

POISONING BY PENNYROYAL.—Dr. J. Girling writes the *Brit. Med. Jour.*: The variety of poisoning by pennyroyal or oleum pulegii is emphasized by the fact that standard works on toxicology, like Guy and Taylor, contain no account of the toxic symptoms produced by this drug, nor any indications as to appropriate treatment. Moreover, I find on enquiry that recurrence to pennyroyal is very common when menstruation has ceased suddenly, and that it can be procured with the utmost facility. These considerations have led me to describe the symptoms and the treatment employed in the following case. About an hour after the drug had been taken I found the patient (a woman aged 40) in an extremely collapsed condition. The face was pale, cold and bedewed with beaded sweat, and the hands and feet were cold and clammy. She lay apparently unconscious, but could at first be roused by shaking and shouting to her, rapidly sinking, however, into a state of profound coma. The pupils were normal in size, and responded to light. The action of the heart was exceedingly weak, irregular, and fluttering, the pulse at the wrist being scarcely perceptible. The first cardiac sound was almost inaudible, while there was distinct reduplication of the pulmonary second sound. There was jactitation and feeble retching, with much salivation, but no vomiting and no purging; temperature 97° F. The breath smelt very like peppermint. The treatment adopted was as follows: First, I gave her three-quarters of a tumblerful of water, followed immediately by a hypodermic injection containing one-fifth of a grain of apomorphine. This latter quickly produced the desired effect, the vomited matters having a strong peppermint-like odor. After the vomiting the patient seemed about to die, and having no ether with me I administered brandy hypodermically. The result of this was excellent; the heart-sounds at once began to improve in tone, and the pulse in force, and in twenty-four hours the patient was practically well. Thus the symptoms taken together seem to point to severe cardiac depression approaching to paralysis, and appear to indicate that pennyroyal should be classed among the narcotic heart poisons. It transpired afterwards that the woman had taken 3j of the essence of pennyroyal (which she had obtained from a chemist), and which is composed of 3j olei pulegii to 3vii of spirit.

ANTISEPTIC TAMPONNEMENT OF THE VAGINA IN THE TREATMENT OF PELVIC INFLAMMATIONS.—(Dr. James H. Etheridge, Gynecological Society of Chicago.) What I have to present refers to tamponnement of the vagina and supporting the uterus in cases of pelvic trouble, notably of inflammation and enlargement of the uterus, and as the work has grown upon me, other complications in the way of pelvic trouble have also been treated

with a result that has rather surprised me. For it I claim nothing original. The material that I use is a preparation of wool that is called "antiseptic wool." This wool is finely carded, free from all oil and foreign substances. A piece is cut off, of such a length as will fit nicely into the vagina, and then with the patient in the genu-pectoral position, with the perineum retracted, this is stuffed into the vagina and left there. The upper end of this tampon can be soaked in an antiseptic solution, as boroglyceride or listerine, and with a piece of string attached to the lower end of it, the patient can remove it and douche the vagina, in readiness for the next tampon, and in this way tampon after tampon can be introduced and the uterus held up to the highest possible level, and advantage taken of the natural drainage from the uterus of the superabundant amount of blood. The inflammations of the uterus we are usually called upon to treat are not active, but chronic, and if we hold the uterus up so that it can drain itself properly through the veins, the nutritive changes which take place will be facilitated to the greatest extent. A small Sims' speculum can be applied without trouble to the patient, and this wool can be pushed into the vagina, so that when the patient gets up she has a soft elastic cushion for the uterus to rest upon. In this way the greatest comfort is at once experienced. . . . These tampons are removed after four or five days without the slightest odor upon them.

When the uterus is enlarged it beomes heavy, sinks, and presses the veins which carry the blood out of the uterus, and we have strangulation. By raising the uterus up, the blood flows freely and the nutritive changes tend always to health. One outgrowth of the use of this tampon may be that many cases of laceration of the cervix now operated upon may escape operation. I have been surprised to see how very nicely patients get along, even though they have extensive lacerations, under this treatment.—*American Journal of Obstetrics.*

THE TREATMENT OF INTERNAL HEMORRHOIDS BY INJECTION.—(Dr. Q. A. Shuford, of Tyler, Tex., in the *Medical Record*): "In the treatment of internal hemorrhoids by submucous injection, it is necessary, in the first place, to have an instrument that can be introduced with the least amount of pain, and so constructed as to expose as much of the mucous membrane as possible. When a tumor is discovered the speculum should be manipulated so as to bring the center of the tumor into plain view, and the needle should puncture the pile at this spot, as it is here less sensitive than elsewhere. This requires a long needle, which should have a guard near the point, so as to prevent it from entering too deeply. For small tumors I inject from three to five drops, and for larger ones from five to eight drops of the following mixture: Rub