

be severe, the redness and impairment of vision increase until she is scarcely able to read large type; pupils sluggish, contracted, pulse quick and small, and other symptoms of exhaustion. The case is passive choroidal congestion dependent on anæmia, and on an exhausted condition of the nervous system produced by suckling. In the second form, there is in the early stage in the superficial appearance of the eye, beyond the pallor of the conjunctiva corresponding with the anæmic look of the patient. Giddiness, lassitude, muscular debility, plainly indicate the drain produced by lactation. Impairment of the vision increases, if the case is neglected, until complete amaurosis is the result.

The treatment consists in at first removing the cause, and such general tonic and sustaining treatment as each individual case may require. If there be choroidal congestion with photophobia, strong light should be excluded, cold applications employed, and the bowels kept open by some mild alterative. If the congestion extended to the iris, and a chronic choroido-irritis is produced, mercurials are undoubtedly indicated; but in all cases quinine and iron with nourishing diet seem to afford the greatest relief. Suckling, of course, must be absolutely forbidden. Several cases are reported.—*Am. Med. Times.*

BELLADONNA SHORTENING LABOUR.

Dr. B. F. Barker gives a table of 147 cases of labour, in all of which belladonna had been given for the purpose of dilating the os externum by comparatively painless contractions. The extract was given in one-quarter-grain doses, two or three times a day, commencing about two weeks before the end of gestation. Plethoric patients took tartar emetic in combination with belladonna—three grains of the former, eight of the latter, in two ounce of the syrup of orange-peel, one ounce of the tincture of orange-peel, and one ounce of water; a teaspoonful three times a day. With some the following formula was used: compound tincture of cinchona, three ounces; syrup, one ounce; extract of belladonna, eight grains. Other combinations were prescribed to fill special indications.

A very great difference appeared in the susceptibility of patients to the influence of the agent, and also a great difference in the purity of strength of the article. One would seem to have double the potency of another, without any corresponding difference in the appearance, colour, or odor. In some cases the dose had to be diminished, but in most instances it could be gradually doubled, or even tripled. Dryness of the throat, slight uneasiness or giddiness of the head, dimness of the vision, are indications to diminish the dose. Not one of the children was still-born, and in none of the cases was there post-partum hæmorrhage or retention of the placenta. In one the function of lactation was entirely absent; in two others the mammary secretion did not appear until the fifth day.—*Am. Med. Monthly Magazine.*

SURGERY.

ON DIABETIC CATARACT.

By M. LECORCHÉ.

The following are the conclusions of M. Lecorché's memoir, in which he gives a minute history of the affection, and relates several examples.

"1. No doubt can prevail as to the existence of diabetic cataract. Its frequency, course and development completely characterize it and constitute it as a well-defined morbid individuality. 2. It is soft, or partially soft, its hardness being quite exceptional, and dependent upon circumstances as yet unknown. 3. It may be preceded by amblyopia,