

minutes, but the labour did not proceed; the patient remained obstinate, so he yielded and gave a little chloroform. At the first pain the child was born. He wishes it to be understood that the contractions of the uterine muscular fibres cannot, of course, be controlled by the will.—*British Med Jour.*

ACTINOMYCOTIC PERILARYNGEAL ABSCESS.—Poli (*Gazz. degli Ospitali*, March 14th, 1893) records an interesting case of actinomyces at the back of the pharynx in a man, aged forty-five. The patient when first seen had his larynx displaced forward and to the right by a swelling in the neck situated just to left of the thyroid cartilage. The tumour had been gradually increasing for about four months, and had led to the suspicion of the existence of a postpharyngeal abscess. The tumour presented marked fluctuation, and on being opened was found to contain a sero-sanious fluid, in which floated sulphur-yellow particles. These were recognised microscopically as being actinomycotic in nature. The cavity was then laid freely open, its walls thoroughly scraped, and packed with iodoform gauze. Recovery took place, and perfect healing resulted in a short time, and it is probable that the original circumscribed nature of the disease contributed largely to the successful result.—*British Med. Jour.*

GASTRIC DILATATION.—Aufrecht (*Centralbl. f. klin. Med.*) draws attention to two signs hitherto undescribed, and which it is thought will be useful in the early diagnosis of dilated stomach. Almost everywhere over the stomach a hyper-resonant note is obtained, but in some places a distinct dullness may be found which gives way later to a tympanitic note. The dullness, it is said, may sometimes be followed from the cardiac to the pyloric end. The second sign is a clanging note like the

cracked pot sound. It is associated with the former, and is best obtained at the margin of the above-named dullness. These signs are not absolutely constant, but this should not much impair their value. The dullness is caused by the voluminous contraction wave passing over the stomach in early stages of gastric dilatation, especially when due to obstruction of the pylorus. The clanging sound is caused by the mixture of air and fluid in the neighbourhood of the increased peristaltic wave.—*British Med. Jour.*

BORATE OF SODA IN PARALYSIS AGITANS.—Borate of soda, which has been found useful by various authorities in epilepsy, has been tried with remarkable success by Dr. Sacaze, *chef de clinique* in Professor Grasset's wards in Montpellier, in a case of paralysis agitans where the actual, cautery, electricity, suspension, iodides and various other forms of treatment had proved fruitless. The drug was given at first in 4-grain powders three times a day, and after a few days the dose was gradually increased to about double that quantity. An improvement was manifest by the end of the first week, and after that the patient's condition continued to improve still further. After a time he was able to walk, to speak distinctly, to feed himself, and to write, none of which things he could accomplish before the borate of soda was commenced. No disagreeable effects were produced by the drug.—*London Lancet.*

PETROLEUM IN VAGINAL INFLAMMATION—Després (*Gaz. des Hôp.*, June 15th) has great belief in petroleum as a dressing. First, he found that it was preferable to coal tar and charcoal in the treatment of scirrhus ulcers in the breast. Then he obtained good results in cases of advanced uterine cancer, by injecting petroleum into the vagina. The foul discharges ceased at once. Now he finds that the same com-