

with or above the fecal mass. I use a small, soft catheter, about 18 Fr., attached to a one-half-ounce hard-rubber syringe. The catheter can be gently inserted five or more inches in the rectum without giving pain. Since using this fewer failures have been noted, and as a rule the movement immediately follows the injection.

Filling a small syringe with glycerine is tedious, and time is saved by unscrewing the cap, removing the piston, and pouring in the desired amount of glycerine, allowing for the small amount that must of course remain in the catheter. Where, as in a hospital ward, several injections are to be given, a larger syringe may be used, and a part given to each patient without refilling.—*Walter Chrystie, M. D., University Medical Magazine.*

VERTIGO FROM CONSTIPATION.

By B. W. RICHARDSON, M.D., F.R.S., London. E. g.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with feces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebrospinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation in the pelvis, there is at once an interference with the process of escape of the cerebrospinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is in the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—*Col. and Clin. Record.*

PREVENTING MARKS IN SMALLPOX.

Dr. Colleville, in a French medical journal, commends iodoformed vaseline in the proportion of one-twentieth, as a useful application to prevent the inconveniences resulting from the marks of smallpox on the face. Among the advantages claimed for this ointment are these: Often renewed it maintains a certain degree of coolness on the face which is much appreciated by patients, as they generally feel a burning sensation on it; the attendant pain is calmed by the

anesthetic action of the iodoform; it is an antiseptic all ready to disinfect the patient—even the odor of iodoform in this proportion being far less disagreeable than that of the pure substance, though, of course, the odor can be disguised by the addition of some aromatic. But the most important advantage of this ointment consists in its capacity to prevent the formation of scabs, the odor from which is ordinarily so penetrating and offensive, the fact being that in one or two days at the latest the pustules collapse and there remains no ulterior cicatrix to speak of. To cover the characteristic odor of iodoform there may be added to it a few drops of the essence of bitter almonds or a little tannin or Peruvian balsam.—*New York Tribune.*

EFFECT OF SLEEP ON THE GASTRIC JUICE.

Some investigations which have been recently carried out in Professor Manassein's wards in St. Petersburg, by Dr. S. L. Rappoport, on the effects of sleep on the secretion of the gastric juice are published in the last few numbers of the *Vrach*, and tend to show that the digestive functions of the gastric juice are materially affected by sleep. The experiments were made on the human subject, the gastric juice being withdrawn by means of a flexible india-rubber œsophagus sound, the introduction of which is said not to have caused any inconvenience to the subjects of the research. The quantity of the gastric juice secreted during sleep was shown to be very much less than that secreted during waking hours; the chloride of sodium, as well as the hydrochloric acid, were diminished; but the secretion of pepsine did not seem to be much affected. By means of experiments conducted in the laboratory, it was found that the digestive power of gastric juice secreted during sleep was lower than that secreted during waking hours, the difference apparently depending mainly upon the lack of hydrochloric acid. With regard to the rennet ferment, Dr. Rappoport was unable to demonstrate any alteration in its secretion during sleep.—*London Lancet.*

AN ACTIVE EMETIC.

A correspondent of the *Brit. Med. Jour.*, says:—Several of your correspondents have lately written on the use of apomorphine as an emetic administered hypodermically in intoxication. I cannot see why such a doubtful remedy should be used when we have others more simple and effective. Years since, when in charge of a surveying party on French Creek, near the Alleghany Mountains, the drunken doctor of the village where we stayed the night, when in a state of semi-drunkenness, took a piece of carb. ammoniac out of his surgery bottle and chewed it. The effect was almost magical. The