

ately trying the effect of nitrite of amyl on the menstrual flow, but that accidentally, in the course of treating a case of angina pectoris, he found that inhalation of nitrite of amyl checked menstruation completely in this patient on several occasions.

This point attracted the attention of the writer, as at that time he had a patient suffering from severe menorrhagia, which he had found very difficult to relieve. It seemed to him that a drug which stopped normal menstruation would probably check the excess at least in his patient's case.

From the details of the case and the results of the experiment given by the author in his paper, it would seem sufficient to state that the drug was most successful. By means of it the loss of blood was kept well within normal limits after other methods had failed, and the patient's general condition very much improved.

Amyl nitrite must be looked upon as a distinct help in the treatment of inaccessible hemorrhage. Its utility in hemoptysis has been proved by Hare in a sufficient number of cases to warrant a much more extended use than would appear to be the case at present. In menorrhagia, in the one case now reported, the successful use was undoubted, and further trial in similar cases will, in the author's opinion, meet the same success.

There can be little doubt that the sudden lowering of the blood-pressure is the main factor in the checking of hemorrhage by inhalation of nitrite of amyl.

This sudden lowering of blood-pressure allows clotting to take place in the bleeding area, be it ulcerated lung surface or engorged endometrium. The blood-pressure rises again, but gradually, and so the clots formed are not displaced. In short, the action of nitrite of amyl is a very close imitation of nature's method of checking very severe hemorrhage, viz., syncope, clotting in the ruptured vessels, gradual rise of blood-pressure, and return of consciousness, the rise of pressure being not rapid enough to expel the clots.

Lastly, the inhalation of nitrite of amyl seems to have no bad effects on patients. the headache usually complained of being very transient.—*Therap. Gazette*.

Fatal Precipitate Labour.

H. E. Rayner, F.R.C.S., and W. L. Stuart, M.D. (*Lancet*, June 17th, p. 1644.)

A primipara, twenty-six years of age, who was expecting her confinement, was in good health and spirits at 2 p.m.,