching is prevented, and the amount of nausea is diminished. The practice of taking small pieces of dry biscuit is not of much use; as, although the biscuit is retained by the stomach, yet the amount taken is never sufficient to comfortably fill the stomach. Soups, milk-puddings, and sweets are to be avoided, as they increase the desire to be sick, and are followed by sickening eructations. Fat bacon is easily borne, and does much good, if only the patient can conquer his aversion to it. When taken in moderate quantity, it acts as a charm, and is followed by very good results.

But of all food, *Curry* is the most useful in sea-sickness, and is retained by the stomach when all other food has been rejected.

Next to curry, I would place small sandwiches of cold beef, as they look nice on the plate, and are usually retained by the stomach.

In conclusion, I would advise that brandy should be used very sparingly, as, in many cases, it induces sea-sickness; and its chief use is confined to those cases where the prostration is very great, and even then, champagne is more effectual.

ON OCCIPITO-POSTERIOR CASES.

By CHARLES ROBERT THOMPSON, M.R.C.S., Westerham.

THE occipito-posterior position of the fetal head is by far the most frequent cause of tedious, lingering, exhausting labours. This position is estimated to occur, at the beginning of labour, in about one of every four cases; as the head passes through the pelvis, rotation takes place in about ninety-six per cent. of these cases, the remaining four per cent. being expelled with the occiput still posterior.

In cases of the first and second cranial positions, as the head enters the pelvis, the occiput presses against the pubes, whilst the wide forehead is in contact with the posterior wall of the vagina. As labour proceeds, the forehead advances much more rapidly than the occiput, and occupies fully the highly sensitive (excito-motor) posterior vaginal wall, sweeping along and distending it as the head gradually extends itself in an arc of a large circle, of which the occiput pressed against the pubes is the centre, thus irritating and exciting the expulsive uterine efforts.

On the other hand, when the forehead is against the pubes, and the head being gradually forced downwards, the tendency is, not for the occiput to extend itself and sweep over the hollow of the sacrum, but for the forehead and face to be more and more advanced below the pubes; the relations of the head for its movement of flexion and extension (Tyler Smith) being reversed. Thus, the posterior vaginal wall is not pressed on; the expulsive efforts fail to be excited; and the labour is tedious, unless rotation of the head take place, when the forehead is brought into the hollow of the sacrum, and active expulsion generally follows.

The obvious remedy would be to pull down the occiput, to make it occupy the hollow of the sacrum, whilst the forehead is necessarily made to recede, the head being flexed forwards by the movement. It is not easy to accomplish this with the forceps; when traction is made, the whole head is advanced in its faulty position, and it is very difficult to bring the occiput down, to flex the head forwards.

I have for many years adopted the plan of delivering these cases with the whalebone fillet. The position of the head being exactly ascertained, the fore and middle fingers of the left hand are passed up until the posterior fontanelle is reached, and, if possible, are pressed against the occipital bone. The fillet, held in the right hand, is compressed, and advanced gently along the left palm and palmar surface of the fingers till it rests on the head. It is now allowed to expand, and is guided upwards and directed by the fingers until it is felt to embrace the occiput, on which it is generally possible to obtain a firm purchase. Gentle traction is then made during each pain, the fingers of the left hand being still on the head to inform the operator of its exact position; the occiput is brought down, the forehead recedes, expulsive pains are immediately excited (in some cases spontaneous rotation takes place, although this is rare), and the labour is quickly terminated.

I select a few, from among a great many in my case-book, as examples of the result of this treatment.

CASE I.—Second labour, at full term. Pains began at 4 A.M. At 10 A.M. I found the os dilated, the membranes protruding; the head at the brim, in the third position. I ruptured the membranes, passed the fillet over the occiput, and made slight traction with each pain, which brought the vertex down at once. Forcing pains were caused, which expelled the child at 10.15 A.M., with the face towards the pubes.

CASE II.—Ninth labour, at full term. At 4 P.M. I found slight pains, at long intervals; the os was half dilated, and the head in the fourth cranial position; the eyebrow was to be felt at the right side of the pubes. At 5 P.M. the os was fully dilated. I passed the fillet over the occiput, and made traction with each pain. The head advanced rapidly, and a large child was expelled, with the face forwards, at 5.30.

CASE III.—Twin case, at seven and a half months. The first child was a footling; the second child was in the third cranial position. There had been forcing, but inefficient pains, for some hours, under chloroform. At 5.45 I passed a fillet over the occiput, and made