

grammes (sixty to seventy-five minims) of ergotine should be injected in the course of a few hours, for smaller doses will not produce the desired effect.

In addition to the above, one of the following cachets is also to be administered every hour:

R--Powdered Opium gr. ij.

Subnitrate of Bismuth 3 iij.

Mix and divide into twelve cachets.

Should the exaggerated peristaltic action of the intestine and the hæmorrhage persist, the dose of opium is to be increased until twenty centigrammes (three grains) are taken in the twenty-four hours. Experience has shown that the action of full doses of opium is very well borne by typhoid patients.

Prof. Maragliano has succeeded in every case in arresting the hæmorrhage by these means and sometimes even more rapidly than was to be expected.—*N. Am. Prac.*

PLACENTA PRÆVIA.—Tarnier, *Jour. des Sages Femmes*, demonstrated in May, a case which he held to be highly instructive. On May 10th, a sempstress, who had been delivered normally thirteen times, and was approaching term, sent for the midwife, as great œdema of the extremities had set in. On the 14th hæmorrhage occurred, and recurred severely on the 15th. The midwife diagnosed placenta prævia, and immediately plugged the vagina with strips of the cotton dresses which lay about in the patient's room, dipping them first in sublimate. Tarnier declares that as time was pressing, she did right, though rupture of the membranes would have been best. The stuff employed was of course not absorbent cotton, and free flooding occurred in the night; the midwife plugged the vagina again, and the patient was sent into hospital. Mlle. Landais, the hospital midwife, found that there was no more bleeding, so left the case at rest. Strong pains occurred very soon, and about two hours after the application of the second tampon a single uterine contraction expelled "in half a minute" the tampon membranes, child, and placenta. The infant was dead, the mother little the worse for her dangerous labor. Tarnier notes that the hæmorrhage might have been attributed to the conditions which caused the œdema. There was no albuminuria. He does not, as is above explained, condemn the tampon in placenta prævia, there being no fear that the plug might change external into internal bleeding. Clots form behind the plug and tend to close the open vessel.—*Br. Med. Jour.*

A CASE OF SPONTANEOUS RUPTURE OF THE SYMPHYSIS DURING DELIVERY.—Oehlschlager (*Centralblatt für Gynäkologie*), gives an interesting account of a twenty-years old I-para who came under his care suffering from eclampsia. Albumin was found in the urine, and some œdema was

present. Patient had within one year shown symptoms of rhachitis. Forceps being applied to the head high in the pelvis, a somewhat strong traction was made. During the delivery the symphysis ruptured with a distinct sound, and immediately showed a separation of perhaps 3 cm. After this the delivery was easy, and a living child was extracted. The eclampsia did not return. A strong bandage of leather was put around the patient's hips. No fever appeared, and in three weeks she was discharged. When last seen the two ends of the symphysis were about 1 cm. apart, but this did not interfere with the movements of the woman. The author knows of no similar case, either in his own practice nor that of other physicians.—*Am. Jour. of Med. Science.*

THE USE OF COCAINE.—1. Amount of cocaine used must be in proportion to the extent of surface it is desired to anæsthetize. In no case should the quantity exceed one grain and three-quarters.

2. Cocaine should never be used in cases of heart disease, pulmonary disease, or in persons of highly nervous temperament.

3. In injecting cocaine, the intradermic method is preferable to hypodermic. By injecting into, not under mucous membrane or skin, the risk of entering a blood vessel is avoided.

4. During injection the patient should always be in a recumbent position; in operations upon the nose and throat, the head should not be raised until anæsthesia is complete.

5. It is of great importance that cocaine should be pure, since its combinations with certain other alkalies result in poisonous compounds.—*Brooklyn Med. Jour.*

IRRITATIVE COUGH OF PHTHISIS.—Dr. F. P. Henry, of Philadelphia, in the *Kansas City Medical Index*, indorses the following formula, which has been employed for many years at the Episcopal Hospital at Philadelphia:

R—Potassii cyanid., gr. j.
Morphinæ acetat., gr. j.
Aceti sanguinarie, 3 ij.
Syr. tolu., 3 j.
Aque, q. s. ad. 3 iij.—M.

Sig.—One teaspoonful every three hours.—*Med. Bulletin.*

TO KEEP LEECHES.—The bottom of the vase or jar containing them should be covered with small pebbles and a sprinkling of sand. If a few stones bearing vegetation can be obtained from the bottom of a stream or pool, these are very useful to put in the jar. The water should not be entirely changed; syphon off a little, and add more fresh water. Keep jar in a temperate place.—*Bul. of Pharmacy.*