as it has arrived at a certain degree and a certain duration, must necessarily occasion changes in the texture of the parenchyma and mucus membrane of the uterus.

Contrary, then, to the majority of modern authors, we limit ourselves, in the treatment of flexions, to causing, as far as possible, the alterations of texture which complicate it to disappear, and simultaneously to combating the resulting accidents which appear in the remainder of the system.

When the disease is not of very long standing, and is accompanied simply by tumefaction with imbibation of the uterine parenchyma, the treatment will be directed towards the latter. The cold douche, cold hip-baths, vaginal injections, lavements of ergot given two or three times a week, will be found useful in these cases.—*Scanzoni's Diseases of Females.*

Chloral.

The statements of M. Liebrich as to the anæsthetic agency of chloral, have been subjected to investigation by M. Demarquay, and the results have been far from confirming them. On only a few points are the two observers in accord, and notably on the rapidity and power of chloral as a hypnotic, and as an agent for obtaining muscular relaxation, and also the prompt and complete recovery of animals, however far the action of the chloral might have been pushed. M. Demarquay sums up his conclusions as follows :

1. Chloral has a well-marked hypnotic action, especially on weakened and feeble persons.

2. The duration of its action is in direct proportion to this weakness.

3. The sleep which it produces is generally calm, and is not agitated even in patients who are the subjects of severe pain. This result leads M. Demarquay to advise its use in diseases where sleep and muscular relaxation are required.

4. The agent may be given in high doses, since no accident has been known to result even from one to five gramme doses.

The sleep produced is quite different from that obtained with chloroform. The least noise awakens the patient, but he falls asleep again immediately. The slightest puncture, or even a mere pressure, will elicit complaint; he immediately removes the limb that has been touched. Dr. Demarquay will not venture to say that there is over excitement of the skin, but he can affirm that, however deep the slumber, integumentary sensitiveness remains entire. Chloral is, therefore, not applicable to surgical operations.—*Medical and Surgical Reporter.*

Uterine Hydatids.

Mrs. ——, æt. 26, the mother of four children, in the enjoyment of good health usually. About three months ago her monthly periods ceased, when she also noticed a tumour forming in the abdomen, as she supposed the beginning of pregnancy; she was, at times, troubled with nausea and general weakness. This continued to increase in severity; her pulse was rapid, tongue dry, and, as she thought, was threatened with abortion; she discharged a white substance, that did not coagulate; she afterwards discharged blood, which clotted; she then had pains, simulating labour pains, which did not continue long until she discharged considerable quantity of visicles, varying from the size of a mustard seed to that of a grape, filled with a pellucid fluid, these clustered together, making a mass the size of a hen egg. The patient was given fluid ext. ergot, causing the expulsion of the remaining visicles, in all amounting to a mass the size of the head of an infant.

The tumour has entirely disappeared, the patient recovering gradually.

L. H. Laidley, M. D.

—*Cor. Med. and Surg. Reporter.*

Trousseau, in his Clinical Lectures (page 498), advises the application of morphia to a blistered surface, for the relief of pain in neuralgia. He prefers ammonia to cantharides, as a blister in such cases, because absorption is more prompt after the former than after the latter. He says:—Fill a thimble three-fourths with dry cotton wool, well pressed down, then place in the other fourth another piece of cotton wool steeped in strong ammonia; then hold the thimble on the skin over the painful part for five minutes, when you can rub off the epidermis with a piece of linen; one-fifth of a grain of morphia made into a paste with a drop of water, and laid upon the blistered part, and covered with a small piece of oil silk, will produce drowsiness in five minutes. The next day absorption will be more prompt from the same blister, but on the third day very slow. A thin fibrinous membrane is apt to form on the second day; this should be removed.—[Ed. Dom. Med. Journal.

Carbolic Acid and Sulphate of Copper in Otorrhœa.

We have used the following with very good results in several cases of otorrhœa, of eight and ten years standing, after the complete failure of a long list of astringents and alteratives. In one case the discharge has completely ceased after four months