

with a treatise on the subject for the benefit of science.

He claims to cure at least 90 per cent of his patients suffering from vomiting and the pains of seasickness. He also claims that he is able, by the electrization of the stomach, with the local application of sulphate of atropine, to control the vomiting and sickness incident to the early period of pregnancy.

I am aware that electricity has heretofore been recommended for sea-sickness, but I think to Dr. Le Coniat alone is due the credit of perfecting a method by which practical and permanent results have been obtained.

The battery used by Dr. LeConiat is one of the ordinary vibrating carbon, and amalgamated zinc order, capable of double gradation. The solution for the battery is made as follows:—Take $\frac{1}{2}$ oz. of bichromate of potash, dissolve it in 9 oz. of warm water; when cold, add $\frac{1}{2}$ oz. of sulphuric acid.—*N. Y. Med. Jour.*

Prevention of Sea Sickness.

We quote from an article on Sea-sickness, in the *New York Medical Journal*, by Dr. Fordyce Barker.

The following suggestions for the prevention of sea-sickness were first written years ago for a gentleman whose business required him to cross the Atlantic often, and who was always kept in his room by severe sea-sickness during the whole voyage. By implicitly following the directions given, he has suffered very little from sickness, and has been able to go on deck by the second or third day, and has been entirely exempt from sickness for the remainder of the voyage. They have since been copied many times, and their value thoroughly tested. The trouble, however, is that most persons do not appreciate how much easier it is to prevent sea-sickness than to cure it; and so, none but those who have before suffered will thoroughly carry out the directions, and, neglecting some of them, are disappointed in the results:—

1. Have every preparation made at least twenty-four hours before starting, so that the system may not be exhausted by overwork and want of sleep. This direction is particularly important for ladies.

2. Eat as heartily a meal as possible before going on board.

3. Go on board sufficiently early to arrange such things as may be wanted for the first day or two, so that they may be easy of access; then undress and go to bed, before the vessel gets under weigh. The neglect of this rule, by those who are liable to sea-sickness, is sure to be regretted.

4. Eat regularly and heartily, but without raising the head for at least one or two days. In this way the habit of digestion is kept up, the strength is preserved, while the system becomes accustomed to the constant change of equilibrium.

5. On the first night out, take some mild laxative pills, as for example, two or three of the compound rhubarb pills.

Most persons have a tendency to become constipated at sea, although diarrhoea occurs in a certain percentage. Constipation not only results from sea-sickness, but in turn aggravates it. The reason

has already been given why cathartics should not be taken before starting. The effervescent laxatives, like the Seidlitz, or the solution of the citrate of magnesia, taken in the morning on an empty stomach, are bad in sea-sickness.

6. After having become so far habituated to the sea as to be able to take your meals at the table and to go on deck, never think of rising in the morning until you have eaten something, as a plate of oatmeal porridge, or a cup of coffee or tea, with a sea-biscuit or toast.

7. If subsequently, during the voyage, the sea should become unusually rough, go to bed before getting sick. It is foolish to dare anything when there is no glory to be won, and something may be lost.

(From the *New York Medical Journal*.)

On the Microscope, as an Aid in the Diagnosis and Treatment of Sterility.

By J. MARION SIMS, M. D.,
NEW YORK.

(Read at a Meeting of the Medical Society of the Co. of New York, December 7, 1868.)

By the kind invitation of your President, I have the honor of appearing before you, and of stating my views on the subject of sterility; a subject always interesting, whether viewed in its bearings upon the happiness of individuals or the prosperity of states. It has engaged the attention of the profession for ages, but, till within the last twenty-five or thirty years, little or no progress was made in its treatment.

The first step in the right direction was taken by McIntosh, when he dilated the contracted cervical canal by bougies, and thus allowed the semen to pass to the cavity of the uterus. Sir James Y. Simpson followed out the same idea, when he subsequently incised the cervix to render its canal permanently larger. As the Edinburgh school, has, then established the fact that a dilatation of the cervix, whether by bougies or incision, is sometimes followed by conception I claim to have established further facts in the same direction, which facts constitute the basis of the present paper "on the microscope in the diagnosis and treatment of the sterile condition." I have been accused of cutting open the cervix uteri recklessly and unnecessarily. True, I have laid down rules for the performance of this operation, under various circumstances; and I know that I have had some earnest and enthusiastic followers. If I have misled any of my brethren, it is my duty to hasten to rectify the error. So far as incision of the cervix uteri for dysmenorrhoea in the abstract is concerned, without reference to the sterile state, I wish it to be understood that I have nothing to recant, nothing to undo. But, so far as this operation may be indicated in cases of sterility, properly speaking, without regard to the relief of physical suffering, I candidly confess that I have a word of advice for my younger brethren; for I am now convinced that I have repeatedly cut open the cervix uteri, for the sterile state, when the operation was both useless and unnecessary; and I am sure that almost every other surgeon, who has