

it has no harmful, depressing influence if it is administered in small doses. From thirty to sixty grains a day may be given. Chloral is more efficacious in insomnia, but it sometimes increases the cough, which, however, is not so marked if a syrup of chloral containing a bromide is used. In addition to these medicines, cool compresses on the forehead and cooling lotions are indicated, and in obstinate forms heroic measures, such as a cold or hot bath.

Adynamia is, in the nervous form, more frequent than ataxia. Here hygienic means, such as pure air, stimulating frictions over the entire body, inhalations of oxygen, coffee, champagne and alcohol should be employed. Adynamia is sometimes so marked that LeGendre, says M. Plicque, advises strychnine. Kola is also very efficacious in the nervous depression that manifests itself in certain forms of the disease. It may be given as a wine, as a tincture, in powders, or granulated. The latter form seems to contain the largest quantity of the active principles. If the tincture is used, it may be associated with equal parts of tincture of coca.

In the cardiac form, aside from external means, subcutaneous injections of caffeine and of ether may be resorted to. Injections of 150 grains of sterilized olive oil and thirty grains of camphor are also productive of good results, given from once to three times a day. To the ordinary remedies for the adynamic symptoms tincture of digitalis may be added, and from twenty to thirty drops a day may be given in divided doses.

The gastro intestinal form should be treated in the beginning with emetics in young persons and with saline purgatives in old persons. Frequent washing of the mouth with an alkaline water will diminish the sensation of puffiness and anorexia. For profuse diarrhoea intestinal antiseptics, such as salol, bismuth salicylate and naphthol, should be employed rather than opium, the action of which is always doubtful in infectious diseases.

In convalescence, often long and painful, hygienic treatment is especially indicated, and arsenic, cinchona, coca, kola, and sometimes iron are particularly indicated. In cases of neurasthenia and of persistent weakness, it should be ascertained if the phosphaturic albuminuria described by M. Albert Robin is present.—*New York Med. Jour.*

A DEARTH OF OBSTETRICIANS.

It is a decided anomaly as well as a paradox that almost all obstetricians are either general practitioners of medicine or gynecologists; at least these are the names they seem anxious to be called by. If a man has surgical knowledge, or is ambitious in that direction, and has, in addition, a well-deserved reputation for obstetric experience, he submits to his reputation but calls himself a gynecologist. Another, if he be willing to acknowledge no special training or capacity in practical surgery—and few indeed there are of these—will pose as a general practitioner and rely on consultation for operative assistance. But none of them will call themselves that which they are in fact—specialists in a science which their large experience, hard work and accepted writings prove they know most about. Why this is so we are at a loss to explain; and moreover we do not like it. It smacks somewhat of a hypostatic union of doctor and undertaker. For, as we have had occasion more than once to point out, obstetrics is a science of such far-reaching effect in relation to other branches of medicine that, if a man puts his best efforts into this, he must be prolific indeed if he have time or energy for the mastery and practice of any other; while so great and dependent is the relation between gynecology and this science that, when the latter has reached a position of usefulness commensurate with its aim and scope, the gynecological *specialist* must break his tools and seek another trade. Therefore, as we suggested in our reference to the combined personality of doctor and undertaker, an obstetrician who practises as a gynecologist would seem to *sow* in the one specialty and to *reap* in the other. To gynecology does obstetrics owe, in great measure, its marked advancement in the past twenty years. To a gynecologist does it owe the axiom: "When the child's head fails to recede after pain, apply the forceps." Owing to the general adoption of this advice not only have many lives, both of mother and child, been saved, but vesico-vaginal fistula, once the commonest sequela of labor, is now almost a *rara avis* in gynecological hospitals. To a gynecologist is also due much of the successful treatment in the prophylaxis of abortion and in its arrest when threatened. This specialty, indeed, has been as a mirror of truth to