

of its authors: "It is essentially a pocket guide, and has no higher aim than to give, in the plainest possible language, directions for the use of antidotes in cases of poisoning."

Progress of Medical Science.

THE ACTION OF GLYCERINE IN NEPHROLITHIASIS.—Besides piperazine, which is the best known solvent of concretions of uric acid and its salts, glycerine has attracted attention in recent literature as a remedy in nephrolithiasis. Upon the administration of fifty to one hundred cubic centimetres of glycerine, concretions to the size of a bean have been observed to pass away with the urine in patients suffering from nephrolithiasis fourteen to fifteen hours after taking the drug, the urine also containing a remarkable amount of mucus. Two or three hours after the drug has been taken, pains occur with great regularity in the region of the suspected kidney. In order to explain this action of glycerine, A. Hermann has made experiments, which have been published in the *Prag. Med. Wochen.*, from which the following may be deduced:

The largest part of the glycerine, taken internally, is secreted unchanged within the next twenty hours with the urine, and the latter is neither quantitatively nor qualitatively changed, excepting that it becomes slippery. The solvating power of glycerine for concretions is extremely small, even at the boiling point. When introduced into the ureter of rabbits by abdominal section, no contraction of the involuntary muscular fibres of the urinary passages takes place. When administered to excess, per os, similar symptoms occur as are observed when a saturated solution of sodium chloride is injected into the veins. The action of the drug can, therefore, only be a mechanical one. Glycerine, after entering the blood, withdraws a large amount of water from the tissues, which

passes through the kidneys, the mucus in the uriniferous tubules shrinks in consequence of the withdrawal of water by the glycerine, and is thereby loosened and with the concretions washed away by the slippery urine.—*Medical Review.*

SYPHILIS IN PREGNANCY.—Tarnier (*Journ. des Sages-Femmes*, August 16th, 1893) recently delivered a clinical lecture on a patient aged twenty, who contracted syphilis two months before term. When labour came on at term there was a chancre on the vulva, and mucous patches on the cervix and on the soft palate. Labour began on June 2nd. On June 4th, at 4 a.m., the membranes ruptured. The os was dilated to the diameter of a franc piece, and felt very tough. Antiseptic warm injections and hot baths did not aid dilatation. At 6 p.m. meconium came away; the os was as wide as the palm of a small hand. The forceps was applied, and it was necessary to make four short incisions before the head could be delivered; then the child was born asphyxiated. Insufflation through a laryngeal tube revived it, but it died in five hours. On June 6th the lochia become foetid and the temperature rose. Sloughing of the vaginal mucous membrane was detected. The sloughs were brushed away and iodine applied. A rigour occurred on the next day. The patient did well till the 15th, when pain in the left iliac fossa set in. Next day there was all the signs of peritonitis tending to become purulent. On Fochier and Thierry's principle, a gramme of essence of turpentine was injected into the subcutaneous tissue of the thighs in order to produce abscess. This caused the symptoms of peritonitis to abate, but the patient died suddenly. Over three pints of pus were found in the peritoneum.—*British Medical Journal.*

RELATION BETWEEN THE ALKALINITY OF THE BLOOD AND INTESTINAL AB-