pounds, length sixteen to eighteen inches ; nails ; membrana pupillaris has disappeared. At nine months weight six to eight pounds, length nineteen to twenty inches ; males somewhat heavier than females. (Playfair.)

44. *Signs of Death of Fetus.* Before labor the signs of death of the fetus are, 1, loss of fetal heart-beat, 2, loss of fetal motion, 3, sense of dull weight in the uterine region felt by mother, 4, sense of coldness in the womb, 5, putrescent fetor in the discharges, 6, discharge of flatus from the uterus.

45. *The Placenta Liquor Amnii, etc.* The placenta supplies nutriment to and aerates the blood of the fetus. It may be situated anywhere in the uterine cavity. The umbilical cord is the channel of communication between the fetus and placenta. The placenta at full term is a moist mass, containing a great deal of blood ; spongy in texture ; about seven inches in diameter, usually oval ; one surface smooth, facing the cavity in which the fetus lies, the other surface rough, fastened to the walls of the uterus. The color is reddish, but varies in tint according to the condition of the blood.

46. Liquor amnii is secreted by the amnion and the allantois, it affords a fluid medium in which the fetus floats, and so is protected from shocks and jars, it saves the uterus from injury from the movements of the fetus, and in labor it lubricates the passages. It has nothing to do with the nourishment of the fetus.

47. The uterine and placental murmurs are not usually taken notice of in the diagnosis of pregnancy.

48. Knots in the umbilical cord are brought about by passage of the child through a loop in the cord, generally during labor.

49. In twins, triplets, etc., there may be one placenta or more than one. If two fetuses, they may be joined by two cords to one placenta. This cannot be made during pregnancy.

50. So-called material impressions, monstrosities, marks, etc., are the result of arrest of evolution due to pressure by amniotic bands, pressure by the umbilical cord, adhesions of the placenta, or to some pathological condition of the fetus or its membranes, or to heredity.

THE HOT BATH IN THE TREATMENT OF SLEEPLESSNESS.

MR. S. ECCLES, in the *Practitioner*, states that to secure sleep by means of the hot bath, the following precautions have to be attended to :—The bath-room must be heated to about 70° F., then the patient must be stripped in the bath-room, the head and face being rapidly douched with water at 100° F. By this means the body is cooled, whilst a rush of blood is sent to the head. Then the whole body, excluding the head and face, is immersed in the bath at 98° F. rapidly raised to 105° or 110° F. In about eight to fifteen minutes the patient feels a sensation of pleasant languor, when he must be wrapped in warm blankets, and proceed to the bed-room with as little personal effort as possible. By the time the bed-room is reached the moisture on the surface of the body will have been absorbed ; the patient must then put on his night-clothes and get into bed, lying with the head raised, hot bottles to the feet, and well covered with bed-clothes. No conversation or moving about the room should be allowed, and all light must be excluded. In a few minutes the patient will be found in a quiet, refreshing sleep. The theory of the method is based on the sudden exposure of the body contracting the arterioles of the skin, causing thereby a corresponding dilatation of the vessels of internal organs, which in the case of the brain is further induced by the application of hot sponging. The immersion of the whole body next causes a dilatation of the vessels of the surface, except the head and face, with contraction of the vessels of the brain and gradual slowing of the heart's action, thus placing the brain in the most favorable condition for complete functional rest. There are certain conditions, however, in which this method is contra-indicated. Persons suffering from anæmia or emaciation, or from aortic valvular disease, or in whom signs of atheroma are recognized, should not be subjected to such rapid variations of local arterial tension as this process entails. In such cases massage may give good results.—*Glasgow Med. Journal.*

"PYRIDINE TRYCARBOXYLIC ACID" AS A REMEDIAL AGENT.

BY DR. S. BRZOZOWSKI.

This compound has been lately introduced to the profession as an antipyretic and antizymotic. As the literature upon this medicine has been very meagre, I thought that probably my experience with this drug might be of some interest to the readers of your Journal as well as the profession at large.

IN TYPHOID FEVER.

In this disease I have given this drug a fair and impartial trial as an antipyretic. I always administer it in solution, and give ten grains every 3 hours, until the temperature is reduced from 103½ or 104½ to 101 or 101½, evening temperature.

Under this treatment the fever generally runs its course in twenty-one days, and leaves no bad sequels. I have never seen any unpleasant effects of this drug. It is agreeable to the taste,