

ing up and taking the place of the fluid you evacuate. If the lungs are bound down by adhesions and attempts are made to exhaust the fluid with considerable force, rupture and hæmorrhage take place.

Do not forget, also, that too forcible a suction applied to the vascular false membranes, which often occupy the pleural cavity, may give rise to hæmorrhage into the pleura.

Always stop if pain is complained of.

(To be continued.)

LOSS OF SIGHT DURING LACTATION.—Mr. Nettleship, in the last number of the *Ophthal. Hosp. Rep.* (*Glasgow Med. Jour.*), gives several curious cases of loss of sight, in some cases amounting to blindness, during the period of lactation, from which amaurosis the patients recovered. The curious fact is, that in most of the cases ophthalmoscopic changes after restoration of sight are wanting. While pointing out that frequently during pregnancy there is loss of sight from retinitis associated with albuminuria, still no traces of such a condition can be seen in the cases under discussion. Nor does amaurosis after hæmorrhage explain matters, for that was not a feature in these cases. Nettleship attributes them to a neuritis which has subsided without leaving any permanent destruction of nerve fibre.

THE POSTURE OF THE PUERPERAL PATIENT.—Duke (*Med. Press. Am. Jour. Med. Science*), considers the usual custom of keeping the puerperal patient upon her back for a long time after labor to be most injurious. He claims that drainage of the birth-canal is least thorough in this position, and that retro-displacements of the uterus frequently result from this custom. He favors the semi-recumbent position upon the hip or the sitting posture for a few moments after the first twenty-four hours. These positions favor involution and promote the action of the bowels. The best posture to favor the delivery of the placenta is the prone position, and the puerperal patient should assume this posture for a short time daily.

A MILITARY MEDICAL ASSOCIATION.—It is proposed to form an Association of Medical Officers of the Militia of Canada, having the following objects: 1. The bringing of medical officers in

closer personal relation, and the development of a departmental *esprit de corps*. 2. For discussion of matters relating to the Medical Department of the Militia. 3. For the discussion of military matters from a medical point of view. 4. For reading of papers on Military Medicine and Surgery, Hygiene and Equipment. A meeting for organization will be held in the Canadian Military Institute on Monday, May 9th, at 8 p. m.

ANTIPYRINE IN WHOOPING-COUGH.—Dr. E. Feer (*Ibid.*), believes that this remedy should have the first place in the treatment of whooping-cough. Eighty cases were under observation and the dose was in the proportion of that of fifteen grains for a ten-year old child, given morning and evening. When several children in the family were affected with this disease the results were not so good (mutual reinfection—Professor Hagenbach). The remedy was beneficial in four-fifths of the cases. It cannot be ascertained whether it acts as a germicide or as a sedative—very likely the latter, as Demme and Sée have proved that it has a direct restrictive influence upon the reflexes.

ANTIPYRIN TO DRY UP MILK SECRETION.—Guibert (*Archives de Tocologie—Univ. Med. Mag.*) found incidentally that the administration of antipyrin, in doses of thirty grains a day, distinctly diminishes milk secretion by the second day. He tested the drug in nineteen cases. In seven cases the women nursed their children for several days, in the remaining cases not at all. Guibert found that in all cases the milk disappeared in several days.

SALICYLATE OF SODA IN PLEURITIC EXUDATION.—Dr. Oerl has, *Hosp. Gaz., Med. Zeit.*, during the past five years, treated nine similar cases of pleuritic effusion with salicylate of soda, after other remedies, such as phenacetin, pilocarpine, etc., had failed, and with the exception of two instances the results were favorable. In these two the resorption was only partial. The author concludes: 1. Serous pleuritic exudations of long standing may be removed by the administration of the salicylate of soda. 2. The salicylate has in exudative pleuritis, just as in polyarthritis, an apparently specific effect. 3. The fact that, so far as experience with this remedy has gone, no new collection of fluid is observed, makes surgical