

through the rectal use of belladonna and cannabis indica, beginning a few days before the menstrual symptoms appear. So, also tenderness of the ovaries, various symptoms which accompany the menopause, are often relieved by the same mode of treatment. Dr. Farlow generally orders $\frac{1}{4}$ grain each of extract of belladonna and extract of cannabis indica in a rectal suppository, to be used at night, and sometimes it is well to use one also in the morning after the bowels have moved. There are some patients who can tolerate only $\frac{1}{8}$ grain of extract of belladonna, even by the rectum. To such smaller amounts should be given.

QUININE IN PREGNANCY.

At the meeting of the Glasgow Obstetrical and Gynæcological Society, held April 24, 1889, Dr. R. Park (*British Medical Journal* May 25, 1889) read notes on the action of quinine in medicinal doses on the pregnant uterus, with an illustrative case. Mrs. C., aged 27, three years married, never pregnant, consulted him in August, 1886. He found her suffering from retroversion of the uterus with tender fundus. This was replaced without difficulty, and a Hodge pessary introduced, with immediate relief. She soon afterwards became pregnant. In August, 1887, when about five and a half months pregnant, she was threatened with a miscarriage—considerable flooding and rhythmic pains—which subsided, however, on the administration of opium and small doses of liq. ergot. ammon., and on December 31 following she was delivered of a healthy female child. As to the cause of the hemorrhage, nothing could be elicited except that, three days previously, she had taken a dose of quinine to relieve neuralgia. He considered that she must have taken from 10 to 15 grains, from the effects produced on the head. The patient herself stated that soon after the ringing in her ears stopped she began to feel uneasy about the lower part of the abdomen. Dr. Park said that as the quinine produced such an effect in a dose within ordinary medicinal limits, it must, in smaller doses, have a distinct, though less obvious, action of the same kind. He believed that all tonics which acted on non-striated muscular fibre exerted their influence over the uterus, except when its walls were the seat of inflammatory hyperplasia.

Dr. M. Cameron stated that he had met with cases where he was inclined to attribute abortion to quinine.

Dr. G. A. Turner asked if the dose of quinine in Dr. Park's case had caused vomiting. He stated that while in practice abroad he had frequently used large doses of quinine in pregnant women, and had never seen any bad results.

Dr. A. Miller agreed pretty much with Dr.

Athill that those drugs mentioned by Dr. Park—namely, ergot, savin, quinine, strychnine, etc., had very little effect in producing uterine contractions, even in the pregnant uterus, although he thought it not improbable that the quinine caused this threatened miscarriage.

TREATMENT OF SEA-SICKNESS.

We have often alluded to the efficacious treatment of sea-sickness suggested by Dr. Burggræve some ten or twelve years ago; every practitioner who has resorted to it has met with similar success. Originally he gave a granule of sulphate of strychnine and one of hyoscyamine, both together, every quarter of an hour until the distressing symptoms abated. Sometimes arseniate of strychnine was used instead of the sulphate, and latterly he has added a granule of hydrochlorate of morphine, giving the three granules together. Notes of the efficaciousness of this simple treatment in the hands of Dr. Embleton, Dr. Lory Marsh, Dr. Gesner, and others, have appeared from time to time in our pages. The latest experience of an English practitioner in this respect is that of Dr. Richard Jeffreys, alluded to in a letter addressed to us on the 2nd of January last, in which the writer says: "I visited Norway and Sweden with a medical friend last summer. During our voyage from Newcastle and Bergen we both administered granules of arseniate of strychnine and hyoscyamine to those of our fellow passengers who were suffering from sea-sickness, and the result was the greatest possible benefit. We also showed our pocket pharmacies to one or two Norwegian and Swedish physicians, to whom we explained the new treatment and therapeutic reform of Professor Burggræve. They appeared highly pleased with it, and evidently intend to look carefully into it."

With regard to incoercible vomiting, not on board ship, we published a short time ago the remarkable paper by Dr. Fontaine, in which he states he has never failed to meet with prompt and complete success by administering a granule of hyoscyamine and a granule of hydrochlorate of morphine, both together every quarter of an hour. Recently, an able English practitioner, Dr. Maberly, wrote to us: "I have been extremely pleased with the action of the hyoscyamine and morphine granules in combating vomiting in a few cases where I have tried them, and shall in future never employ any other treatment in such cases in adults. In infants and young children, I must confess I am afraid to use such powerful alkaloids, at any rate in frequently repeated doses.—*London Jour. of Med.*"