treatment for chronic diarrhœa has been devised than the injection into the rectum of from half to one pint of water, at the ordinary temperature of the air twice a day or after each movement. Such injections act on the sympathetic nerves, increasing their tone.

Sleep is undoubtedly a "sweet restorer" of lost nerve power. A sleeping baby will have less movements than a wide-awake, restless one. When natural sleep is impossible—and it is rarely so in the open, fresh air—sleep-producing medicines may be necessary.

MEDICINAL TREATMENT.

In over one-half of the cases of diarrhœa that have come under my care during the last few years, pepsin has been the only medicine necessary; has been given after each movement, in 3 to 5 gr. doses, in milk, or in a mixture of glycerine. Dilute muriatic acid, cinnamon or winter-green water, or combined with bi-carb soda, 2 grs., if there was much acidity of the secretions. If an astringent is necessary it may be added to the pepsin mixture. Generally 5 or 10 drops of the fl. ext of black-berry root, or of the geranium maculatum, is sufficient for a dose. These astringents have seemed to me to be preferable to Kino, Catechu, etc.

The medicinal mist. rhei et sodæ has been used in about one-fourth of the cases where an astringent and alkali were needed. Generally but a few doses were needed when pepsine could be used.

Malarial diarrhœa is relieved by the inunction of 3 grs. of quinine twice or thrice a day till 12 grs. are used.

The hypodermic injection of $\frac{1}{60}$ gr. of strychnia, p. r. n., in severe prostration, not otherwise amenable to treatment, is valuable.

One-drop doses of tr. or wine of ipecac., or a fraction of a drop of the fl. ext., or of ac. carbolic, given every hour, will ordinarily relieve the vomiting occurring with diarrhœas.

Aromatic spirits of ammonia seem to be a more reliable stimulant than alcohol.

Cod-liver oil, dialysed iron, and the iodide of iron carefully given, *after* meals, beginning treatment with *small* doses, are serviceable in chronic diarrhœa.

Calomel, opiates, sedatives or strong astringents were used in a small proportion of cases—less than one-eighth, and are seldom deemed necessary *if* the hygienic treatment can be carried out.

In closing this paper I may add that it was written as an outgrowth of a large experience in the treatment of diarrhœas—is a contribution of personal experience only, the result of what seems to me to be a better and more rational method of treatment than I was instructed in in my college days. Certainly it has been attended in my hands by a larger proportion of recoveries than by old methods. The record of individual cases must be postponed to another time.

ANÆSTHETICS IN CHILDBIRTH.

On this subject M. Lucas Championnière, of the Maternity of the Hôpital Cochin, gives his experience in the *Gazette des Hôpitaux*:—

In some cases, when begun in good time, a few drops only are given from time to time on a handkerchief, the woman herself holding this and breathing the chloroform at the moment when she feels the contractions. Great relief is attained, the woman scarcely feeling the acuteness of the pains, and being able to converse with those around her. She, so to say, anæsthetizes herself, proceeding thus gradually until complete dilatation is accomplished, the accoucheur being apprised, by a more urgent resort to the chloroform, that the head has reached the vulva. It is for him alone to determine whether the dose should then be increased or whether the woman should be left to her suffering at the last moment. This is the most simple type of case, in which a very small quantity of chloroform is required. But there are women who are more rebellious to the action of chloroform, especially if its administration is only commenced after they have already suffered severely for one or several hours. They derive no benefit unless it be given more abundantly. They do not lose consciousness, but they have a tendency to drowsiness, during which they know all that is going on; and when this tendency has passed away, they instantly demand more chloroform. In the intervals they remain habitually silent, but care must be taken not to give the chloroform at too long intervals, as the doses would then have to be exaggerated in order to produce sufficient anæsthesia. With this precaution the labor is safely terminated, the women struggling, and showing that they feel the contractions, but without any acute pains. There are other women who are still more refractory—viz., those in whom labor commences only long after the membranes have been ruptured, when the uterus is hard and contracted, or when the labor has very far advanced. In such cases as these Simpson's plan must be followed, of giving a considerable quantity of chloroform at once, pushing on the inhalations without fear, until the woman is completely insensible. Even this is not "surgical anæsthesia," it is only the sleep which precedes the stage of excitement; and if these inhalations be continued for fifteen or twenty minutes, we may then prolong the state of semi-anæsthesia until the end of the labor. The result of semi-anæsthesia, M. Lucas Championnière observes, is the suppression of pain, and of the symptoms of excitement which