

the same subject in the *Lancet* for 6th April, 1872, the old notions that "blood-letting cooled, and that alcohol heated," are overturned.

I think that all the well-known symptoms of heat apoplexy are produced by *intense nervous exhaustion*, and that it is a pathological condition closely allied to the *secondary fever* of cholera. I have seen the utmost benefit result from the hypodermic injection of quinine in insolation, where actually moribund patients have been saved by it. I would employ the same remedy in the *secondary fever* of cholera. In the number of the *Indian Annals of Medical Science* for March, 1870, I brought forward the theory that in the *collapse* of cholera there is very great *irritation* of the sympathetic nervous system. I recommend for that condition the hypodermic injection of pure sedatives. The cold douche over the head and body, or the cold bath lately recommended by Dr. Wilson Fox, in hyper-pyrexia, with auxiliaries, as stimulating enemata, counter-irritants to head and chest, have been proved to be of great value; but they often fail. I think that in the hypodermic injection of quinine we have the remedy for heat apoplexy: and I hope that medical men in India will follow Dr. Waller's advice, and try it extensively,

Dr. Manassim, and other physiologists on the Continent, are carrying out experiments to prove the *modus operandi* of quinine. Whatever effect it may have on the blood corpuscles, it certainly braces up the nervous system in a wonderful manner; and it is this action which I think makes it of such value in insolation. I venture to say, that if medical men try it in a few cases, they will soon be convinced of its immense value in sunstroke. But, for goodness sake, at all events, don't let us revert to bleeding.

Dr. Candy in concluding his paper, writes:—"The after treatment must be left to the discretion of the medical attendant." It is sincerely to be hoped that the discretion of the medical attendant will not allow him to employ either venesection or tartar emetic in heat apoplexy. If he *does* use them, probably there will not be much *after treatment* required.—*Indian Medical Gazette*.

#### CAUTERIZATION OF THE UTERINE CAVITY.

We transcribe the following from the *Lyon Médical* for December, 1873:—

Dr. Blanchard (thèse pour le doctorat, par M. Joseph Blanchard, Paris, 1873) belongs to the school of those gynecologists, who in uterine affections attribute much to the body of the womb. He does not admit with Bennet that metritis of the neck is the rule and metritis of the body the exception. He shows, on the contrary, that the inflammation, fungosities, and ulcerations are most ordinarily found in the mucous membrane which lines the cavity of the body. Therapeutic means addressed only to the lesion of the neck are completely insufficient. This disease must be followed to the superior orifice of the cervical cavity.

Among the means to this end, M. Blanchard has specially studied astringent and caustic injections, painting the internal face of the body by means of a brush dipped in nitrate of silver or other solutions, and above all by means of medicated pencils introduced into the womb. Among injections he mentions those made with decoction of oak bark, tincture of iodine in water, iodide of iron, perchloride of iron, and glycerine. The author says that after this practice he has unhappily seen a certain number of cases of peritonitis develop. These accidents are not due to the passage of some of the injection into the tubes. The experiments of Vidal de Cassis, of Klemm, Petit, and Astros, have shown that the penetration of the injection into the peritoneal cavity is nearly impossible in the conditions in which intra-uterine injections are made. The peritonitis is due to the presence of peri-uterine inflammatory centre, which is lighted up by the impression produced on the uterine mucous membrane. One is protected from such accidents by carefully exploring before the operation all the points of the true pelvis, and by abstaining every time one discovers the least trace of peri-uterine inflammation. That is a formal contra-indication which, moreover, is common to two other means of medication which Dr. Blanchard passes in review.

Painting the uterine mucous membrane is done by means of a canula which is placed in the cervical cavity, and through which the brush is passed.

M. Nonat and M. Courty are able in this way to paint the whole cavity of the uterus with astringent or caustic solutions, tincture of iodine, or nitrate of silver.

The introduction of medicated pencils into the uterine cavity has most particularly fixed the attention of M. Blanchard. MM. Becquerel and Rodier have employed long pencils composed of gum tragacanth, mixed with alum, sulphate of copper, sulphate of zinc, or tannin. This last substance alone has given good results.

Recourse has been had to pencils of nitrate of silver. But the caustic which M. Blanchard prefers is a mixture of nitrate of silver and nitrate of potash. These are the pencils which he has seen used in the service of M. Laroyenne. He describes with care the operative proceeding precautions of the able surgeon of La Charité. He establishes the indications and contra-indications of this method of treatment, relates six cases of cure obtained in cases of chronic metritis, and terminates his interesting work by the following conclusions:—

1. Introduced into the uterine cavity, the pencil of nitrate of silver and potash is a completely inoffensive agent.
2. It may be left in the cavity if it be necessary to profoundly modify the mucous membrane.
3. Its employment is formally contra-indicated in all inflammatory states of the uterine annexes, or adjacent tissues.
4. Its application has been followed by cure in cases of abundant leucorrhœa, chronic metritis of a hemorrhagic character, and occlusion of the internal orifice of the neck with retention of the secretions.