

generally much less during the night than during the day. Such people should drink a tumbler of water before going to bed in order to aid the secretion of urine and of the waste products during the night.

THE TREATMENT OF DISORDERS OF THE STOMACH.

—1. *Dyspepsia*.—Causes of Functional Indigestion:

(1) Eating too rapidly; (2) drinking too much water at meal-time; (3) improper food; (4) want of exercise; (5) too much tea and coffee; (6) too much tobacco. Treatment: Underdone meats and but little bread. No sweets. Pepsin sacch., gr. v., at each meal. The mineral acids before meals, as muriatic, nitro-muriatic, or phosphoric. Certain bitters, as nux vomica and strychnine combined with gentian or calumba. An alkali a few hours after meals when there is a great acidity, but should not be used too frequently. (2) *Dilatation of the Stomach*.—Treatment: Dry, solid food; underdone meats; no milk. Carbolie acid to allay fermentation. Wash out stomach occasionally.

Strychnia, hypodermatically or by mouth. 3. *Chronic Gastritis*.—Treatment: Cause to be removed. A scanty supply of food. Pepsin at each meal (gr. v.). Milk, with a little meat, may be taken as food. Oxide of silver, gr. $\frac{1}{2}$, a dose, will be found of value. Bismuth is useful. Avoid tonics, but use the mineral waters to keep portal system drained. (4) *Gastric Pain (Gastralgia)*.—Treatment: Diet of little importance; stimulus at meals in small amounts. Morphia relieves at once, but use it carefully. (1) Bismuth, with a little opium; (2) nitro muriatic acid, gtt. ij.-iij., diluted; or, (3) Morph. sulph., gr. 1-32; acid carbolici. gtt. j.; aq. menth. pip. ad. f 3 j., ter die: (4) Fowler's solution, beginning with gtt. j. and increase to gtt. v., ter die.—*Coll. and Clin. Record*.

BIRTH DURING HYPNOSIS.—Dr. Edward Pritzl records, in the *Wiener Med. Wochenschrift*, a case of this kind. A young woman was under his care in a lying-in hospital who, he had reason to believe would be easily brought into a hypnotic condition; and some preliminary trials showed his surmise to be correct. When, therefore, the case ultimately proved to be one in which narcotics should in the usual course be employed, Dr. Pritzl determined to give hypnosis a trial. In spite of her pain and the nervous excitement produced by the presence of several medical men, who wished to witness the experiment, the woman, after looking but a few seconds at the brilliantly illuminated thermometer bulb that was passed before her eyes, sank back unconscious. The following observations were made: The intervals between the pains lasted nearly two minutes; the pains themselves were more violent than is usual under a narcotic, and lasted on an average fifty seconds, being at their height actively aided by the pressure of the

abdominal muscles, and the intensity of the latter was quite normal. The patient was perfectly insensible, but the left lower arm was cramped and the left leg became stiff. There was no change observable in the right side. She turned her head hither and thither as if she were angry, frowned and groaned. In the intervals she resembled one asleep. In forty-five minutes from the time she became unconscious, a healthy child was born. In forty-five minutes after this, the woman was roused from her sleep, and would not believe she had been delivered, being hardly willing to own the child. The case up to the time of writing, had taken a favourable course. Dr. Pritzl lays stress on the following points as remarkable: 1. It was easy to induce hypnosis in such a case of labour. 2. The pains were violent enough to arouse reflex action of the abdominal muscles, but not to rouse the patient. 3. Evidently the hypnotic state accelerated labour, for it had been expected to last several hours. 4. The after-birth stage, which lasted forty-five minutes, was remarkable for the character of the pains, which, though short, were intense and assisted by abdominal action. The loss of blood was slight. Dr. Pritzl has similarly experimented in two other cases, which, though successful, were neither so rapid nor so perfect.

MERCURIAL INTRA-UTERINE INJECTIONS.—In proof of the advisability of greater caution than some may think necessary in the use of the mercurial antiseptic intra-uterine injections, so largely employed by some obstetricians, I may here cite from the *American Journal of Obstetrics* the history, not long since reported by Dr. Partridge, of New York, of "a case of labour that had occurred at the Nursery and Child's Hospital, in which vaginal injections of bichloride of mercury, 1 to 2,000, were used, and the patient did well for three days. On the third day she had a chill, and the house surgeon gave an intra-uterine injection of the same solution. The next day there was another chill, and the injection was repeated. This was followed by bloody passages from the bowels, and death took place. Intense colitis was found *post mortem*. Dr. Partridge referred to reports of three other cases of supposed mercurial poisoning from the same cause. The patient whose case he had related died within sixty hours from the administration of the first intra-uterine douche." At the same meeting of the New York Obstetrical Society at which the last case was referred to, Dr. Partridge also related a case in which, by mistake, a nurse threw a bichloride injection into the bladder instead of into the vagina, and severe cystitis was set up—quite as much, perhaps, from mechanical violence as from any special action of the bichloride.—*Dub. Journal Med. Science*.

MICROCOCOCCUS IN BRONCHO-PNEUMONIA.—Some