uterine walls. Troublesome hæmorrhage comes on a few hours after the operation. This can be readily met by the application of hæmostatics. The most serious complications are inflammatory troubles. Pelvic cellulitis and peritonitis have been frequently observed. Strict regard to antiseptic precautions is the safeguard against these.

THE TREATMENT OF MORPHINE POISONING.—Dr. H. T. Penny, of Sand Coulee, Montana (in *Medical Sentinel* for November, 1893), records his experience with nineteen cases of morphine poisoning. As the result of this experience he concludes as follows:

1. Use the Faradic battery for hours if required; one pole on the side of the neck, the other over the diaphragm.

2. Next in value comes artificial respiration.

3. A hypodermic of apomorphine is better than either the stomach pump or emetics by the mouth.

4. Give belladonna, but cease its use as soon as the pupils dilate.

5. Ether, spirits ammonia arom., or caffeine, given hypodermically, are very helpful.

6. Flaggellation is too fatiguing to the patient.

DEAFNESS AND SYPHILIS.—Dr. A. F Plicque (*Gazette des Hopitaux*, November 14, 1893), remarks that in acquired syphilis the symptoms of aural trouble are diminution in the acuteness of hearing; vertigo; painful hyper-acuteness of hearing; severe auricular neuralgia, becoming worse at night; an intense neuralgia in the ear that yields to the iodides.

In the case of hereditary syphilis, the auricular troubles begin most frequently about puberty. There are often vertigo and nausea, without loss of consciousness, and without pain. The two leading symptoms are: 1. The bilateral loss of the hearing. 2. The disproportion between the hearing through the air, which is relatively preserved, and the hearing through the tuning fork applied to the bones of the head, which is absolutely lost.

The prognosis in syphilis of the ear depends above everything else on the promptness with which the diagnosis is made and specific treatment instituted. In the gravest cases, the deafness is so acute, so lightning in character, that there is no time to act. These cases appear in the hereditary as well as in the acquired forms of the disease.

In these very acute cases the treatment at first should consist of hypodermic injections of strychnine and pilocarpine, with mercurial inunctions pushed rapidly to salivation. As salivation occurs the mercury should give place to the iodides of potassium, which in turn must be administered freely.

THE INDUCTION OF PREMATURE LABOUR.—Dr. John O. Polak, of New York (in November *Post Graduate*), claims good results for the following method of inducing premature labour: He takes two ounces of glycerine in a clean bottle. This is loosely corked with a V-shaped nick in the cork. The bottle is placed in boiling water for thirty minutes. This sterilizes the glycerine. The bottle is then tightly corked. The syringe, which has a long, flexible catheter end, is rendered aseptic by being washed internally and externally with perchloride 1-1000, and then washed in the same way with boiling water to remove all the mercury. The patient is thoroughly cleansed with green soap and warm water. The vagina is douched with a two-per-cent. solution of creolin. Half the aseptic hand is introduced into the vagina and the anterior lip of the uterus fixed with bullet forceps. The bougie is introduced on the side away from the placenta. Care should be taken to have the glycerine