

constancy, moreover, the action of stypticin is uniform and it has a mild, analgesic action. The author has made a series of observations on its use in the treatment of various groups of gynecological affections. In the first group he classes the menorrhagias and metrorrhagias of young menstruating girls, as well as the dysmenorrheas. In these cases 5 to 6 tablets of $\frac{3}{4}$ grn. each are given daily until the pain and bleeding have markedly diminished. From 3 to 4 tablets a day have proven serviceable in preventing attacks. Stypticin is particularly indicated in the bleeding at the climacteric period. Nigoul administered 3 to 5 tablets a day for ten days, and repeated the treatment after a week's pause, with the result of greatly lessening the flow and the pain, and bringing about a more rapid completion of the period of the menopause.

In a second group of metritis and displacements, stypticin proved very effective. In metritis fungosa it has a marked hemostatic action, especially following curettage.

For the hemorrhage of parenchymatous metritis and the bleeding of child-birth, its hemostatic action is prompt and efficient. Three to four tablets after the beginning of menstruation in retroversions, associated with neuralgic pain and profuse menorrhagia, have cured. In hematosalpinx and catarrhal salpingitis he reports some striking results, particularly in a case of tubal hemorrhage in a thirty-seven-year-old woman. The administration of 6 tablets was followed by a marked reduction in the hemorrhage.—*Aerztl. Mittheilungen*, 1907, No. 5.

Appendicitis in Infants and Children.

Dr. Erdman states that the diagnosis of appendicitis is more difficult in children than in adults, owing to the lack of a good history and the presence of gastro-intestinal complications. He disregards the eating of meat as a cause of appendicitis, because he has found the disease occurring frequently in milk-eating infants. The appendix has not assumed its normal position until the third or fourth year and is often found under the costal arch, so that the point of pain and tumor is much higher than in the adult. The gastro-intestinal symptoms are vomiting, elevation of temperature, and tenderness. Fecal concretions and pinworms have been found by the author in the appendix of children. He is a firm believer in early operation. The bowels should move the day after operation, and the patient is allowed to roll and sit up in bed after the third day.—*Medical Record*.