

treatment, Prof. Keen says, should be suspected of being malignant in character, excepting when the ulcer be on the leg and is due to a varicose condition of the veins.

—In making a *Digital Examination* in a case of face presentation, great care must be exercised by the obstetrician; it must be made very gently, so that no injury be inflicted to the face, especially to the eyes.

—Prof. Parvin thinks that a woman, who after delivery has a *pulse above 100 per minute*, is in danger of having a uterine hemorrhage, and the obstetrician should not leave her until the pulse has decreased in number.

—Prof. Wilson says the following spray will be found useful in *Diphtheria*:—

R. Caffeinæ,	gr.xx	
Sodii bicarb.,	gr.v	
Aquæ, q. s. ad	f℥ij.	M.

Sig.—Apply locally as a spray to the membrane.

—Prof. Hare says the proper amount of *Bismuth* to be administered in cases of excessive diarrhoea, or in cases of excessive irritability of the stomach, is at least ten grains, and sometimes as much as sixty grains must be given.

—Prof. Wilson fears the use of the chlorate of potassium in cases of *Diphtheria*, not only on account of it not influencing the disease favorably, but more on account of the injurious effect which it exercises on the kidneys.

—Prof. Keen thinks that the majority of the cases of *Appendicitis* need no surgical interference. The reason that so many cases prove fatal which have been operated on is due to the fact that surgical interference has been done too late.

—In true *Angina Pectoris*, Prof. Hare says the heart feels as if it were contracted; while in *Pseudo-angina Pectoris* the heart gives a sensation to the patient as if it were in an expanded condition, too large for the cavity in which it is contained.

—The higher up a *Volvulus* of the bowel has taken place, the less will be the amount of urine voided, Prof. Keen says. It is due to the fact that the higher up the volvulus occurs, the less will be the amount of absorption that will take place from the bowel.

—Prof. Hare says in very obstinate *Chronic or Subacute Rheumatism*, which will not yield to the ordinary treatment, *cimicifuga* will sometimes do good, especially in cases in which the rheumatism is situated in the muscles rather than in the joints themselves.

—The following local application, Prof. Hare says, will be found serviceable in cases of *Bronchitis*, occurring in infants, associated with some nervousness:—oil of amber one part, and olive oil three parts. This to be applied to the back and front of the chest.

—For the nervous symptoms occurring in children suffering from *Cholera Infantum*, Dr. Ashton says hypodermic injections of morphia, sulphate, gr. $\frac{1}{100}$ — $\frac{1}{150}$ and atropine sulphate, gr. $\frac{1}{100}$ — $\frac{1}{150}$ will be found useful, but their effect must be carefully watched.

—Prof. Keen says that after a patient has passed through an attack of *Renal Colic*, the bladder should always be evacuated by a Bigelow or some similar evacuator, so as to rid the bladder of the stone, which if not removed may form a nucleus for the formation of a large stone.

—Prof. Parvin says that *Vomiting* occurring during the first stage of labor is regarded by some as a good omen. But if vomiting occurs during the second stage, accompanied by cessation of labor and with exhaustion of the patient, the immediate delivery of the child is indicated.

—Prof. Wilson recommends the following treatment of *Rheumatic Fever*:—fifteen grains each of the salicylate of sodium and bicarbonate of sodium every hour until the urine becomes distinctly alkaline. Then stop the bicarbonate and continue the salicylate until the pain and fever disappear.

POTASSIUM PERMANGANATE AS AN IMMEDIATE ANTIDOTE TO MORPHIA.

The discovery of a reliable antidote is at all times a practical and decided step forward in medical knowledge and in the direct application of relief to human suffering. These thoughts occur to us at this time, in view of the recent public exhibition of the fact that the effects of morphia may be counteracted by an antidote that does not act through any relation to the power of mydriatic and myotic antagonism, as may atropia when similarly employed.

Our esteemed contemporary, the *Boston Medical and Surgical Journal*, in its issue of February 1st, 1894, gives a detailed account of the personal experience of a New York physician in this line of investigation, and expresses its well-founded views on the procedure and the antidotal action of the remedy employed. From these we freely quote.

At a meeting of the Medical and Surgical staff of the West Side German Clinic, 42nd Street, New York, Dr. William Moor, one of the physicians to the clinic, against the earnest protestations of those present, swallowed three grains of sulphate of morphia in solution, and immediately afterward drank a solution of four grains of permanganate of potassium in four ounces of water. He was carefully watched, but none of the ordinary effects of morphia on the system were observed, and he has since stated that he experienced no ill effect whatever