

had taken 5 grammes of antipyrin, exhibited symptoms of cardiac adynamia. Antipyrin is, however, superior to thallin in the duration of the apyrexia produced. Dr. Janssen has found thallin of great service in phthisis, as very small doses control the fever.

AMENORRHOEA.—Six years' experience with the remedy in many cases, some apparently intractable, the record of which would occupy too much space, I am able to assert, with no slight degree of satisfaction, that this long neglected remedy has proved highly successful in my practice.

Dr. Lavagna's plan is as follows :—

Liq. ammon. ʒi.

Lac. vel. aqua. Oj.

The water or the milk, warm, I use milk when convenient.

Inject one or two ounces three or four times a day into the vagina.

By repeating the injections at short intervals so as to keep up a state of constant excitement in the parts, the effect will be demonstrated by the appearance of the discharge.

It may happen that the infector is too strong, or if the parts are highly vasculor, or in a state of irritation from some unhealthy condition, the patient may complain of great heat, and sometimes intolerable itching, but this will soon subside.

The remedy is simple, safe and inexpensive; but will not succeed, nor would its use be justifiable, in any of the pathological conditions to which the uterus and its annexes are subject.

It is in arrested menstruation, scanty, retarded, disturbance of the monthly period, that ammonia will prove eminently useful, but should not depend on chlorosis, or on some organic or visceral disease.

It is true that we seldom meet with chlorosis without amenorrhœa, still the latter is often seen without the former; we know it is held that chlorosis is often the cause of amenorrhœa, here again the injection of ammonia, combined with the use of internal remedies, will prove useful and beneficial.

The confidence I express in ammonia in cases of amenorrhœa is derived from the invariable

success met with by its use. How far the remedy may be useful in the hands of my colleagues, experience must decide, and should its merits stand the test [I should be very much surprised if it does not] I shall be amply repaid for my attempt to rescue the remedy from the neglect it has suffered.—*Dr. Wolff, in Courier Record of Medicine.*

CHRONIC TEA POISONING.—As a result of the analysis of seventy-four cases of chronic tea intoxication Dr. William N. Bullard, of Boston, records the following conclusions :—

1. That the action of tea is cumulative.

2. That its action is more pronounced on the young and on those subject to anæmia or in a depressed physical condition, although persons otherwise healthy not unfrequently show toxic symptoms.

3. That among the class of people under consideration, who, as a rule, use medium grades of Oolong and English breakfast tea the average amount needed to cause toxic symptoms is a little less than five cups per diem.

4. That chronic tea poisoning is a frequent affection, and that its most common symptoms are loss of appetite, dyspepsia, palpitation, headache, vomiting, and nausea, combined with nervousness and various forms of functional nervous affections, hysterical or neuralgic. These symptoms are frequently accompanied by constipation and pain in the left side or cardiac region.—*Boston Medical and Surgical Journal.*

TREATMENT OF ACUTE TONSILLITIS.—Dr. John Brown states in the *Brit. Med. Jour.* that it is a rare event for suppuration to occur in acute tonsillitis, if treated early with the following mixture :

R. Sodæ salicylat.	ʒiss
Pot. bicarb.	ʒiss
Tinct. aconit.	℥ 40
Sig. opii sed.	℥ 30
Sp. chloroform	ʒii
Aq. ad.	ʒviii

℥.—One ounce to be taken every 2 or 3 hours for the first 36 hours. The same mixture is his sheet-anchor for rheumatic fever.