

Clinic, August, 1892,) says that the symptoms of sleeplessness occurring in these cases should always be relieved lest insomnia seriously complicate recovery; he usually gave sulfonal in such conditions. Dr. Althous (*Am. Jour. Med. Sci.*) recommends sulfonal for the insomnia liable to occur in the treatment of post-grippal psychoses. Dr. Alexander J. C. Skene has employed sulfonal in the after-treatment of laparotomy. He writes as follows in *Med. Mag.*, March, 1882:

"Sulfonal does remarkably well as a sleep-producer, and is much preferable to bromide, chloral, or any combination of such remedies. It produces the desired result in the great majority of cases that are not kept from sleep by severe pain. This remedy is worthy of note as rather new, and is certainly one that will cause sleep with no other perceptible effect, good or bad."

BILIOUS HEADACHE.—Dr. Eccles, an English surgeon, recently read before the British Medical Association an able paper (*Bact. World—Med. Rev.*), on the treatment of what is commonly known as bilious or nervous headache, in which he called attention to the fact that the locality of the headache appears to be identical with a distribution of the nerves connected with Arnold's branch of the pneumogastric. In the words of the author, "The irritation of the gastric fibres is reflected or referred to the sensory fibres of the pneumogastric in the head (auditory branch). In the treatment of a large number of cases of this sort, we have observed, on examination, tenderness of the pneumogastric in the neck, invariably in the side affected the most frequently, and there is usually corresponding tenderness in the region of the solar plexus, or in one or both lumbar ganglia of the sympathetic. Massage is recommended by Er. Eccles as a salutary remedy in these cases, as he has uniformly observed dilatation of the stomach and deficient peristalsis of the stomach and intestines."

Our observations respecting the frequency of dilatation of the stomach agree very closely with those of Dr. Eccles. We have found, however, the quickest means of relieving nervous or sick headache is lavage to the stomach, which acts with unfailling and almost instantaneous certainty. The majority of patients declare themselves feeling better by the time the stomach washing is fairly completed, and in a few hours are fairly

restored to their usual health, although accustomed to suffer many hours, or sometimes days, with the headache, when treated in the ordinary way.

TERPENE HYDRATE IN BRONCHIAL CATARRH.—Says Dr. Wm. Murrell (*Med. Age*), I am desirous once more of calling attention to the value of terpene hydrate in the treatment of affections of the bronchial and nasal mucous membranes. Its properties have been well known for many years, but in this country it has never been a popular remedy, and its claims seem to have been overlooked in favor of pure terebene and other similar compounds. It is a hydrate of turpentine, and is made by treating oil of turpentine with nitric acid and alcohol. It is a solid, and has somewhat the appearance of chloral hydrate. Its odor, which is slight, resembles that of pure terebene. The great difficulty in the way of its administration is that it is practically insoluble in water. It is usually said to dissolve in alcohol in the proportion of 1 in 10, but many specimens are far less soluble. On the Continent, where it enjoys a high reputation in the treatment of bronchial affections, it is used as a popular remedy in the form of an elixir. For some months past I have prescribed it in a solution containing 5 grains to the half-ounce, made up with simple elixir and flavored either with tincture of Virginia prune and syrup of tar or with the aqua laurocerasi. For patients who cannot take sugar the elixir may be made with saccharine. Terpene not only relieves cough and lessens bronchial secretion, but is a diuretic, and has been used with advantage in neuralgia.

EXTRACTION OF BITS OF STEEL OR IRON FROM THE CORNEA.—It is not infrequently (*Va. Med. Monthly*) the case where small bits of iron or steel have been imbedded in the cornea—especially when they have come from a heated piece of metal—that after their removal the corneal wound shows no tendency to heal rapidly, and that the irritation and discomfort of the wound continue. According to Dr. John Dunn, Chief Clinic of the Richmond, Va., Eye, Ear and Throat Infirmary, examination of these wounds with artificial light will most frequently reveal at their bottom what at first sight appears to be small bits of the original foreign body. They are not so, however; but are either