

chloroform consists in regular breathing, I have given chloroform several times daily. Not only have I not had any deaths, but I have met with no accident of any kind. I have not once had to do artificial respiration or pull forward the tongue. Neither have I had to interrupt an operation in order to ward off any accident due to chloroformisation. There is no element whatever either of luck or of chance about these results. Any surgeon can administer chloroform without risk who will take the trouble to assure himself that the patient's breathing is normal and regular throughout the administration, and to stop the inhalation in good time, that is, directly full anæsthesia is produced. Statistics such as those of Dr. Julliard and Mr. Roger Williams, which are intended to show the danger of chloroform, are, as my table proves, susceptible of a very different interpretation. If they help to prove anything, it is that no anæsthetic is absolutely safe except chloroform administered on Syme's principles, and the more proof we have of this kind the better.—Edward Lawrie, M.B., in *Brit. Med. Jour.*

THE THERAPEUTIC USES OF OXALIC ACID.

Among the many remedies recommended in late years for amenorrhœa, the one that has proved most valuable in my hands, is oxalic acid, as suggested by Dr. F. Paulet.

It has none of the objectionable, and nearly all of the valuable, qualities possessed by the other emmenagogues. It is not unpalatable, non-irritating to the stomach in medicinal doses, certain in its action, has no oxytocic properties, and, more valuable still, it may be used in all cases of amenorrhœa where an emmenagogue is applicable. I have used it for four years in all such cases with the best possible results.

It was while using the acid in the above mentioned cases that I discovered another valuable use of the drug, which I have never seen referred to, and that is its sedative action in acute cystitis.

The following are a few of the many cases in which I used it, and I have yet to record the first failure.

CASE I.—Miss C., aged 26. Had once been under homœopathic treatment two or three years for spondylitis and uterine prolapse. Had developed, several months previous to my first visit, a vesical inflammation, primarily through the continued use of cantharidic blisters, without proper precautions. This condition was aggravated and kept up by the prolapsed condition of the uterus. For the cystitis I gave her the following:

R.—Acid. oxalic. gr. xvj.

Syr. aurantii cor., ʒj.

Aquæ pluv., q. s. ʒiv.

Sig.—Teaspoonful every four hours.

The result was all that could be desired—the acute symptoms all subsided immediately, and a few days saw her completely free from the vesical irritation.

CASE II.—Mrs. A., widow, aged 75. She has had several attacks of cystitis. Treated her with hyoscyamus, tritium repens, corn-silk, and pichi at different times, with rather unsatisfactory results, the inflammation continuing two or three weeks at a time. When another attack occurred, I gave the above prescription. The result was magical. In less than twenty-four hours the pain, tenesmus, and frequent desire to micturate had all disappeared, and, after two or three days, no evidence of the trouble remained.

CASE III.—A. B., aged 18. He retained his urine several hours after a desire to evacuate the bladder occurred. The distension was so great that he had much difficulty in emptying the bladder, when he did make the attempt. The result was an attack of acute cystitis. The pain and tenesmus were great, and the desire to urinate occurred every fifteen or twenty minutes. Gave the acid, and in two days he was completely cured.

CASE IV.—Mrs. J., aged 60, married. Complained of frequent desire to urinate, accompanied with pain and straining. Gave the acid, and directed her to avoid straining, etc. Found her better next day. Three weeks later found her worse than ever. The tenesmus was almost constant, and the urine dribbled away most of the time. Her limbs were swollen, and nephritis was suspected, though no albumen was found, but the microscope afterwards revealed casts in abundance. I again gave the acid, and within three days all pain and straining had disappeared, although some soreness remained several days longer. She was able to retain the urine several hours, and had no further trouble with the bladder.

The above cases have been selected to show the different causes that produced the cystitis in which the acid was used. The causes might be multiplied, all showing the same marked results.

The action of the remedy is rapid and the results certain, and it may be used in all cases of acute cystitis, from whatever cause, care being taken to use either rain or distilled water, to prevent the formation of oxalate of lime.—A. W. Marsh, M.D., in *Coll. and Clin. Rec.*

OBSTRUCTION OF THE BOWELS.

Dr. E. W. Mitchell, of Cincinnati, reports two cases of successful treatment of obstruction by means of olive oil, this method of treatment being the result of a suggestion of Prof. Langdom. One of the patients, a man fifty-three years old, had had an operation for strangulated inguinal hernia on the left side, twenty months previously. When