

the period of treatment did not last more than twenty-four days. The average dose was $1\frac{1}{2}$ grains daily for each year of age, or fifteen grains for a child of five years, given in syrup. Dr. Labor-derie's results are even more favorable. He gives it in somewhat larger doses in Vichy and raspberry syrup; the spasms are rapidly calmed and the period of decline occurs within a few days. Dr. Geffrier similarly and more recently publishes similar satisfactory experience from its use. Opinions have been advanced as to its *modus operandi* in this tedious affection, some claiming that as the disease is due to the presence in the system of micro-organisms, the drug acts as an antiseptic. Assuming that such is to some extent true, we can fairly conclude that its action is similar here as in typhoid cephalalgia and various forms of severe irritation, as in the hacking cough of bronchitis either from irritating secretions in the bronchi, or from localized congestions due to amenorrhœa, cardiac insufficiency, etc. In all those instances it acts by lessening or removing the arterial contractions due to vaso-motor irritation, whether peripheral or central. This action which simulates that of aconite, jaborandi, and otherso-called depressants, would appear to be the most marked primary results, of the exhibition of this drug, and if to these results in some ways more powerful with antipyrin, we attach an antiseptic property, we have in large measure arrived at the *rationale* of its established favorable action.

Ganglionic Tuberculosis.—(Translated.)

According to M. Duret of Lille, the tuberculosis of ganglia comprises three forms: (1) the fibro-caseous; (2) the caseo-tuberculous; (3) the ulcerative or fistulous; each is treated differently. For the first there is only careful extirpation; for the second, if the tuberculous ganglia are arranged in chaplets, each is treated by igni-puncture; if in compact mass one makes with a red-hot iron deep incisions in the form of a cross; and in the third, a fistulous form, the red-hot iron even though deforming cicatrices result, ought not to be abandoned. These deformities are much less serious than those which would finally result by the ulcerative process.

Tuberculosis of Salivary Glands.—(Translated.)

Says M. Valude, "If we only think of the extent of the surface for contamination which the mouth

presents, and of the infinite number of micro-organisms which live in this organ and on the tongue, we must be surprised at noticing the relative rarity of tuberculosis of this organ. How comes it that the microbe of tuberculosis does not develop in a situation where it lodges every day? Whence is it that one knows of almost no case of tuberculosis degenerating the salivary glands? It is probable that, as with the conjunctiva, it is in the number of other micro-organisms contained in the mouth that it is necessary to search for the reason of this immunity. Bacilli of tubercle cannot either evolve or produce specific lesions, thanks to the micro-organisms of the saliva." M. Valude has instituted, in order to verify this hypothesis, a series of experiments, trying to prove the inoculability of the salivary glands by a pure tubercle culture with the following result: That the saliva or that of each gland can very largely neutralize the effect of tuberculosis virus. If then tubercle shows this great difficulty of engrafting itself on the surface of the mouth, or in the salivary glands, we can therefore only explain this by the accumulation of various micro-organisms which oppose themselves to the germinative action of the bacillus of tuberculosis.

GYNÆCOLOGY.

Ureteritis: Its Diagnosis and Symptomatology.

Of the many papers read before the recent American Congress, that of Dr. Howard Kelly of Philadelphia, was one of the most interesting, introducing to the section a matter which as gynæcologists, must frequently come under their notice. The following is an abstract of the paper from *Medical Journal and Examiner* :—

Catheterization of the ureters is a proceeding which is very useful in the diagnosis of disease of the ureters, the pelvis and of the kidneys. Ureteritis is probably more common than has usually been supposed. While this method of procedure is of comparatively recent date, the disease—ureteritis—was recognized years ago by Rayer and by Cruveilhier. It may be either descending or ascending; perhaps it is more commonly secondary and descending. It may also be ascending, following gonorrhœa and other diseases which affect the bladder. The ureter may also be diseased from the passage of renal calculi, and as a complication of many forms of disease of the uterus and its surroundings. Hence it is important that the func-