

other cases. Whether the effects will be at all lasting he does not pretend to say; he, however, recommends a trial of it.

**TAPE-WORMS.**—Dr. Szczeny-Bronowski, of Teherdyn, strongly recommends the following mixture for expelling tape-worms:

R—Ext. filicis mario æth., . . . ʒ iij.  
Chloroformi, . . . . . ʒ ij.  
Emuls. olei ricini, . . . ex. vj. ʒ iij.  
Syrupi menthæ, . . . . . ʒ j.—M.

Sig.—Divide into two equal portions and take both, with half an hour interval, early in the morning, on an empty stomach.

Calomel, gr. vj., or an enema should be given on the preceding evening, at bed-time, to thoroughly cleanse the bowels.

**FRECKLES.**—The following treatment is recommended (*St. Louis Med. and Surg. Jour.*) for freckles:

R—Ammon. mur., . . . . . 4.  
Acid. mur. dil., . . . . . 5.  
Glycerini, . . . . . 30.  
Lait virginal, . . . . . 50.

Sig.—Touch the freckles, morning and evening, with a small brush dipped in the above.

N.B.—Lait virginal is composed as follows:

R—Tr. benzoin, . . . . . 1  
Aq. rosæ, . . . . . 4

This must be well shaken to obtain the milky color characteristic of the mixture.

**PREMATURE RUPTURE OF MEMBRANES NOT FOLLOWED BY MISCARRIAGE.**—Dr. Johnson (*Journ. of Am. Med. Assoc.*) reports two cases in which he believed that premature rupture of the membranes was not followed by miscarriage. Cases of this kind are certainly remarkable on account of the rarity of their occurrence. The question at once arises, Can such rupture take place without a miscarriage? The best authorities say that there may be an accumulation of fluid between the amnion and chorion, from chronic inflammation of the decidua, known as "Hydrorrhœa Gravidarum," or cysts may develop between the membranes and uterine wall which, upon rupture, would not necessarily bring on miscarriage. May there not have been a mistake in the diagnosis in these cases?

**CONCUSSION AND COMPRESSION.**—Dr. Brinton gives the following (*Times and Reg.*) as points of difference between the above conditions:—*Concussion.*—1. Incomplete insensibility. 2. Partial muscular action. 3. Special senses act partially. 4. Patient can answer questions if roused. 5. Pulse quick; feeble; often intermittent. 6. Skin cold; temperature falls to 94° or 95°. 7. Respiration feeble; quiet. 8. Nausea and vomiting. 9. Pupils irregularly contracted. 10. Eyelids somewhat open. 11. Urine voided, fæces retained. *Compression.*—1. Complete insensibility. 2. Paralysis. 3. Special senses do not act. 4. Patient cannot answer questions if roused. 5. Pulse slow and laboring. 6. Skin hot and perspiring; temperature 102° to 104°. 7. Respiration labored, stertorous. 8. No nausea or vomiting. 9. Pupils irregularly dilated. 10. Eyelids irregularly closed. 11. Retention of urine; involuntary escape of fæces.

**THE ABORTIVE TREATMENT OF ERYSIPELAS.**—F. H. Pritchard (*Journal of Cutaneous and Genito-Urinary Diseases*) says that infection in erysipelas is not always limited to the reddened portion of the skin, but is found beyond this, in a latent state. If, from the first, there be symptoms of gravity, as high fever, headache, burning thirst and vomiting, we may suspect that the infection has overleaped the apparent limits. He applies, by means of a brush, some antiseptic solution as the following:

Solutions of carbolic acid and alcohol, carbolic acid and glycerine in equal parts, and, where these are not well borne, he employs:

R—Hydrarg. chlor. corrosiv., . . . 1 part.  
Glycerini, . . . . . 1000 parts.

**INTRA-OCULAR INJECTIONS.**—Abadie speaks (*Ibid.*) highly of the therapeutic value of intra-ocular and sub-conjunctivic injections. He quotes a case of syphilis of the eye, which showed excellent results from the intra-ocular injection of one drop of a 1-1,000 sublimate solution.

In a case of hæmorrhagic glaucoma where neither iridectomy nor sclerotomy gave relief, and the pains were of such intensity that only enucleation was thought to give relief, Abadie succeeded in quieting the pains, and prevented enucleation by intra-ocular injection of one drop of ergotinin. Darière (Paris), uses systematically, subcutaneous