

of the sensation. It dissolves fat, it is true, but it does not withdraw fat from the skin, as it does not go through the epidermis, but it takes all the water from the neighbourhood and causes an unpleasant sensation. So that if alcohol be used, it should be with four or five parts of water. If reaction follows, cold water may be used, and if not, it would be better to use hot water or tepid water, according to the case. Imagine what you are doing when rubbing and bringing on an active circulation in the skin. A child of this age has between five and six square feet of surface, an adult of medium size has fourteen. There is an immense circulation of blood in that extent of skin, and by rubbing the surface you bring on a rapid circulation throughout the body. Therefore, it is so very important to keep the cutaneous circulation in good order.—A. JACOBI, M.D., in *Archives of Pediatrics*.

Anæsthesia by Cocaine Deprived of its Disadvantages.—Dr. Gautier (*Wiener med. Presse*, No. 47, 1893) recommends the addition of trinitrine to solutions of cocaine in order to render anæsthesia by this drug innocuous. He employs the following solution.

Cocaine muriate..... gms. 2.
(grs. iij).
Alcoholic sol. cocaine, 1 to 100 gtt. x.
Distilled water..... gms. 10.
(5ijss).

A hypodermic syringeful of this solution contains two centigrammes ($\frac{1}{50}$ gr.) of cocaine and one drop of the trinitrine solution. He has used this solution for two years without the slightest disadvantage. Thomas, of Marseilles, has employed this same solution in anæsthesia of the fauces and larynx. In three cases where a 10 per cent. solution caused grave symptoms of poisoning, this preparation was used with success. In all cases it was well tolerated. His solution was made according to the following formula:

Muriate of cocaine..... gms. 3.
(grs. xlv.)
Alcoholic sol. trinitrine (1 to 100) gtt. xl.
Distilled water..... gms. 30.
(5j.)

Local application to the pharyngeal mucous

membrane does not produce the well-known sensation of dryness, which is usually observed with the use of cocaine, but an agreeable feeling. Trinitrine does not appear to reduce the anæsthetic and vaso constrictive action of cocaine. *Lancet*, 1900.

Indications for Venesection.—In acute spasmodic seizures, as in spasm of croup, in colic and in angina, with symptoms of oppression from distension of the right side of the heart with blood.

In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain, or in pain from passage of a calculus, hepatic or renal.

In acute congestions of vascular organs, as of the lungs or brain, apoplexies.

In cases of sudden shock or strain, as after a fall or a blow, sunstroke or lightning shock.

In some exceptional cases of hæmorrhage of an acute kind, unattended by pyrexia.

I have been occasionally asked under what exact condition of a patient may blood be drawn without hesitation, or fear of direct danger, from the practice? To this question I answer: "When the veins are full and the pulse is firm, regular, full, tense; the pupil natural or contracted; the body at normal heat, or with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced." *Times and Register*.

Victims to Duty.—The *Lancet* says: "One more name has to be added to the roll of those young members of our profession who have perished on the threshold of a promising career, while actually engaged in the attempt to save the lives of others. We regret to learn that Mr. W. F. Lucas, casualty medical officer to the Middlesex Hospital, died in that institution on Monday last from diphtheria contracted in the discharge of his duties." The *Boston Medical and Surgical Journal* adds this: "Every physician knows many instances where his professional comrades have fallen by his side, struck down by infectious fevers or septic absorption, received at the bedside of a patient. Notable instances have recently brought this peril afresh to our minds. A contemporary journal, in the last issue, records the death of a practising physician, who caught the infection of yellow fever from a patient whom he was attending, and also