

possible and cutting it. In this procedure the artery was injured and the wound had to be packed firmly. The packing was left in for three days, then removed. No hæmorrhage followed. The patient was relieved instantly and had remained perfectly free from pain since.—*N. Y. Medical Journal*.

INHALATIONS OF VINEGAR TO CONTROL NAUSEA AND VOMITING AFTER ANESTHESIA.—Dr. J. Torrance Rugb states (*Phil. Polyclin.*, VII, p. 110) that he has very frequently made use of inhalations of vinegar after anesthesia, both in private and in hospital work, and was highly gratified with the results. The method of administration was to saturate a towel or cloth with fresh, strong vinegar (preferably that made from cider), and hold it a few inches above the patient's face, or hang it from the bedstead, so that it will be near his head. It should be used directly after the anesthetic has been discontinued, and kept up continuously for hours. In one case in which ether had been given, nausea began soon, but ceased in about one and a half minutes after using the vinegar. This was then removed, and the nausea returned, but again disappeared after the vinegar was given. The action was so marked that the process was repeated five or six times so as to verify the conclusions, and each time the result was the same as at first noted, the patient quickly becoming quiet as though not going under complete anesthesia. Another patient was given chloroform for the removal of the pharyngeal growths and swallowed considerable blood. Vomiting of the clotted blood occurred, but ceased immediately after, and did not return. These results have been duplicated in about twenty-five other cases, in which the action was almost uniformly beneficial. The relief from thirst to the patient is most marked, and the refreshing effect is both grateful and welcome to the sufferer. Its simplicity and efficiency commend its use to all having to do with such cases. It is also free from any toxic effects and can occasion no harmful conditions.—*American Medico-Surgical Bulletin*, May 10, '98.

THE BLEACHING OF TEETH WITH PYROZONE.—At a meeting of the New York Odontological Society, held on the 19th inst., Professor Edward C. Kirk, of the University of Pennsylvania, gave an interesting address on the bleaching of teeth by means of pyrozone. He pointed out that the pink discoloration was due to the permeation of the tubules by hæmoglobin from disintegrated red blood-corpuscles, while the browner stain was due to the deposit of hæmatin from disintegration of the hæmoglobin. The speaker showed in two tubes the difference between blood which had undergone disintegration and that which had not done so, the former being clearer and more translucent, the latter murky and grumous.