

slightly soluble in ether, freely soluble in chloroform, and almost insoluble in alcohol or acetic acid.—*La Médecine Moderne*, November 19, 1891, Supplement, p. 286.

THILANIN.

Thilanin is a new product of lanolin, devised by Seibel, a chemist in Berlin. It is a "brown, sulphuretted lanolin," containing, presumably, 3 per cent. of sulphur; but this fact is not positively vouched for by Dr. Edmund Saalfeld, of Berlin, who made the first announcement and report on this product before the Congress of the German Dermatological Society (Leipzig, September, 1891). Thilanin is designed to replace ichthyol and thiol, and its claims for preference are based on its more convenient form and greater purity. As an offspring of lanolin it is, of course, entitled to favorable notice; but it will hardly independently supersede ichthyol, and much less the synthetic, chemically pure, and non-toxic thiol.—*Notes on New Remedies*, November, 1891, p. 68.

PAPAIN.

Dr. G. Herschell, in a memoir on "Indigestion," describes the origin and nature of this ferment, and cites the evidence upon which its powerful peptonizing influence was established. Experiments conducted with a view to deciding whether the substance produced true peptone or not resulted in conclusive proof that the former was the case. For practical purposes, says Dr. Herschell, as a digestive ferment, to be given medicinally, papain presents the following advantages over pepsin and pancreatin:—

1. It will convert or digest many more times its own weight of meat than they are able to.
2. It can be used when pepsin and pancreatin are contra-indicated or powerless. (This latter, as known, is the case when the stomach contents are too concentrated or insufficiently acid. Under these conditions pepsin is of little or no value, while papain acts energetically).
3. As regards albuminoids, it combines in itself the joint action of pepsin and pancreatin.
4. It can be given combined with acids, alkalis, or antiseptics, as indicated by the demands of the case,
5. It has a local action on the stomach that pepsin has not.
6. It is not so repulsive to the mind as pepsin, as it is purely vegetable.

Thus, papain is indicated in deficiency of the gastric juice, excess of unhealthy mucus in the stomach, irritable condition of that viscus, and duodenal dyspepsia.—*Notes on New Remedies*, December, 1891, p. 86.

ANÆSTHESIA.

VOMITING IN CHLOROFORM NARCOSIS.—Pauch (quoted by the *Reichs-Medicinal-Anzeiger*, July 29, 1892) attributes vomiting in chloroform-anæsthesia to the direct action of chloroform upon the gastric mucous membrane, which is favored by frequent swallowing of the increased salivary secretion.

Hence, to avoid vomiting, it is well to incite patients, while being narcotized, to expectorate frequently, to prevent swallowing the anæsthetic.

Senewitch successfully treated 6 cases of long continued vomiting, following anæsthesia, by washing out the stomach with a $\frac{1}{2}$ to 1 per cent. warm solution of soda.

OBSTETRICAL ANÆSTHESIA.—Dührssen (*Berliner klinische Wochenschrift*, No. 15, 1892) says that general practitioners have too great a dread of anæsthetics in labor, which can very well be employed without assistants.

The author prepares the patient, renders her and himself aseptic, and then devotes his exclusive attention to narcotizing her. As a rule, unconsciousness, once produced, suffices; when this is not the case, he draws the tongue forward and instructs the midwife to pour one or two drops of chloroform upon the mask, should the patient be aroused sufficiently to interfere with operation. The addition of chloroform must not be repeated, however, until the mask ceases to smell of chloroform. The author says that thus the physician is freed from responsibility, because most of the severe asphyxias occur during the beginning of narcosis, and when they happen later, it is owing to senseless additions of chloroform.

Aside of relief from pain, anæsthesia is of great value in:

1. *Precise diagnosis*.—The foetal pulse can be observed, which is often impossible when the patient throws herself about. The mother's pulse is not apt to deceive. If it remains above 100 during narcosis, it is not due to simple excitement but to severe crushing of the maternal soft parts, and, if the temperature is high, perhaps to sepsis.

Anæsthesia considerably facilitates exploration. In susceptible primipara without narcosis, the tense perineum may make it very difficult to reach high up into the pelvis for the purpose of ascertaining how deeply the head has entered it. Abnormal positions of the head can more readily be diagnosed and the head more extensively examined under narcosis than otherwise. Furthermore, the necessity of version is recognizable early and is more easily performed.

2. *Operative procedures*.—Where internal manipulations require support of the other hand externally, in pressing the womb toward the hand within it, anæsthesia facilitates the operation, particularly in combined version and