

drawn together and dressed antiseptically; the sponge and bandage are reapplied. This last process is repeated every twenty-four hours until healing is complete; this usually takes place about the tenth day. In one of the author's cases the whole process was accomplished without the aid of anæsthesia. In only one of his cases was it necessary to make a second incision. The incisions are never longer than is necessary to admit a finger. Iodoform gauze should be used for packing the wounds. The author only having treated five cases, cannot say definitely what portion of the above treatment is essential, but he is strongly inclined to the opinion that curetting can be safely dispensed with.—*Med. Press and Circular*.

THE TREATMENT OF ECLAMPSIA.—From a new study of this important subject Dr. Charpentier, of Paris, has been led to draw the following conclusions: As every albuminuric pregnant woman is liable to eclampsia, and as milk diet gives such marvellous results in albuminuria, and especially in the albuminuria of pregnancy, one should examine with the greatest care the urine of all pregnant women; and if albumin be found in no matter how small a quantity, milk diet, absolute and exclusive, should be instituted at once. This is the best prophylactic treatment of eclampsia. 2. Given a case of eclampsia, if the patient is strong and vigorous and much cyanosed, begin by bleeding to the extent of 400 to 500 grams. Then administer chloral, at the same time getting the patient to begin on milk as soon as possible. 3. If the patient is delicate, and the cyanosis less marked and the attacks less frequent, the treatment should be limited to chloral. 4. Wait for labor to come on of itself, and allow it to terminate spontaneously, whenever possible. 5. Cases of tardy labor due to uterine atony should be terminated by the forceps or version, if the child be still living; or by cephalotripsy, basiotripsy, or cranioclasia, if dead. 6. Wait before any such interference until the maternal parts are in such condition that it can be done without violence, and therefore without danger to the mother, viz., until complete dilatation of the cervix. 7. Reserve induced labor for the exceptional cases in which treatment by drugs has wholly failed. 8. Cæsarian section, accouchement forcé, and above all, accouchement forcé with deep incisions of the cervix, are to be rejected absolutely.—*Archives de Tocologie*.

THE OPIUM TREATMENT OF EPILEPSY.—This treatment was suggested by Dr. Paul Flechsig, and I have been using it in my clinic since last spring, in some cases with surprisingly good results. I have already told about it in the details of the method. I present to you to-day two patients showing its good effects.

I.—This patient is a man twenty-three years old, and has had fits for nine years. The fits are general epileptic convulsions of a physical kind, and he used to have four or five a month. He was brought to Charity Hospital last April in status epilepticus. He was put by Dr. Collins on extract of opium, increased to fifteen grains a day, for six weeks, and then on bromide thirty grains four times a day. Under this treatment he went from June until last Saturday without any fits. He has just gone four or five days without medicine and had a fit Saturday. His general condition is very good, and he is vastly better than he has been for years.

II.—Here is another case on which I have used the opium treatment. The patient is a colored girl fourteen years old who has had epileptic fits of the *haultmal* type for four years. She has had as many as a dozen fits a day. The previous treatment before the opium treatment is not known. She was put on this treatment by Dr. Collins for six weeks and then was put on bromide and has had no more fits.—*The Post Graduate*.

THE PROPER HOURS OF SLEEP.—Man in common with most of the animal creation, has accepted the plain suggestion of nature that the approach of night should imply a cessation of effort. If he ignores this principle, his work is done against inherited habit, and, so far, with additional fatigue. It follows, too, that he must use artificial light and sustain its combustion at the cost of his own atmosphere. Naturally, therefore, when he does rest, his relief is not proportioned to his weariness. As in many cases, however, sensation is not here the most reliable guide to judicious practice. Established custom affords a far truer indication of the method most compatible with healthy existence. The case of the over-worked and the invalid lends but a deceptive color to the argument of the daylight sleeper. In them excessive waste of tissue must be made good, and sleep, always too scanty, is at any time useful for this purpose. For the healthy majority, however, the old custom of early rest and early waking is certain to prove in future—as returns of longevity and common experience alike show that it has proved in the past—most conducive to health and active life.—*London Lancet*.

SOME CHARACTERISTICS.—If patient has head always turned to one side, *cina*; if patient sleeps with the knees apart *cham.*, and *platina* if occasioned by extreme genital soreness. If patient sleeps with legs stretched out to full length, *puls.* and *rhus*; if patients bend their heads forward, *sta hisagria*, and if backward, *hyoscyamus*; if patients lie with hands on the belly, *puls.*; if patient sleeps with one leg drawn up and the other stretched out, *stannum*; if patient dreads to