

hoped that a good reason may be furnished to account for this inattention in that we obtain fully as satisfactory results by administering the ingredients in proper proportions made up into an extemporaneous prescription, or otherwise dispensed separately.—Squibb's *Ephemeris*, February, 1893.

TREATMENT OF HEADACHES.

Collins (*Med. Record*, April 2nd, 1892) leaving out of consideration migraine and neuralgia, adopts Dana's classification, with a few modifications, based on the etiology of headache, namely, 1. hæmic: (a) anæmia (b) hyperæmia, (c) diathetic states (gout, rheumatism, lithæmic and auto-toxæmic conditions); (d) infections; (e) uræmia, dialyses. 2. Toxic: lead, alcohol, tobacco, drugs. 3. Neuropathic states: epilepsy, neurasthenia, chorea, hysteria, etc. 4. Reflex: ocular, dental, naso-pharyngeal, auditory, dyspeptic, sexual, uterine, etc. He considers that the salicylates and chloride of ammonium rank first among medicinal agents. Salol or salicylic acid is the best form in which to give this remedy, and it is of most importance in diathetic, toxic, and auto-toxæmic states. It is of advantage to combine this drug with a mineral acid in these conditions, as the latter prevents the formation of uric acid compounds. Chloride of ammonium is particularly useful when headache is associated with loss of appetite, sickness, bad taste in the mouth, flatulence, stuffiness of the bronchial tubes, etc., and should be given in the form of wafers containing 3ss to 3j every two to four hours for three doses. Headaches dependent on diminished blood pressure are frequently relieved by sipping, for example, taking a glass of cold water by mouthfuls. Mastication, sniffing irritant substances, exposure to cold, and excitement serve the same purpose. The action of cardiac neurotics is evanescent, particularly the diffusible stimulants, which have the additional disadvantage of often leading to the formation of a habit. Where congestion is the cause ergot should be given internally, and derivatives applied to the extremities, or the external application of cold, frequently assisted by a dose of bromide, is of service. Galvanism to the cervical sympathetic also frequently gives relief. When it depends on stomachic hyperacidity without constipation, bicarbonate of soda gives relief; but when sluggish digestion with constipation is present, acids and simple bitters must of course be removed. Collins considers that the employment of the recently introduced

coal tar products such as antipyrin, etc., is to be avoided; as, while relieving transitory neuralgic headaches, they exert no influence on the cause. The treatment between attacks consists in preventing and overcoming every perverted condition on which the pain may depend, and building up the system. One measure is especially of use, namely, water, both internally and externally, but especially the latter. Those headaches which are dependent on hæmic and vascular changes are most benefited by the application of cold water in the form of shower, plunge, or needle bath, etc.; while those dependent on neuropathic conditions derive most good from the cold pack.—*Brit. Med. Jour.*

EASY LABORS IN CASES OF CONTRACTED PELVIS.

Tarnier (*Journal des Sages Femmes*, April 16, 1892) warns his pupils against the fallacy that because a woman has had three or four easy labors the next future labor will certainly be easy. The contrary is often the case. Every day we see instances of women with a conjugate of 6 centimetres ($3\frac{1}{2}$ inches) delivered spontaneously. After four or five such labors the next proves difficult. The explanation is not always easy; probably the size of the foetal head had not been estimated or measured; proving larger in the last than in earlier labors. When a student, Professor Tarnier once was summoned to a case, and found a big baby in a cradle. It was big when born the mother said. On examining the mother, who was in labor; he found that the pelvis was contracted. The previous child had been delivered spontaneously. The labor in hand proved very difficult, and could not be concluded without the use of the cephalotrite.—*Brit. Med. Jour.*

TOTAL ABSENCE OF MENSTRUATION IN A PATIENT AGED 24.

H. W. Mitchell (*N. Y. Medical Record*, March 19th, 1892) has had this case under his observation since April, 1889. The patient was born in Ireland, and emigrated to New York in March, 1888. Up to that time she had never so much as heard that such a function as menstruation existed. In New York she became a domestic servant, and her colleagues found out that she never menstruated. They told her that all sorts of evil results, ending in insanity, would follow. For the first time, she became ill and nervous. On April 7th, 1889, Dr. Mitchell examined her. The pelvic viscera appeared to be perfectly heal-