

whether or not you shall bring on premature labor or even abortion. Many of these cases of chorea in pregnancy certainly recover after labor, but a small proportion do not, and on that account it is difficult to advise when premature labor should be induced. When the woman's life and the babe's life are in jeopardy it is justifiable, even imperative, to act. I think that after seven months in some cases, the chances for the babe's life may be better if taken from the mother. Recollect, however, that women do not all recover after confinement, and that the child does not always live.—*Med. and Surg. Rep.*

HOW TO GO TO BED.—We have still something to learn in the matter of nursing, according to Dr. Richardson, who tells us in *The Asclepiad* that in hospital, as in private practice, great errors are made in the choice of bedclothing for the sick, and particularly for the sick who are suffering from febrile affections. We have got rid of the heavy curtains around the bed; of the grand accumulator of dust and other uncleanness, the tester; of the heavy valance, which converted the under part of the bed into a close cupboard, in which all kinds of unwholesome and cumbrous articles lay concealed, including sometimes excreted matter itself; and we have banished the carpet, which often, as a hard-trodden, dust-laden rag, made the floor beneath the bed persistently impure. This is all good; but the old feather beds, flock-mattresses, heavy blankets, thick, impermeable, and dense counterpanes still encumber many a patient, rendering ventilation of his body as impossible as in the days of our forefathers. The art of going to bed is one which has been studied (and practiced) for untold centuries. We have not advanced much on the practice of our forefathers in the West. According to Dr. Ernest Hart, and now according to Mr. Richardson, we "go to bed" in a very unwholesome and stupid fashion.—*British Medical Journal*.

THE CRY IN THE DIAGNOSIS OF DISEASES OF CHILDREN.—The cry of children, according to Dr. E. C. Hill (*Denver Med. Times*), in pneumonia and capillary bronchitis is moderate and peevish and muffled, as if a door were shut between child and hearer. The cry of croup is hoarse, brassy, and metallic, with a crowing inspiration. That of cerebral disease, particularly hydrocephalus, is short, sharp, shrill, and solitary. Marasmus and tubercular peritonitis are manifested by moaning and wailing. Obstinate, passionate, and long continued crying tells of earache, thirst, hunger, original meanness, or the pricking of a pin. The pleuritic is louder and shriller than the pneumonic, and is evoked by moving the child or on coughing. The cry of intestinal ailments is often accompanied by wriggling and writhing before defecation.

Exhaustion is manifested with a whine. Crying only, or just after coughing, indicates pain caused by the act. The return or inspiratory part of the cry grows weaker towards the fatal end of all diseases, and the absence of crying during disease is often of graver import than its presence, showing complete exhaustion and loss of power. Loud screaming sometimes tells of renal gravel.—*Arch. of Gyn.*

MENSTRUATION AND LACTATION.—It is a generally received view that the supervention of menstruation during the period of lactation is prejudicial to the quality of the maternal milk-supply, and therefore detrimental to the nutrition of the child. Most practitioners will probably state as a matter of observation, that menstruation unfits the mother as a nurse by reducing the quantity of the milk, in addition to rendering it more "watery." In order to ascertain the real effect of menstruation on the quality of the milk, Dr. Schlichter has made a series of analyses which seem to show that the current belief is founded on defective observation. In addition to careful examination of the composition of the milk during and after menstruation, he had the child weighed and its general condition noted at and after the same period. He reports that in respect both of casein and fat, the milk secreted during menstruation compared favorably with that furnished prior to that date. The differences observed, moreover, in no case equalled those which occur in the milk of the normal healthy female at the various periods of the same day; hence he declines to attach any importance to them.—*Dietetic Gazette*.

TREATMENT OF METRORRHAGIA.—(*Provincial Med. Jour.; Med. and Surg. Reporter*).—In certain cases of obstinate metrorrhagia, ergotin, extractum hydrastis canadensis, ice, and applications of tampons are alike incapable of arresting the hæmorrhage. In such cases a hypodermatic injection of sulphate of atropine has been recently recommended. It is given in doses of $\frac{1}{100}$ grain twice daily. In one case, in which the hæmorrhage had existed for a fortnight, it was completely arrested after the fourth injection. In a second, when the patient was in the state of collapse, the first injection was followed by a return of the normal temperature and increase of the pulse rate; after the second the hæmorrhage was diminished in a striking degree; after the third it entirely ceased. A moderate dilatation of the pupils was the only secondary effect observed.—*Arch. of Gyn.*

Professor Kobert has discovered that peroxide of hydrogen is an antidote for hydrocyanic acid poison. It should be given freely by the mouth and subcutaneously until recovery or death.