

ovarian. An inflamed condition of ovaries, or if they are displaced, have caused severe attacks. (b) Uterine in origin and due to displacements, congestions and stenosis of the cervix. (c) Constitutional causes, as anæmia, chlorosis, sedentary habits, overworked systems, neurasthenic and neuralgic states, play an important part in this condition.

Prophylaxis: The great secret in preventing dysmenorrhœa is to make the girls hearty. Active habits must be encouraged, and sedentary and pampered ones avoided. Physical culture during school years must be carefully attended to. By such means the health and hygienic conditions of young girls are improved, and the generative organs become better developed. Well developed generative organs are not likely to become subject to this painful affection.

Treatment: First of all, correct any displacements, flexions, polypi, stenosis, or congestions that may exist. In many cases of uterine and ovarian congestion, galvanism is of much service. Anæmia, chlorosis, etc., must be treated by a course of tonics. The habit that some of these sufferers have acquired of using some narcotics cannot be too strongly condemned. Hysterical and neurotic cases require attention to the general conditions at fault. When these are overcome, the dysmenorrhœa usually disappears.

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#### CONSOLING TO PHTHISICAL PATIENTS.

—The *Medical Summary*, for March, '94, in commenting on the work of the directors of the Society for the Prevention of Tuberculosis, remarks that the disease must be regarded as contagious. Careful sterilization of the sputum and discharges renders the most intimate social relations possible. Isolation of patients is not necessary to prevent the spread of the disease. With proper care, the *Summary* thinks the disease quite preventable. In the *Maryland Medical Journal*, March 3,

1894, the action of the Philadelphia County Medical Society and that of the College of Physicians are reviewed. The former held that the disease should be placed on the contagious list, the latter body thought it should not. Drs. DaCosta, Osler and Tyson thought that the prevention of marriage in tuberculous families was one of the most important questions before the public on the prevention of this disease.

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THE TREATMENT OF BILIARY CALCULI.—M. A. F. Plicque (*Gazette des Hôpitaux*, February 1, 1894) gives the treatment of this condition as follows:

1. With regard to the pain it may be regarded as of two forms: (a) Violent attacks of pain. In this form, apply very hot poultices with laudanum in them. Internally, grt. xx. to xxx. laudanum, ext. opii and belladonnæ in gr.  $\frac{1}{6}$ , every half hour till relieved. Sometimes inhalations of chloroform have been resorted to. (b) There is another form of pain that recurs from day to day, but is not so violent as the above type. This form is best treated by the use of narcotics, prolonged hot baths, revulsion over the liver by leeches in strong subjects, and a milk diet.

2. The means for the expulsion of the calculi are numerous. Some have tried and vaunted the use of ether; others glycerine; some again have found benefit from salicylate of soda. This is specially useful in angiocholitis. The best agent for the expulsion of these calculi is olive oil. This is usually well borne. When there is much revulsion to its use, the stomach tube should be employed.

3. The treatment in the interval. The best agent still is the olive oil. Alkaline waters are useful. Durande's mixture of essence of turpentine 10 parts, and ether 15 parts, in quantities of 2 to 4 grams daily. Chloroform water relieves the flatulent dyspepsia in these cases. If