

some portion of the skin so remote from the respiratory apparatus as to avoid inhalation in any large quantity, and the blisters may be formed by placing chloroform on the skin under a watch-glass, so that too rapid evaporation will not take place. For those who are unable to take opium in any combination for relief of pain in any part of the body, a prescription composed of 30 drops of spirit of chloroform and 10 minims of the fluid extract of a good *cannabis indica* is a valuable prescription.—*Therapeutic Gazette*.

VOMITING IN PREGNANCY.—Lutaud, *Rev. Obstet. et Gyn.*, states that vomiting of pregnancy is best treated by cocaine. The action of this drug is often strengthened by combining it with antipyrin. Thus the following prescription :

R—Chlorhyd. cocaine, grs. jss.
Antipyrin, grs. xvi.
Aq. dest., 3 iv.

Sig.—Teaspoonful every half hour until the vomiting ceases.

If the stomach will not tolerate this quantity of liquid, ten drops of a one and a-half or two per cent. solution of cocaine are administered, repeated at one or two-hour intervals.

At times the application of cocaine to the os is extremely valuable. The following prescription may be used :

R—Hydrochlor. cocaine, . . . grs. xvi.
Ext. bellad., grs. iv.
Vaseline, 3 ss.

Cotin's method of dilating the os with the finger sometimes causes immediate cessation of vomiting. Occasional success will follow Routh's procedure, which consists in exposing the uterine neck by means of a speculum and painting with tincture of iodine. In cases of moderate severity the following mixture will be found serviceable :

R—Tinct. iodine, } aa 3 ij.
Chloroform, }

Sig.—Five drops night and morning at meal times, taken in Seltzer-water.—*Kan. Med. Record*.

THROMBOSIS OF THE CEREBRAL SINUSES IN CHLOROSIS.—Kockel records two cases. The first patient was a girl, aged 19 years, who, after suffering only from headache for three days, became suddenly unconscious. When taken to hospital, she was in a state of profound coma; the pupils were unequal, and did not contract reflexly; respiration was irregular and intermittent; the temperature was raised. The limbs were motionless and flaccid; sensibility was diminished; the reflexes were increased. The patient died in less than twenty-four hours after becoming insensible. The autopsy revealed abundant effusion into the

ventricles, together with a thrombus, which obliterated not only part of the transverse sinus in the neighborhood of the corpora quadrigemina, but also the great vein of Galen.

The second patient was aged 17, and presented a similar clinical picture—headache, vomiting for forty-eight hours, then sudden insensibility. After death there was found thrombosis of the great vein of Galen. The clot extended into the straight sinus, and into the transverse sinus on both sides. There was, in addition, softening of the cerebral substance in the lateral and superior walls of the lateral ventricles, as well as of the most superficial layer of the basal ganglia. The softening was of a reddish color, and was due to numerous small hæmorrhages.

The writer does not dogmatise on the question whether such cases are due to a true thrombosis or to a phlebitis from secondary infection.—*Gazette Médicale de Paris*.

TREATMENT OF DYSMENORRŒA.—Dr. Schwarze, *Centralblatt f. die med. Wissenschaften*, divides dysmenorrhœa into two great groups—the one presenting manifest inflammatory affections of the genital tract, and the other in which these are absent. The non-inflammatory forms he comprises under the term constitutional dysmenorrhœa, including those cases without a demonstrable pathological basis, as well as those due to ante-flexion, retroflexion or faulty development of the uterus. The displacement is not the chief factor, but rather a defective development of the uterus. Treatment of the second group is that of the co-existent chlorosis and the pains—antipyrine, phenacetine, antifebrine, exalgine, salicylate of soda; later, codeine, opium, atropine and belladonna, as well as morphine. He warns against the abuse of narcotics, and before attempting local treatment would try Thure Brandt's local gymnastics and viburnum prunifolium. This latter drug is given five to seven days before the expected appearance of the menses and during the same, in doses of a teaspoonful three times a day. In the non-inflammatory varieties he obtained with these measures excellent results.

As to local treatment, he speaks highly of local massage and regular dilatation of the uterus before the menses, if necessary, with tents. Before attempting instrumental dilatation he would try the galvanic current—from 50 to 150 milliamperes, with negative pole, an aluminium sound, in the uterus and the positive pole, a broad electrode, upon the abdomen; or the faradic current, with a bipolar electrode in the uterus. In obstinate cases which resist all treatment castration is eventually indicated. Hypnosis might be tried, as is recommended by Brunnberg, of Upsala, Sweden.—*Lancet-Clinic*.