In labor I think influenza adds materially to the dangers of the patient, but rarely causes death. In certain cases, however, with complications or great weakness due to an influenza the dangers are of the gravest sort.

In the puerperal state the effects of influenza are neither serious nor lasting, as a rule, when the surrounding are favorable—or, in other words, when no septic matter is introduced into the system from outside.

During lactation, after the puerperal period has Passed, the dangers are probably more serious than during gestation or the puerperal state. debilitating effect of the disease, and the drain produced by a nursing baby sometimes lead to profound depression, both physical and mental. Again, a woman with a baby five months old is not as "interesting," and, perhaps as a consequence, is not as careful and as well cared for as a women who is going to have a baby in five months. Altogether I think, the dangers of influenza during labor and lactation are greater than during pregnancy and the puerperal period. But, under all these circumstances, I think the dangers may be greatly minimized, if not entirely prevented, by proper care and treatment.

Treatment.—Perfect rest in bed in a dry warm room with an even temperature of not less than 65° to 70° until the temperature is permanently reduced to normal. The influenza germ loves inoisture and cold. Lie down with him in a dry and warm place; he will sicken and die. Go out and fight him in a damp and cold place; he will become vigorous and destructive. The longer you fight him the greater becomes his certainty of victory. In addition to rest, quiet and warmth, mild catharsis, and decidedly supporting treatment with stimulants in certain cases are very important. I won't try to convert any one in this Association who does not believe in alcohol as a stimulant, but I would like to say to those Who have faith in the virtue of alcohol in influ $e_{n_{\mathbf{Z}a}}$: give it judiciously but liberally. I know of no disease, in certain phases of which, the administration of alcohol in some form, especially whisky or brandy, does so much good. Don't, however, allow your patient to work hard, or expose herself in any way, with a hope that a glass of wine will make her all right. Among medicines I place opium first, with a hope that it will relieve pain at any time, and prevent abortion during pregnancy. The greatest danger to be dreaded is the termination of pregnancy. As a high temperature is liable to kill the fœtus, we should try to keep it down below 104°. Beware of antipyretics however. Antipyrine is especially dangerous, and, I think killed many people in the epidemic of 1890. Phenacetine may be used carefully, as probably the safest among the effective drugs of its class.

I cannot go into any more details, but would in addition advise tonics, taking care of the stomach, and only giving those which it is likely to absorb. Strychnine is perhaps the best, especially during the period of depression. Treat complications as they arise, having these points in view; but remember, that if your patients have perfect rest in bed in a dry and warm place from the commencement of the attack, there will be no complications. There may be exceptions to this rule, but they are very few.

ACTION OF THE HYDROCHLORATE OF SCOPOLAMINE ON THE EYE.*

BY THOMAS R. POOLEY, M.D.

Permanent Member of the Medical Society of the State of New York; Surgeon-in-Chief of the New Amsterdam Eye and Ear Hospital; Professor of Ophthalmology in the New York Polyclinic.

It is the purpose of this paper to briefly summarize some of the observations already published in relation to this drug, and then to give the writer's experience with the same for the past six months.

In the Klinische Monatsblüter für Augenheil-kunde für 1893, Rhalemann has a paper in which hesays that Schmidt, of Marburg, first described this drug—an atropoid alkaloid derived from the roots of scopolia atropoides, and which, like atropine, hyoscine, etc., belongs to the pharmacological group of the tropeines, and as such the installation of a watery solution in the eye causes dilatation of the pupil. According to Landenburg, scopolamine as well as hyoscine are contained in hyoscyamus without being identical with the latter. It is rather isomeric with cocaine, and yields quite different integral products.

^{*}Read before the New York State Medical Society, February 7th, 1894.