future redemptions and immediate benefits, if any, are attained by the way; at the same time physiologists remember the dangers which lie in long views of life, at least as well as ordinary men remember those which lie in shorter views; they know that, as the largest-hearted philanthropists may neglect the fortunes of their own households, so they themselves might be tempted to ignore the sufferings which have to be passed on the way to future results. They think that the pressure of opinion within their own circle would have been sufficient to prevent pain, to check needless sacrifice, and to economise experiments to the utmost; nevertheless, they are loyally submitting to laws which, although unduly vexatious in some respects, are reasonably intended to secure these ends with due consideration of their own needs, their own honour, and, above all, of the public weal; in return they ask for no more than the ordinary courtesies of life.—E.I. *Br. Med. Jour.*

CLASS-ROOM NOTES.

In acute obstruction look to the small intestine; in chronic, to the large.—*Prewitt.*

Mild, persistent jaundice is a strong point in favor of hepatic cirrhosis.—*Robinson.*

For the early stage of chronic rhinitis, you may use some detergent wash; later, astringents, as alum, glycerite of tannin or cauterization.—*Spencer.*

When, in the acute asthenic fevers, you find a great diminution or absence of chlorides in urine, you should not fail to make a very grave prognosis.—*Curtman.*

Obstetrics was in labor long, but her child—gynecology—has grown up to a lass of beautifully grand proportions. she, like other children of the present day, is larger than her mother.—*Ford.*

If any one of you, in your researches, ever discovers the real cause of, and formulates a perfectly successful treatment for, infantile constipation, you will cover yourself with glory.—*Robinson.*

The man who operates just because the patient will let him, or because there is a fee in it, or uses the knife just to shine, is surely no surgeon. He's only a cutter. Pray you never do this.—*Tuholske.*

More or less fetor in the lochia was formerly regarded as unprejudicial or as a necessary coincidence, but not so now. When phenol douche fails, then have recourse to a one or two per cent. solution of hypochlorite of sodium as a douche.—*Ford.*

The main indication for trachelorraphy after labor will be found in the persistence of the lochia rutra. I prefer to do it about the eighth or tenth day thereafter, as immediately after delivery the tear is with difficulty made out, and the operation involves needless risk of infection.—*Ford.*

In ovariotomy as in other belly operations, your success will depend upon your ability to recognize and meet many facts which exist, and conditions that may arise. First and foremost is your mastery of asepsis in the case; prominent, are time and amount of anæsthetic consumed.—*Tuholske.*

In diabetes mellitus the following comination seems to do good :—

℞.—Acidi arseniosi, ... gr. 1-24.
Lithii carbonatis, ... gr. ii.
Extracti gentianæ, ... gr. iii.
M.—Ft. capsule No. 1.—*Steer.*

I think that, in those subject to hepatic colic, and who suffer frequent returns, a pill composed as follows, to be taken three times a day, will do good :

℞.—Fel bovis inspissati, . . gr. ii.
Pancreatin, ... gr. ii.
Ext. nucis vomicæ, . . gr. $\frac{1}{8}$ —*Robinson.*
—*Méd. Fortnightly.*

PUERPERAL ECLAMPSIA: THE EXPERIENCE OF THE BOSTON LYING-IN HOSPITAL DURING THE LAST EIGHT YEARS.

Treatment varies as to whether the invasion is during pregnancy, during labor, or during the lying-in period.

1. *Ante-partum eclampsia.* — The aim is to arrest the convulsion and restore the function o the kidneys without arresting the pregnancy. In hospital practice, in a certain small proportion of cases, well directed efforts will be successful. Briefly stated, the following methods are employed: Ether is used at the first symptom of attack; ether being preferred to chloroform. Chloral hydrate is used as a nerve sedative between the attacks. Morphia is not approved of. To excite the action of the skin chief reliance is placed upon the hot-air bath—or, in mild cases, heaters—with pilocarpine guarded by brandy. Unless the skin responds promptly, the eliminative action of the bowels is invoked by elaterium or croton oil; when the patient is not too unconscious to swallow, milk is given with brandy, if indicated. Cream-of-tartar water is given freely and digitalis in small doses, as heart-tonic and diuretic. Acetate of potash is also used to some extent. If unable to swallow, the patient is stimulated by brandy, digitalis, and nitro-glycerine subcutaneously. Venesection has not as yet seemed indicated.

When it appears best to deliver, as is generally