

exhaustion of the medulla oblongata and the spinal cord produced by violent excitation. This definition is no doubt perfectly proper, though it strikes us as if the term "exhaustion" is not sufficiently clear for defining purposes.

He recognizes the following varieties: 1. The lowest grade of shock, which causes no appreciable effects. 2. A middle grade, which weakens sensation. 3. A high grade, which extinguishes qualitative sensation. 4. A highest grade which eradicates both passing and permanent sensations of every kind.

His views of the treatment are noteworthy: Energetic counter-irritations of the skin are to be excluded as useless and even dangerous. Abstraction of blood is contraindicated. Transfusion of blood can only be thought of in cases of great loss of blood. Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study. Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most commendable factors of treatment. *Therap. Gaz.*

**ARTIFICIAL MEMBRANA TYMPANI.** Dr. Barth, of Berlin (*Archiv für Ohrenheilkunde*, Bd. xxii. p. 208, August 12, 1885) has suggested a very good modification of the ordinary cotton-wool membrane, as follows:

Take a piece of cotton-wool, and pull or twist out one end of it to the length of four centimetres, leaving a tuft at the other end. The handle thus made should now be dipped in collodion, and the whole, supported by means of the tuft through the mesh of a cane-seat chair, allowed to dry. In the course of five or ten minutes the handle or shaft should be again twisted, best with moist fingers, and there is then provided a strong shaft of cotton-wool one to two millimetres thick, with a brushlike tuft, which can be further trimmed by the scissors as required. This artificial membrane is so simple and so easily made that every intelligent patient can make it for himself if he is obliged to wear such an aid for any length of time. *Med. Times.*

**CRAVING FOR STIMULANTS.** To counteract the craving for stimulants, when they are withdrawn, and to sustain the nervous system, the following combination is effective (Bartholow):

R Tinct. capsici.....f. 3 vj.

Tinct. nucis vomice .....f. 3 ij. M.

Sig. -- Twenty drops, in water, every four hours.

*Col. and Clin Record*, Oct.

**ASTHMA.** Dr. Q. C. Smith, of Austin, Texas, writes: To relieve those desperate paroxysms of asthma that threaten life every moment until re-

lieved, I am accustomed to administer hypodermically the following:

R Mur. pilocarpine,

Apomorphine each .....gr. ½.

The patient will quickly sweat profusely, breathe easier, and obtain sleep within ten minutes. *Gaillard's Med. Jour.*

**CHLORAL IN ALBUMINURIA.** Dr. Barduzzi, (*Il Movimento*) has obtained excellent results with chloral in daily doses of thirty to forty-five grains, continued for some time in the treatment of nephritis. Under its use oedema is reduced and the albumen nearly or entirely disappears from the urine. The author regards it of especial value as a prophylactic of eclampsia in the albuminuria of pregnancy. It is also useful in the so-called physiological or normal albuminuria. *N. Y. Med. Record*, Sept. 19th.

**CONNECTION BETWEEN AFFECTIONS OF THE EYE AND SPINAL CURVATURE.**—A Polish physician, Dr. Jarsinska, has traced a connection between errors of refraction and curvatures of the spine. In thirty-seven cases of curvature, he was able to prove with certainty the previous existence of those or other abnormal conditions in the eyes, such as insufficiency of the internal rectus, astigmatism, asthenopia, etc. Myopia alone, however, does not appear to cause curvature. Unequal vision and insufficiency of the internal recti seems to be most efficient in the production of spinal curvature. Spasm of the accommodation also is capable of producing it. Removal or relief of the eye affection is followed by improvement in the spinal curvature—a troublesome and obstinate class of cases in orthopaedic practice. *Lancet.*

**ARSENIC WITH QUININE IN THE TREATMENT OF MALARIA.**—Dr. Ernst Hensler, of West Franklin, Ind., warmly advocates combining arsenic and quinine in the treatment of malarial fevers. He says that his residence in the Ohio bottom lands has given him a wide experience in this class of diseases. Like so many other physicians, he formerly used either quinine or arsenic alone, and often without success; but latterly he has been in the habit of giving the two drugs at the same time. Since commencing this practice, he states, all his cases were rapidly cured and no relapse occurred.

**BLOOD-LETTING IN ERYSIPELAS.**—Dr. Daniel Lizzaralde, of Buenos Ayres, stated that he has seen most excellent results following the abstraction of blood in facial erysipelas. The procedure is indicated in the case of a strong, full-blooded adult, when the temperature is high and the cerebral symptoms are threatening.