

DANGER OF INTRAUTERINE INJECTIONS.—

Tarnier (*Jour. de Sages Femmes*) has determined never to employ sublimate lotions for intrauterine injections. Eighteen cases of death, after sublimate injections in childbed, have been recorded; in sixteen of these cases the injections were thrown into the uterus, in two only into the vagina. Death may be due to some severe reflex stimulus, or to direct poisoning through entrance of the injected fluid into the uterine veins. From experiments, it seems that permanganate of potassium, microcidine, iodine, and salicylic acid are innocuous. Sublimate is liable to involve dangers some time after its injection. Of substances which may cause syncope or immediate death when injected carbolic acid holds the first place. Biniodide of mercury is also very dangerous, and the perils of perchloride of iron are well known. Tarnier reminds the obstetrician, however, that perfect innocuous solutions, or even plain water, has caused death when injected into the uterus. This accident is undoubtedly due to the entrance of air into the veins. Any kind of injecting apparatus may prove dangerous if the obstetrician or nurse neglect to drive air out of the tube, or uses too great propelling force. When gravitation is the agent, the receptacle for the fluid should not be placed more than fifteen inches above the level of the patient's pelvis.—*British Medical Journal*.

GALVANISM IN GYNECOLOGY.—As the outcome of an experience of four years, Rutherford (*Practitioner*) has arrived at the conclusion that in the treatment of diseases of the female pelvic organs, the utility of the employment of galvanism except in cases of fibroids, has been overrated, and that the results are not sufficiently satisfactory to command confidence. In uterine fibromata, this method of treatment is satisfactory in a few carefully selected cases only; as when hemorrhage is the chief or only symptom and in rapidly growing interstitial fibroids. The galvanic current merely acts as a caustic, destroying or diminishing the vascular areas that surround and constitute the source of nutriment for the fibroids. The primary polar action that abstracts acids and bases at the anode and kathode is too slight to be of any real benefit. The interpolar action is still an hypothesis.—*Medical News*.

TREATMENT OF CHOREA.—Jumon maintains that the treatment of chorea should be governed by certain well-defined indications. In ordinary chorea, antipyrin and arsenic yield the best results. In chorea of rheumatic origin or associated with rheumatic manifestations, antipyrin is still indicated; with it sodium salicylate may be conjoined; sulphur baths may prove useful. If an hysterical element exist, the bromides may be employed. In chorea of cardiac origin, depressing remedies are to be avoided; potassium or calcium iodide is indicated. In most cases of chorea, gymnastic exercises and reconstructives may be advantageously employed.—*Journal de Médecine de Paris*.—*Medical News*.

IODIDE OF POTASSIUM IN EXOPHTHALMIC GOITRE.—

S. A. Lentovsky (*Meditsinskia Pribozhenia K' Morskoi Sbornik*), relates a case of typical Graves' disease in a girl, aged 16, cured by the internal use of iodide of potassium (5ij to 5vj aq., in tablespoonful doses, with addition to each from 10 to 20 of tinct. ferri acetici æthereæ). Simultaneously inunctions of an iodine ointment were made and a liberal diet ordered. Considerable improvement was observable in two months, while two months later the goitre, the exophthalmos, the accelerations of the pulse, etc., disappeared altogether. No relapse had occurred up to the time of the report, four years later.—*British Medical Journal*.

CREASOTE IN TUBERCULOSIS.—

In *Berl. klin. Woch.*, Sommerbrodt states that the earlier creasote is employed in the treatment of tuberculosis the better are the results. For this reason he has used it in so-called scrofulous children with very good effect. It should be especially useful when combined with other appropriate methods of treatment. The author gives creasote in larger doses than usual; he says that small doses are useless. Thus, in children over seven years he would begin with drop doses three times a day, and gradually increase it up to 1 g. in the day. It must be taken after the chief meals to avoid any gastric irritation, and the administration should be extended over several months.—*British Medical Journal*.