

be surely stopped and that dilatation of the os may be effected. Of course, a tampon can be most effectually applied if the perineum be drawn back by a Sims' speculum, and the os can be best dilated by a sponge-tent, or by means of Barnes' dilators, and these are to be preferred. If you use a vaginal tampon, do not soak the material in any astringent solution, for it is not by coagulating blood, but by pressure, you hope to arrest the flow. Of course, position is important, and you may also give cold acid drinks; opium and stimulants may be required if there be pain and prostration. Finally, turn—turn, because very often in placenta prævia the foetus is transverse; turn, because when you bring the legs and then the thighs into the os uteri, you have a most effectual tampon; turn, because you can thus as a rule most quickly effect delivery; and the great dominating principle in the treatment of placenta prævia is, that when the hemorrhage is grave, end the pregnancy as soon as possible, both for the safety of the mother, and the safety of the child.

MORPHINE IN THE EARLY STAGES OF INSANITY.

—The responsibility of the physician in the use of morphia, in consequence of the possible development of the morphia habit, is great; but his responsibility relative to the possible disaster of a preventable life-long insanity, not prevented, is, if possible, still greater.

Auguste Voisin, of the *Salpêtrière*, Paris, claims for the use of the hydrochlorate of morphia, in gradually increased large doses long maintained, remarkable results in the treatment of certain forms of insanity. His theories are well sustained by physiological observations, and his cases are taken from the records of the *Salpêtrière* and private practice, and many of the cases have been examined after the lapse of several years.

In the article referred to, "Léon Trentième," he gives a résumé of the history of the systematic use of opium and morphia in the treatment of insanity, and dates his own experience with it from the year 1867. His success was at first greatly diminished by the obstinate vomiting which frequently occurs; but on learning from M. Roller, Physician of the Insane Asylum at Illenau, France, that, regardless of the vomiting, the dose should be increased, he continued to increase the dose, and to that instruction he attributes his success. He has since treated successfully the various manifestations of insanity, which would seem to correspond practically to the first division adopted by the International Congress of Alienists in 1867, namely: simple insanity, comprehending mania, melancholia, monomania, circular insanity, moral insanity, in their early manifestations.

He uses exclusively the hydrochlorate of morphia, and only hypodermically, but fails to give the strength of the solution which he finds most

satisfactory. He does not mention the combination, so much appreciated in America, of morphia and atropia. Probably the association of the atropia is not to be desired. The efficacious dose desirable to sustain until the desired effect is obtained, can only be found by proceeding cautiously and studying each individual apart. One rule which the author never departs from, is not to exceed, in the initial dose, from one to three milligrammes. Whilst light cases associated with hallucinations are frequently relieved in a few days with a daily dose of from five to six centigrammes, yet in other cases the dose has to be increased to seventy centigrammes. He narrates one case in which two grammes of the hydrochlorate of morphia, in two doses, were administered daily, with no manifestation of its presence beyond a contraction of the pupils. The latter was one of the unsuccessful cases. He never entrusts the administration to a nurse.—*Four. Am. Med. Assoc.*

IS PAIN DURING THE FIRST STAGES OF LABOR NECESSARY?—In a communication to the *Obstetric Gazette*, Dr. I. W. Chisholm says that in answering this question I would say, from my own experience, and also from the observation of others with whom I have conversed on the subject, I have concluded that the pains incident to dilatation of the os during the first stage of labor are not necessary. My attention was first directed to this some years ago. Being called to see Mrs. G., whom I found suffering from the pains of the first stage of labor, being of the grinding character, and seemingly at regular intervals, I found, upon examination a rigid os and no signs of dilatation, and after waiting a considerable while I made another examination and found the same condition of things. I then concluded the pains were probably of the spurious kind, despite their seeming regularity, and gave her a dose of morphia, and in a short time she was entirely relieved and I took my departure. About ten o'clock in the evening I concluded I would call and see her before retiring, and on entering I found her resting comfortably, as she had been ever since I left in the morning after administering the morphia. I made an examination and found the os well dilated. I remained, and in a short time the second stage of labor came on, and the child was born in a few hours.

I was attending on Dr. P. at that time, and on calling on him in the morning I reported the results of my observations, he being a man of a large and extended experience of thirty-five years, said that he also had noticed the same thing, and always attended by good recoveries. Now if this is the experience of all who have tried it, why not relieve women of the painful ordeal of the first stage of labor?

A PIN SLING.—Samson Gamgee F.R.S.E., of