external application. It should be applied—either as an ointment or tincture of twice the ordinary strength—once or twice daily, as long as the skin remains swollen or red.

Dr. Robert McBride thinks the following as most efficacious:

℞ Lin. Belladonnæ (Br. Ph.)	ʒ 2
Lin. Aconiti (Br. Ph.)	ʒ 1
Acid. Carbol.	♏ 6
Collodii Flex.	ad ʒ 1

M. To be applied with a camel's hair pencil every night to the parts affected.

Dr. G. E. J. Greene has found the following application a useful one, even when the chilblains are broken:

℞ Olei Ricini,	
Olei Terebinth,	
Collodii Flex	āā ʒ 4

M. To be used twice or thrice daily.

Dr. B. Nichols speaks very highly of the following:

℞ Spir. Camphor	ʒ 2
Tr. Opii	ʒ 2
Acid Carbol.	gr 40
Alcohol	ʒ 4
Aquæ	ʒ 4

If the skin is broken, this lotion may be diluted with water and applied on lint or with a soft rag.

Another writer states that, if the chilblains are painted with equal parts of compound tincture of iodine and collodion, three or four times, considerable benefit will follow. He has never known this treatment to fail since he first tried it, some ten years since.

ON THE VALUE OF PILOCARPINE IN PREGNANCY, LABOR AND THE LYING-IN STATE.

Dr. John Phillips, who read his paper, gave a his reason for bringing this subject forward, the uncertain and diverse opinions held upon the value of pilocarpine. He has treated the questions at issue under five heads: (1) The use of pilocarpine as an abortive; (2) for the induction of premature labor; (3) intra-partum; (4) post-partum and during the puerperium; and (5) in albuminuria with or without eclampsia.

Seven cases have been experimented upon and the results given in detail. Forty-eight cases under the second heading have been collected from all sources, of which twenty-seven have been arranged in two tables, while two original ones have been appended in full. The author concludes that five only of these can be considered as unqualified successes, and thinks that pilocarpine is able in a certain number of cases to induce labor, but that it is not in any way reliable as an ecbolic; those cases in which there is a tendency to premature termination of pregnancy being most suitable for its administration.

Pilocarpine intra-partum is considered under three heads: (a) The "latent period" of labor; (b) the dilating stage of labor; (c) the expulsive stage of labor. Five instances occurred in the author's practice, and in one sphygmographic tracings were taken at various intervals. The result of thirty-nine cases is worked out—twenty-eight being successes and eleven failures.

The author concludes that during the dilating and expulsive stages of labor pilocarpine is equally productive of increase and intensification of labor pains with ergot, but with more certainty of action and with none of its ill effects. Cases of simple uterine inertia are the most suitable for its administration. The drug is useless post-partum and to stay hemorrhage.

In a third table the results of thirty-nine published cases of puerperal eclampsia have been given, with recovery of thirty-one mothers and eight maternal deaths, or 20.5 per cent. Although good effects were produced in twenty-eight cases, yet in nine such dangerous symptoms manifested themselves that the author is bound to warn others against its use, especially when coma is pronounced. He recommends bleeding in conjunction with pilocarpine where it will not act alone, and adduces evidence to show that the mortality is not greater under this mode of treatment than in any other. Statistics of treatment by other methods are given and the results compared. The question of the reason why pilocarpine is productive of uterine pains is discussed and three theories given; the "latent period" of the drug is referred to and illustrated by cases.

Further remarks are made upon the action of pilocarpine on the fœtus, complications attendant on its use, the proper dose for administration, and contra-indications.

The paper terminates with conclusions as to its value, and the precautions to be observed when used.—Transactions of the Obstetrical Society of London in the *American Journal of Obstetrics*.

TREATMENT OF CANCER BY OZONE WATER.

Dr. F. Schmidt, Aschenffenburg, Bavaria.—In two cases of cancer the author obtained astonishing results from the parenchymatous injection of ozone water. After an observation extending over four months he thinks himself justified in the conclusion that ozone water, used in this manner, is capable of retarding the growth of cancerous nodules and causing their disappearance. He reports the case of an old man of 60, from whom ten years previously he had extirpated a small cancer of the lower lip.