is most wanted to suck or to be put into milk, water, or other beverage, it is found to have melted, and time is lost and perhaps the household disturbed before a fresh supply can be obtained. This is frequently the case when the lumps of ice broken for use are kept in a glass or saucer in the room. My practice for some years has been to cut a piece of flannel, about nine inches square, and secure it by ligature round the mouth of an ordinary tumbler, so as to leave a cup-shaped depression of flannel within the tumbler to about half its depth. In the flannel cup so constructed pieces of ice may be preserved many hours, all the longer if a piece of flannel from four to five inches square be used as a loose cover to the ice-cup. Cheap flannel, with comparatively open meshes, is preferable, as the water easily drains through it and the ice is thus kept quite dry. When good flannel with close texture is employed, a small hole must be made in the bottom of the flannel cup, otherwise it holds the water, and facilitates the melting of the ice, which is, nevertheless, preserved much longer than in the naked cup or tumbler. In a room 60° F., I made the following experiment with four tumblers, placing in each two ounces of ice broken into pieces of the average size for sucking. In tumbler No. 1 the ice was loose. It had all melted in two hours and fifty-five minutes. In tumbler No. 2, the ice was suspended in the tumbler in a cup made as above described of good Welsh flannel. In five hours and a quarter the flannel cup was more than half filled with water, with some pieces of ice floating in it; in another hour and a quarter (six hours and a half from the commencement of the experiment) the flannel cup was nearly filled with water, and no ice remained. In tumbler No. 3 the ice was suspended in a flannel cup made in the same manner and of the same material as in No. 2, but in No. 3 a hole capable of admitting a quill pen had been made in the bottom of the flannel cup, with the effect of protracting the total liquefaction of the two ounces of ice to a period of eight hours and three-quarters. In tumbler No. 4, two ounces of ice were placed in a flannel cup made, as above described, of cheap open flannel (10d. per yard), which allowed the water to drain through very readily. Ten hours and ten minutes elapsed before all this ice had melted.

A reserve supply outside the bedroom door can be secured by making a flannel cup, on the plan above described, in a jug, and filling it with little lumps of ice; care being taken that there is space enough below the bag to allow the water to collect, and leave the ice dry. This provision will allow ice to be used during the hottest night, without the supply failing, or the patient being disturbed—two very important considerations. The real therapeutic benefit of ice is only produced in some cases by its free use, and its soothing and stilling effect must be aided by the most perfect surrounding quiet.

The matter is a comparatively trifling one; but its public notice will, I feel certain, be excused by those who know from experience how much comfort may be given by attention to trifles in aid of greater resources, and often long after these have ceased to be operative.

Birmingham.

CASE OF EMPYEMA: PARACENTESIS THORACIS.

By STAFF SURGEON MAXWELL RODGERS, M.D., R.N.

(Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

G. D—, aged twenty, a merchant seaman, was wrecked on the south coast of the East Falkland Island, on the 12th of September, 1874. He suffered much from wet and exposure at the time of the wreck, and subsequently on shore, as there was no house near. He afterwards came to Stanley, where he fell sick, and had been ill some weeks previous to my seeing him.

On the 23rd of October he came under my care. He was then in a semi-conscious state, breathing oppressed; he complained of some cough and pain in left side of chest; answered questions in a whisper; pulse very weak, scarcely to be counted—130; skin moist and clammy. The right side of the chest was resonant on percussion; breathing

puerile. On the left side dulness on percussion all over. There was bronchial breathing and bronchophony, and almost total absence of respiratory murmur, except at the upper part of the lung. He lay on his back or on the left side. Tongue clean; bowels regular. A mixture was ordered containing spirit of chloroform and carbonate of ammonia, and he was given brandy and egg mixture at intervals. Hot bran poultices were applied to the left side of the chest. There was not much change for the first few days, but at the end of the week there was a slight improvement. The pulse was stronger, could be counted more easily; the breathing remained the same. The pain in the left side of the chest was relieved by the poultices. There was some bulging of the left lower intercostal spaces, and the left side of the chest was found to be filled with fluid.

By the 5th December he had improved somewhat in strength, though the state of his chest remained as before. There was no diminution of the contained fluid. I determined to perform the operation of paracentesis thoracis, and accordingly made an incision in the sixth intercostal space, and pushed a large-sized trocar into the pleural cavity, drawing off 60 ounces of pus by the cannula, which was left in, and through which I then injected a weak solution of carbolic acid, which, after being allowed to remain for a little, was drawn off. Though weak, he expressed himself much relieved immediately after the operation, and there was a marked improvement in his spirits. A large-sized elastic catheter was introduced, and left in the wound, through which several ounces of pus were drawn off daily, carbolic acid solution being injected into the cavity of the chest after. He subsequently complained of pain, caused by the catheter, which was withdrawn, and the opening enlarged, so as to allow the discharge to come away as secreted. Air, no doubt, got into the pleural cavity, but apparently without causing any ill effects. The discharge continued for a long time profuse, but slowly decreased in quantity as he gained strength.

In September, 1875, he was able to go out of doors, and walk about a little with the aid of a stick. The left side of the chest was then much flattened, and there were no respiratory sounds heard, except at the upper part of the lung; the discharge was reduced to about one ounce daily. On the 14th September he was sent on board H.M.S. *Blanche*, for passage to England.

The medical treatment in a general way consisted in the administration of sedatives to allay cough and irritation, stimulating mixtures, with a liberal quantity of brandy in the early stage, subsequently cod-liver oil, with a nourishing diet and beer.

In this case, the great and immediate relief experienced by the patient after the operation shows the value of tapping the chest in cases of empyema, while little if any harm would appear to result from the entrance of air into the pleural cavity.

Stanley, Falkland Islands.

Z W A N K ' S P E S S A R Y .

By CLEMENT GODSON, M.D.,

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PHYSICIAN TO THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, ETC.

In the treatment of diseases of women, among the poorer classes, we meet with a large number of cases for the relief of which Zwank's pessary is the best adapted. I allude to those in particular in which the uterus has been completely procident for a length of time, where there is an absence of support in the soft parts, no fat, and frequently but little or no perineum. All the varieties of Hodge's pessary, especially Greenhalgh's improved form with bars, are tried, but directly any force is exerted upon them by straining or coughing, they are immediately expelled, and the only pessaries which are likely to be retained are either the trumpet shape with braces attached, or the Zwank. The former is, as a rule, strongly objected to by the patient on account of the braces, while the latter is almost always declared free from discomfort, and there is none more popular among this particular class of women.