exception of using the knife. It might perhaps, however, be occasionally requisite. Caution should be observed in practising forced deliveries in convulsions, as being dangerous to the mother. He had noticed, and wished particularly to draw attention to the fact, that headache was almost invariably a preliminary symptom in pregnant women who were the subject of eclampsia. Cold aspersion was, in his opinion, valuable in lessening the violence of the fit and in postponing the attack.

BROMIDE OF AMMONIUM IN EXCESSIVE MENSES.

The following suggestions are by Dr. J. K. Black, of Newark, Ohio, in the Cincinnati *Lancet and Observer:*

The rational mode of controlling certain excesses of the catamenia should be by aiming to remove the conditions upon which these excesses depend. Sometimes this may be from a more atony or relaxation of the vessels, sequelæ of inflammation or ulceration, or from an abnormal condition of the blood itself, but more frequently is a too frequent or an excessive flow of the menses due, especially in its inception, to a too great excitation of the vaso-motor nerves. Whenever this is the case, there is no remedy as all comparable with the bromide of ammonium in controlling the morbid condition. When, without any other obvious causes, the blood being properly organized, the uterine surface not in a state of chronic inflammation or ulceration, there is a too frequent or redundant flow of the menses, either fault will readily yield to the proper administration of this remedy. It appears to act by a direct influence upon the vaso-motor nerves of the generative system, whereby excitement and blood determination are lowered and lessened, and so to tend at once to the establishment of the normal standard.

I have so often tested the efficacy of this preparation in non-structural catamenial excesses, that I can speak with confidence of its remarkable powers. No more certainly do I anticipate the arrest of an attack of ague by the administration of quinine than do I anticipate the control of the forms of catamenial excess to which I have referred by the proper administration of the bromide of ammonium.

The other day I visited a young, unmarried lady who had, for years, been subject to protracted and excessive, though regular catamenial flows. Of late she had displayed serious indications of tubercular disease of the lungs, and, in treating her for this my attention was drawn to the old and exhaustive monthly flows. I am not aware that this excess had ever been mentioned to a previous medical attendant, or that any attempt had ever been made to control it. As the flow usually lasted from a week to ten days, and was quite profuse, it appeared very desirable that its duration and amount should be curtailed, in order to preserve the system, under its new danger, against such a source of exhaustion. Accordingly she was put under the bromide, as follows:—

℞. Bromid. ammon., ℥j.
Syr. aurantii,
Aquæ, aa ℥iij. M.

Sig.—A teaspoonful before tea and at bed-time, commencing ten days before expected period, and continue through it.

Under this treatment, her mother informed me that she had been a great deal better during the last two periods than had been the case for years.

In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgment, which itself preceded the flow by several days.

Some writers have spoken quite favorably of the remedy in dysmenorrhea and menorrhagia, administered in the usual manner, that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

LANCING THE GUMS.

Dr. JAMES FINLAYSON, in a very elaborate and learned paper *on the Dangers of Dentition* (*Obstetrical Journal of Great Britain*, Dec. 1873, Jan. and Feb. 1874), states that the tendency of opinion at present seems to assent to Dr. West's dictum, that "the circumstances in which the use of the gum lancet is really indicated are comparatively few."* Rilliet and Barthez could only recall one case in which any real benefit resulted from the operation, and the best Trousseau could say of it was that the practice was useless. Even the most sceptical, however, seem to have encountered rare cases where convulsions ceased on the lancing of the gums;† such results are also obtained at times from other most unlikely remedies. It may here be stated that in his careful study of 102 cases of infantile convulsions, Dr. Gee could find no reason to believe that teething bore any part in the causation of the fits, and in none of the cases did it seem necessary to lance the gums.‡

But it may be said, although the benefit may be very doubtful, why hesitate to give any child the chance of profiting in its peril or suffering by such a simple operation? It is very probable that this idea regulates the conduct of many in dealing with infantile disorders. Such a proceeding has very

* C. West, "The Diseases of Infancy and Childhood." 5th Ed. London, 1865. P. 555.

† A. Jacobi, M. D., "Dentition and its Derangements." New York, 1862. "I must confess that once or twice in my life, not oftener, I have observed the instant termination of an attack of convulsions after I lanced the gums." P. 171.

‡ S. Gee, "On the Convulsions in Children." St. Bartholomew's Hospital Reports. London, 1867. Vol. iii. p. 110.