being high up in one horn of the uterus, extremely slippery and persists in gliding from beneath the finger, and yet does not come away, any or all of these complications, soon exhaust the Doctor's strength, the patient's good nature and forbearance, and lays the foundation for pelvic inflammation, besides endangering the patient to the introduction of septic germs during the process of this manipulation.

But if any of the three complications mentioned above should ensue, then of course there would be no alternative other than active interference and emptying the uterine cavity.

To prevent hemorrhage he suggests the tampon as temporary means, as, after the most careful plugging, the plug becomes compressed and blood escapes around it as before. It is important to remember that no portion of the tampon should protrude between the labia, as it would almost certainly be forced out by muscular action. The plug may extend into the cervix. It serves the double purpose of promoting uterine contractions and expulsion of the secundines, as well as temporary control of hemorrhage; and avoids the necessity of radical measures unless symptoms of sepsis ensue.

The next danger, and the most to be dreaded, is septicemia. As this most probably is a result of the introduction of septic germs from without in some manner, by the hands, or instruments or air, it goes without saying that the physician should never attend such cases immediately after visiting a case of scarlatina or other zymotic diseases without the most rigid antiseptic precautions. When symptoms of septic infection present themselves, they should be treated the same as septic fever from any other origin; rigid cleanliness by intra-uterine douche, control of temperature, etc.

The third complication is so rare it only needs to be referred to as a sequela and treated as an independant subsequent incident, when menorrhagia and metrorrhagia require the use of the curette, placental forceps or sometimes the ecraseur.

ON SOME NEW MEDICAMENTS.

At the recent meeting of the Society of the Medical Staff of the Royal Charité Hospital, Prof. Senator gave a summary of newly-discovered medicaments, reported in the *Berl. Klin. Wochenschrift*. He drew a comparison between the innumerable medicines as such and their value as medicaments, and pointed out that, although the advance made with regard to specific medicines for directly curing diseases was small, yet great progress has been made with regard to those which act symptomatically. This, he said, was of great value, for by their means the pains of many incurable diseases can now be diminished, and troublesome and threatening symptoms in curable diseases can be prevented or removed. Dr. Senator then gave a brief account of his own experiences of some exotic medicaments, that have as yet received little attention in Germany. Of purgatives, he mentioned tincture of cascara sagrada, euonymin, and trisin. The tincture of cascara sagrada he considers a non-irritant and very certain remedy. One great advantage it possesses is that it can be taken for a long time without disadvantage. Dr. Senator prefers it to senna, because it is effective in smaller doses. With regard to euonymin, Dr. Senator refers to Rutherford's valuable experiments on its physiological effects, and mentions that it is used both as an aperient and as a cholagogue; but as a cholagogue he says it is difficult to form an opinion. At any rate, it is a certain and very drastic remedy, and for this reason cannot be taken continuously for a long period. From his own experience, Dr. Senator said he had nothing to communicate about trisin, but he considered there was not much reason for introducing it. He then mentioned two narcotics, extract of piscidia erythrina and hydrochlorate of cocaine. The extract of piscidia erythrina, recommended since 1845 in America as soporific, he has found very useful for neuralgic pains in the head, given in an evening in doses of about four and a half to eight grains. Hydrochlorate of cocaine he had applied with success to the mucous membrane of the urethra and the rectum, especially in connection with diseases of the bladder. As a remedy against the immoderate perspiration of phthisical patients, Senator mentioned picrotoxin, which he tried on the recommendation of Dr. W. Murrell. He had tried it in forty cases, in two-thirds of them with success. On the whole it was found to be almost as certain a remedy, as atropin or agaricin. Agaricin was used in the Giessen clinic as a substitute for atropin in 1883, and found to be preferable to the latter in this respect, that it could be used for a longer time.

HOW TO TREAT WOUNDS OF THE FINGERS.

Every physician, no doubt, feels satisfied that he knows perfectly well how to treat finger wounds, yet Dr. John Kent Spender seems to think that he knows enough original about the subject to warrant him in publishing an article in the *British Medico-Chirurgical Journal* for June. He believes in properly dressing such wounds, and then *letting them alone*, and the prime element in his proper dressing is the *absolute exclusion* of air. To illustrate his method, he relates the case of a man whose third and little fingers were cut by machinery; the last phalanx of the third finger was almost separated. The flow of blood was checked with circular pledgets of lint; next he fastened the arm and hand to a board, and suspended the whole limb in a sling; and the last step of these preliminary proceedings was to send the patient home to recover from the shock, with the help of warm food and a little sleep. Four