"The enteralgia referred to does not commonly depend on mere fecal accumulation. In thriving children who are not as yet subjected to the pangs of teething, the alvine evacuations are comparatively scanty so long as the maternal lacteal secretion is the sole or preponderating source of nutrition. In such cases I have invariably noticed, that so long as the abdominal suffering lasts, the urination is suspended, that a true ischuria renalis exists for the time being; and that whenever micturition occurs the crying and distress cease, presenting exactly the same termination as that of the passio hysterica—the copious flow of a large quantity of clear limpid fluid. Acting on this indication, I have for many years past been in the habit, whenever such attacks were brought under my care, of prescribing from eight to ten minims of spiritus etheris nitrosi in a drachm of water, to children of the age above mentioned. Generally after the administration of this draught there occurs a discharge of flatus from the superior or inferior orifice of the alimentary canal—the ether acting as a diffusible stimulant and carminative; but without exception the passage of urine in large quantity takes place within a few minutes after its imbibition, the cries cease, and the small patient sinks into a refreshing slumber. Whatever view may be taken as to the causation of the malady in question—whether it may depend on a non-secretion depending on a temporary congestion of the glomeruli of the kidney or a partial paralysis of the more elaborated and complex urinary passages of the male, or merely from the presence of flatus in the colon mechanically suspending the renal function,—the fact is well ascertained that the phenomena above depicted are extremely frequent in male infants of all classes, and every variety of social and hygienic surroundings; also, that in some instances very serious mischiefs have been the consequence of such nocturnal pervagitus."

URGENT AND PROLONGED DYSPNŒA COMING ON SUDDENLY AFTER LABOR.

Dr. J. J. Phillips, Ass. Obstet. Phys. to Guy's Hospital, relates (*Brit. Med. Journal*, May 3, 1873) the following interesting case of this in a married lady, æt. 36, to whom he was called Dec. 30th. She had been delivered of her fifth child at 2 P. M., after a perfectly natural labour, and continued to do well until 6 P. M., when she complained of oppression and began to gasp for breath. Dr. P. saw her at 9 P. M., when her condition was most alarming. She was sitting up in bed, supported by pillows; the dyspnœa was most urgent; respirations 48, pulse at wrist 140; "respiratory murmur could be heard over the chest in front and behind; there was no abnormal sound accompanying the heart's action, but the first sound was muffled; the legs and the forearms were quite cold; the lips were livid; the face was pallid. She endeavoured on one or two occasions to speak, but could only articulate one word at a time. The history of the case and the symptoms seemed to point unmistakably to a coagulum in the pulmonary artery; and it seemed to us that the treatment soould be directed to support the heart's action as much as possible, and this was done by repeated doses of brandy, which with some difficulty were swallowed in soda water. Five-grain doses, increased to ten grains, of carbonate of ammonia were given at short intervals, and warmth was applied to the extremities. I remained about an hour. The case seemed hopeless. At nine o'clock next morning, however, I found her much relieved. She was able to assume more nearly the horizontal posture; the extremities were warm; the breathing was much more easy, and only thirty per minute; the pulse still very small, 120 per minute; temperature in the axilla, 97° Frhr. Symptoms of improvement had commenced about four in morning. Her husband and another medical man who sat up during the night, believing that the carbonate of ammonia was doing good, had continued its use in increased doses, so that in twelve hours she had taken two hundred and ten grains of it. The stomach tolerated this large quantity in a remarkable manner. "She was a little sick two or three times." The brandy had also been continued, and she had taken a little beef-tea in the early morning. In the evening, she was in much the same condition as in the morning; frequency of pulse and respiration the same; tempeperature only half a degree higher (97.5° Fahr.). She still complained of pain in her chest. During the night some hours of sleep were obtained, and the next day she was more comfortable in every respect. The respiration had fallen to from twenty to twenty-five per minute; temperature, 99° Fahr.; no abnormal cardiac sound. The strictest rest was maintained. On the sixth day there were some pyrexial symptoms; and on the seventh she began to suffer from severe sickness." She however soon improved.

Dr. P. thinks that it is impossible to explain the symptoms in this case upon any other hypothesis than that of pulmonary embolism. He thinks it "probable that a loose clot which had formed in the right side of the heart was driven into the pulmonary artery, giving rise to the urgent dyspnœa which supervened so suddenly. The patient told me that throughout the day she had felt a little shortness of breath. Given that a clot found its way into the pulmonary artery, it is of course quite conjectural what changes took place in it; but it is not improbable that a loose clot might undergo such contractions as to allow the gradual re-establishment of the circulation, coincident with the slow improvement in the general symptoms. Different opinions will doubtless be entertained as to the share which the carbonate of ammonia had in relieving the symptoms, by reducing the hyperinosis of the blood which existed at the time. The large quantity of this alkali which was taken in twelve hours is specially deserving of notice. I am not aware that it has been given continuously for twelve hours in such large doses at such short intervals. Dr. Richardson, in one of his valuable contributions to the subject of thrombosis, gives reasons for administering the liquid ammonia rather than the carbonate; but when this case occurred I had not read Dr. Richardson's