

not only as a corrective against septic discharges, but also as a prophylactic. Where the patient is free from organic disease of the kidneys, one has little need to fear untoward consequences from the treatment under consideration. I am aware of two cases of death from acute inflammation of the bowels following closely on the injection of very weak mercurial solutions into the vagina shortly after parturition. As in each instance no other cause of the fatal complication could be discovered, there is little doubt that the acute irritative lesions in the intestines were due to the bichloride in the course of its elimination. The action of the salt was concentrated, so to speak, in this particular region by reason of grave renal affection. In one of the two cases I made a very exhaustive post-mortem examination. The whole of the small and large intestine was acutely inflamed. There were thousands of hemorrhagic patches, punctate and irregular in shape. There were a few minute recent ulcers. The catarrhal congestion was extreme. Lymph was effused into the substance and upon the surface of the mucous membrane. Slight general peritonitis seemed to have started at the middle of the colon, where the intestinal lesion was more marked than elsewhere. The stomach was not affected. The kidneys were in an advanced state of fatty degeneration. No aperients had been administered to the patient, but a solution of bichloride of mercury (1 in 2,000) had been injected into the vagina to prevent decomposition of the lochia. Profuse diarrhea ensued, and continued until death. The body temperature was never raised, and latterly it was subnormal. I was at a loss to account for the ultimate cause of the diarrhea and its fatal consequences, until the circumstances were explained to me by an obstetric physician who was present at the necropsy, and who had witnessed a precisely similar case in his own practice. The lesson to be learnt from the foregoing narrative is—that even a very attenuated solution of a mercurial salt should not be employed as a vaginal injection without first ascertaining the state of the kidneys by an examination of the urine.—*Med. News.*

CAUSE AND CURE OF A CERTAIN FORM OF BACKACHE.—Early in the year 1881, in a note which was published in a weekly professional journal, I asked the attention of my brethren to a form of backache which had not so far as I know, been described before. I desire now to refer to this subject again and to record that my further experience in practice has confirmed my previous remarks upon the point in question.

Subjective symptoms are always important diagnostic signs, and they are often clear therapeutic indications. Among such sensations backache is frequently a leading symptom, and also one which is pressingly dwelt upon by patients.

Of backache there are divers forms. Dr. George Johnson, in an able clinical lecture, and Mr. William Squire, in a practical memorandum, have drawn the attention of the profession to many of these. But they have not mentioned a variety of backache in which the cause of the pain is traceable to the condition of the large bowel. I find that some patients complain of a pain, aching, dull and heavy in character, and extending "right across the back." When asked to point out its position, they indicate this by carrying a hand behind the trunk and drawing the extended thumb straight across the back, in a transverse line about half way between the inferior angles of the scapula and the renal region. This pain I venture to attribute to a loaded colon; I conclude I have correctly found its proximate cause in fecal accumulation in the large intestine. I have found it disappear after the exhibition of an efficient cathartic. This form of backache is a concomitant of habitual constipation, and is especially significant of the alvine sluggishness of sedentary persons. In such a condition as I have stated elsewhere, I find aloes, given in combination with iron, to yield the best results. We owe the valuable suggestion of combining iron with aloes, when aloes is given for laxative purposes, to the late Sir Robert Christinson. He showed that the cathartic property of aloes is much increased by its combination with sulphate of iron. Dr. Neligan, Dr. Kent Spender and Dr. David Bell have confirmed this experience. I prefer Socotrine aloes, and I give of it one, two or three grains in a pill, combined with a quarter of a grain of sulphate of iron and one grain of extract of hyoscyamus. This pill should be taken every night. We must aim at producing a full alvine evacuation after breakfast. When a saline cathartic is indicated, I usually employ the old-fashioned Rochelle salt. This "goes" well with tea, coffee or cocoa. One or two tablespoonfuls may be taken at breakfast, dissolved in a large cupful of one of these beverages.—Sir James Sawyer, in *Lancet*.

THE TREATMENT OF FACIAL NEURALGIA BY ANTIPIRYNE.—One by one the non-inflammatory painful affections are wheeling into line as amenable to treatment by antipyrine. Germain Sée, in speaking of this subject, says: "To complete the series of painful affections of the head which have yielded to antipyrine, I must mention facial neuralgia. I have notes of seven cases of tic douloureux, all of a very grave kind, two of which were completely cured. One resisted antipyrine absolutely, while four have experienced marked amelioration and appear to be in the way to recovery. These patients had been suffering from tic douloureux from twelve to eighteen years. During this long and frightful period of suffering, these patients had never been able, without pain,