perties. Hydrastinin acts exclusively upon the vascular system, especially upon the vascular walls, causing vascular contraction, but not a vascular closing, such as is necessary in puerperal hæmorrhage ; for this purpose it cannot replace ergot, which acts directly upon the muscle of the uterus. Ergot is preferable in all cases where a contraction of the uterine muscles is to be obtained. Gottschalk has also not found hydrastinin of special value in myoma or carcinoma, nor been able to observe even a lessening of the hæmorrhage in non-operative carcinoma.

Gottschalk summarizes his conclusion as follows, viz.

1. First of all, those uterine hæmorrhages which are traceable to a pronounced congestion of the uterus. To these belong, above all, the often very profuse menorrhagias of spinsters, in whom there is no pathological change in the condtion of the genitals. In some of these cases it is possible to obtain a pernament result, so that even after discontinuing the remedy the menstrual flow remains smaller.

2. Also in hæmorrhages, which have their pathological and anatomical cause in endometritis, hydrastinin will lessen the quantity of blood ; but here, according to his experience, the action is only palliative, not being sufficient alone to cure the local cause of the trouble.

3. For prophylactic or intramenstrual use, hydrastinin is useful before or during the first returning profuse menstruation after an abrasion of the uterine mucosa. It is well known that this menstruation, usually occuring after six weeks, is often very profuse. In the very cases where there was great loss of blood before the operation, it is of great importance to prevent further profuse hæmorrhage. This is possible if the treatment with hydrastinin is begun several days before the expected menstruation, and if necessary, continued during the duration of the menstruation.

4. Menorrhagias caused by retroflexio uteri are best treated by correction of the malposition ; but for cases of fixed retroflexion, where the reprosition is not yet possible, hydrastinin is a commendable remedy.

5. Secondary uterine hæmorrhages—*i. e.*, those caused by a change of the adnexa and their surroundings—offer a large field for the successful use of hydrastinin. To these belong the menorrhagia and metrorrhagia with pyosalpinx, oöphoritis, ovarian tumors, and exudations. Of course, the cause of the trouble is not influenced by the remedy.

6. Climacteric menorrhagias are much diminished by a faithfully carried out hydrastinin treatment.—*Brooklyn Med. Jour.*

FADS IN GYNÆCOLOGY.—The *curettage and drainage* fad claims our attention. This is a fad rejuvenated by asepsis, and very attractive it is. We have no fault to find with the operation *per se*, but have, on the contrary, expressed our admiration both by pen and in practice of its beneficial effect when indicated. But as a fad it is too commonly believed to be a "cure all" for every condition of disease which does not clearly indicate laparotomy. It is the same fad-cure which dogs the steps of hysterectomy and which bids fair to bring this operation into disuse in many of its necessary or at least very important applications.

Apostoli's treatment of fibroids has been and is, even to-day, a pronounced fad. The results claimed for it and believed of it by many of its votaries have been marvellous. It is true that unlike the majority of other medical fads it has not been, except when used for its electrolytic effect, of positive physical injury to those upon whom it has been used, and yet it is responsible for much disappointment and loss of time and money. When used for its electrolytic affect, it has proved a most dangerous weapon in the hands of many over-enthusiastic practitioners. Instead of proving a cure for fibrolds as once fondly hoped of it, it has now taken, in the opinion of the majority of gynæcologists, its proper place as an important aid in the treatment of many distressing symptoms connected with these tumors, whose growth it may retard and whose size it may even diminish —at least for a time. It is undoubtedly the best therapeutical agent at our command for this disease but like other good things it has been much misused in its character of fad.—*Brooklyn Med. Jour.*

STRETCHING THE SPHINCTER ANI IN MORPHINE POISONING.—All students of orificial surgery know how easy it is to control respiration by manipulation of the sphincter ani, and we can give our anesthetic with a feeling of security if our bivalve is in easy reach. I have resuscitated several patients almost moribund with chloroform by the use of my bivalve. But a few nights since, I had, to me, a unique experience, in dilatation of the sphincter ani for morphine poisoning. I was called to see a woman who had taken fifty-seven grains of morphine with suicidal intent. I found her in a stupor with pupils contracted, and slow, stertorous breathing. The neighbors had beaten her black and blue before I had reached her, and she gradually sank into a stupor from which she could not be aroused by the most severe switching. While giving an enema of coffee, the idea occurred to me, why not stretch the sphincter as we do in chloroform narcosis? Accordingly I at once introduced both thumbs, and separated them widely. The patient give a loud shriek, and took several good breaths. I sent for my bivalve, and for several hours I sat by her side, and as respiration would flag I would stimulate it by pressing together the