

We have to thank our readers for the response they have made to our appeal for literary aid, and trust they will continue to forward to us such communications as they may deem of interest. But we must insist upon communications being prepared solely for our journal. In future we will positively decline papers forwarded simultaneously to several journals.

OLEUM ERIGERONTIS CANADENSIS AS A REMEDY IN HEMORRHAGE
DIARRHŒA, AND DYSENTERY.

Dr. J. W. Moorman, of Hardinsburg, Ky., recommends in the *American Journal of Med. Sciences* the use of oleum erigerontis canadensis in the treatment of hæmorrhage, diarrhœa, and dysentery. Several favourable cases are related. The usual dose according to the U. S. Dispensatory is from five to ten drops, but Dr. Moorman has given it with benefit in much larger doses—from 3 ss. to 3 j. "It may," he says, "be given in a little water, to which a small quantity of sugar may be added. In cases of hæmoptysis, 10 or 15 drops may be placed on a handkerchief and inhaled at the same time it is taken internally. The same method will answer in epistaxis. In diarrhœa 15 drops every 4 hours until it is relieved, will in most cases be sufficient." Although in dysentery Dr. Moorman has not obtained the gratifying results claimed by some, more or less advantage has in every case been derived from its use. He concludes: "In hæmorrhage and diarrhœa of debility I know of no better remedy, and I trust the profession will give it a trial, and let us know the results."

ANÆSTHESIA BY NITROUS OXIDE GAS.

Dr. Carnochan performed two severe surgical operations on Saturday last, at Ward's Island Emigrant Hospital, while the patients were under the influence of nitrous oxide gas, administered by Dr. Colton. The operations in both consisted in the amputation of the leg above the ankle. The patients said that they knew nothing of what had taken place, while one declared, on waking, that he had not been asleep, and the operation had not been performed! Dr. Carnochan and several surgeons who were present, expressed themselves well pleased with the effects of the gas. It required less than one minute to put the patient asleep, and after the operation was completed, and the gas removed, the patient recovered entire consciousness in about twenty seconds. There was no vomiting or sickness attending or following the operation, and the patient awoke as fresh as from a natural sleep.—*Philadelphia Medical and Surgical Reporter*.