

"evolution" case is completely shadowed. 1. A L.R.C.P. mistook a long for-caps case for one of extra-uterine foetation. 2. A L.R.C.P. advised a woman suffering from procidentia uteri to buy a truss, under the impression she was suffering from hernia.

TREATMENT OF OBSTINATE CONSTIPATION.

DR. WILLIAM JELLY writes: If "O. R. T." will adopt the following simple plan I feel sure that neither he nor his patient will be disappointed. At all events, I have never failed in a single case, after many years' experience abroad or at home. 1st. If the bowel-retention is prolonged for six or eight days at a time, let him give her 3ii of pure glycerine, well beaten up in a wineglass, with 3ii of ol. ricini, forming an opaque gelatinous mass, adding thereto a table-spoonful or two of milk. This mixture may be taken at any hour; in from three to five hours there will be one or two copious dejections. 2nd. The following day one teaspoonful of pure glycerine should be taken during each of the three meals, in whatever liquid is used on these occasions, such as tea, coffee, milk, or water, etc.; at the same time massage or kneading (not friction) should be carried out by a thoroughly healthy young masseuse or kneader (but she must have no kinship with the patient), and the kneading must be suspended during the catamenial periods of both patient and masseuse. Should the patient be anæmic, and have little relish for food, she should take a teaspoonful of Easton's syrup, in a wineglassful of water, after each meal. She should also have full, simple diet—oatmeal porridge and milk once or twice a day, whole wheat-meal bread, vegetables, and fruit, with daily exercise in the open air. Of course the above advice is only for simple or hereditary constipation from atony of the intestinal tube, and not for any grave constitutional or local complication.

CHANCER OF LIP.

DR. P. CALDWELL SMITH (Motherwell, N.B.) writes: The interesting case of primary syphilis, reported by Mr. Shield, in the JOURNAL of February 5th, has recalled to my mind a similar case which I had about three years ago. My patient was a young man, a miner, about 21 years of age, and he consulted me regarding a growth which had appeared on his upper lip. The growth had appeared about a fortnight before he consulted me, and was increasing in size. The description so clearly given by Mr. Shield applies equally to my case, the size, colour, and involvement of glands being almost identical. The young man was very much alarmed when I told him I thought he had contracted syphilis, as he was quite innocent of ever having exposed himself to infection. To satisfy him as regards the nature of his disease, I sent him to the Western Infirmary, Glasgow, and there he was examined by Dr. Crawford Renton, who confirmed my diagnosis. The treatment was simple and successful. The chancre was dusted with iodoform, and covered with dry lint, and the patient confined to the house. Mercurials were given internally, and in the course of six weeks, the chancre healed up completely, leaving a depressed cicatrix. Before it had completely healed, other syphilitic symptoms appeared—sore-throat, rash, and loss of hair being marked; but the mercurial treatment was continued, and these external manifestations disappeared in about two months after their first appearance.

It may be interesting to state that afterwards I discovered the source of infection. It seems that the patient's brother was a private in the Scots Guards, and had returned home on furlough for a few days. He was suffering from syphilis, and the brother, before becoming aware of the fact, used his tooth-brush, but only used it once. The chancre appeared about fourteen days after this, as a small pimple, and continued to increase until it attained the size of a florin.

REMOVAL OF SCALP.

DR. W. WYLIE (Skipton) writes: In connection with Mr. C. R. Owen's case, described in the JOURNAL of February 5th, the following may be interesting. A girl under 20 years of age, contrary to the rules of the factory in which she was employed, stooped to pick up a reel of cotton which had fallen below a spindle, revolving over 160 times per minute. At that time (ten years ago) the hair was worn chignon-fashion, and consequently caught the shaft, which completely removed the scalp and muscle from the mastoid process of the temporal and the outer part of the superior curved line of the occipital bone to the insertion of the muscle above the eyebrows. The pericranium was left bare over its whole surface, but little hemorrhage had taken place when I saw her two hours after the accident. The parts torn off were tightly bound round the spindle, and were with difficulty removed from their abnormal position. She had brandy administered by those about her before I saw her, but the shock to the system was very considerable. My first idea was to replace the parts on the cranium, and to stitch them in position, but they had shrunk, and were impregnated with grease and grit, which caused me to give up the attempt. I dressed the parts with lint steeped in carbolic oil (1 in 40) and ordered a little brandy, beef-tea, etc.

In the evening I found her flushed, and suffering from considerable pain in the parts; pulse 102; and, to make matters worse, she could not lie down, as the parts were so painful when they came in contact with the pillow or cushion. The discharge from the wound was very considerable, the pulse quick, and the temperature high. I ordered a solution of boracic acid and glycerine, with water, which seemed to suit the parts much better than the carbolic oil.

Healthy granulations sprang up, and I tried skin-grafting, with the usual success. Many were washed off by the pus; some were pulled away in the dressings; still some remained, and several islands of healthy appearance were to be found over the pericranium. About three months after the accident I lost sight of her, but since then I have heard that the parts have healed over as well as can be expected, considering the loss of tissue involved.

ERRATA.—Dr. Ruxton has called attention to an error of punctuation in his letter published in the JOURNAL of February 12th. At p. 355, instead of "I became more keen in puncturing the liver's capsule. When I had little or no suspicion of an abscess" should read "I became more keen in puncturing the liver's capsule, when I had no suspicion of an abscess."—The Licence of Midwifery of the Combe Lying-in Hospital, Dublin, referred to at p. 353 of the JOURNAL of February 12th, should have been expressed by the letters L.M.C.H.(Dub.), not L.M.Ch.(Dub.), as there printed.

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BOOKS, ETC., RECEIVED.

Pulmonary Consumption. By James Weaver, M.D., L.R.C.P. London: J. and A. Churchill. 1887.
Atlas of Venereal Diseases. By P. H. Maclaren, M.D., F.R.C.S. (Illustrated. Edinburgh: Y. J. Pentland. 1887.
The Organic Materia Medica of the British Pharmacopoeia. By W. Southall F.L.S. Fourth Edition. London: J. and A. Churchill. 1887.

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