bed-time, of a tumblerful of hot claret and water, with sugar and nutmeg. The alkalies and alkaline earths are useful when acid dyspepsia is associated with insomnia. Electricity has been used in the paresis of the vaso-motor nerves due to an overworked brain. In hot weather, sprinkling the floor of the sleeping apartment with water lessens the irritant properties of the air, adding much to the comfort of the sleepers; possibly the quantity of ozone is at the same time increased.

The artificial rest obtained by the use of narcotics seems to be due to a direct interference with the functional activity of the nervous system. Dr. Hollis does not consider the bromides to possess hypnotic properties, although they undoubtedly act as sedatives on the nervous system, and as such may occasionally induce sleep.—*The Practitioner.*

PARACENTESIS OF THE PERICARDIUM, WITH AN ANALYSIS OF FORTY-ONE CASES.

Dr. John B. Roberts,[1] of Philadelphia, gives an interesting *résumé* of this operation from the earliest times, with the indications for treatment and the general results that may be expected. Riolan first proposed it in 1649, and Romero performed the first successful operation at some time before 1819. Paracentesis is indicated when the effusion is large and threatens to destroy life, ordinary treatment failing to produce absorption. The period that the surgeon must allow to elapse before tapping, is as yet undecided. As a method of giving relief in chronic cases it is probably no more open to objections than is excision of the breast or tongue for cancer. The particular method of operating is now tolerably uniform. A small aspirating needle is to be used,—so small that it simply makes a fine puncture that would not harm the lung if that were pierced. The point recommended by Dieulafoy is in the fifth interspace, about three quarters of an inch from the edge of the sternum. In fifteen out of thirty-four cases this point was chosen. The dangers to be dreaded are wounding of the internal mammary artery, and striking the heart as it is thrown forward in systole. By adopting Dieulafoy's plan the artery is avoided, as it lies from a quarter to half an inch from the edge of the sternum. Injury to the heart may be avoided by having a canula slide over or within the needle, thus guarding its sharp point. The heart may probably, however, bear a certain degree of injury with immunity, according to Eve, Steiner, and others. Baizeau and Roger tapped the ventricle without doing harm, both patients surviving the operation, though in one case one hundred and fifty and in the other two hundred and fifty grammes of blood were drawn. As for the danger of the operation in these forty-one cases, regarding one in which the final result was not given as a fatal case, the mortality was 53.66 per cent. But then the effusion in many of them was merely a single factor of disease; in fact, in seventeen there were other concomitant and often incurable affections. In five fatal cases no other disease was mentioned, which puts the mortality at 12.19 per cent., supposing it to have been from cardiac dropsy alone. Since the year 1850, of the uncomplicated fatal cases the mortality has been 21.45 per cent., which, though not so low as the figures given for all the uncomplicated cases taken together, is perhaps as low as in many other operative procedures that are regarded as perfectly justifiable. In acute rheumatic pericardial effusions the results have been excellent; where, however, the disease becomes chronic a perfect cure is almost hopeless, for, owing to the long continuance of the inflammation, the maceration of the heart, and the pressure of the distended sac, the tissues have assumed new pathological characters.—*Boston Med. Journal.*

[1] New York Medical Journal, December, 1876. New York Medical Record, January 20, 1877.

THE ADMISSION OF WOMEN TO MEDICAL DEGREES.

Dr. Tilbury Fox in a recent number of *The Lancet* says, I hope you will allow me to direct attention to the kind of examination—as shown by recent papers—which women will have to undergo, in company with young men, in order to gain admission to the medical degrees of the University of London. I ask this in the hope that many of the Arts, Laws, and Science graduates who read *The Lancet* may be enlightened upon this particular point.

On turning to the examination-papers for the last half-dozen years, I find, amongst others, the following questions, set by the examiners:—

First M.B., July 30th, 1877.—"Describe the membraneous portion of the male urethra, and the structure in *immediate* relation therewith. Mention the chief points of difference in the female subject."

M.S., 1872.—"Describe fully the character of so-called soft and hard chancre, &c."

Second M.B., 1873.—"Give an account of the modes in which syphilis becomes propagated; the details by which the poison is diffused throughout the system, &c."

First M.B., 1873.—"Describe the connexion of the lower four inches of the rectum in the male, the naked-eye character of the coats of the gut for the same distance, &c."

First M.B., 1875.—Give an account of the genito-urinary organs of the human male."