

my care during the spring, and is now improving under treatment. Three of these cases alluded to have left my vicinity and migrated to a distance. In these cases the syrup of the lacto-phosphate of lime and the syrup of the hypophosphites were administered in teaspoonful doses each three times a day continuously for months, and with slight intervals, so as to give rest to the stomach, for years, that there might be maintained on the system a permanent influence.

The character of most of the cases subjected to this treatment was of the most aggravated form, and had previously been treated by means of ergot internally and hypodermically, the bromides, etc., without in any way retarding their progress.—*Gaillard's Med. Jour.*

OBSTETRICAL DON'TS.—1. Don't begin the administration of an anæsthetic early in labor; it predisposes to post-partum hæmorrhage.

2. Don't use an anæsthetic against the will of the patient or friends.

3. Don't object to the moderate use of an anæsthetic during the latter stage of labor, as it is almost wholly without danger.

4. Don't put the woman entirely under the influence of the anæsthetic, unless you intend some operation.

5. Don't immediately cut and tie the umbilical cord; the child may lose a good deal of blood by so doing.

6. Don't make a strenuous effort to take the placenta away at once, not until the uterus has begun to contract.

7. Don't make forcible traction on the umbilical cord.

8. Don't permit the placenta to remain more than an hour.

9. Don't withdraw the hand from the uterus in taking away the placenta until the walls have begun to contract.

10. Don't forget to examine the perineum after labor.

11. Don't neglect to keep the hand on the fundus uteri for several minutes after delivery, and press down.

12. Don't permit the woman to be left alone for the first hour at least. Danger of post-partum hæmorrhage.

13. Don't leave without giving instructions to apply the child to the breast an hour or two after labor.

14. Don't refuse to place a binder upon a woman; a bandage when properly applied is a benefit.

15. Don't let the nurse tend to the child until the mother has been cared for.

16. Don't permit the nurse to wash the baby until it has been smeared with oil of some kind.

17. Don't put undue pressure on the child's head to mold it into symmetrical shape, when it has

been flattened somewhat from the labor, as it will return generally to nearly its natural shape.

18. Don't allow the nurse to press out the secretion of the breasts for a new-born infant.—*Med. Advance.*

THE NEW ANTIPYRETIC, "PYRODIN": A WARNING.—Under this name a new drug has been introduced, which has undoubted temperature-reducing properties of a high order, the practical application of which, however, is much interfered with by its toxic action. Pyrodin contains as its active agent acetyl-phenylhydrazin ($C_6H_5N_2H_1C_2H_3O$) a crystalline powder very sparingly soluble in water. According to the clinical and experimental observations of Dr. Dreschfeld, of Manchester, which have been confirmed by M. Lépine, of Lyons, pyrodin acts in the same manner as, but more powerfully than, antipyrin, antifebrin, and phenacetin; and it has also been used effectively in migraine and other forms of neuralgia, as in the lancinating pain occurring in locomotor ataxy (Lépine). Great caution, however, is required in its administration, as it is apt to produce jaundice, followed by anæmia and even more serious symptoms due to hæmoglobinæmia. Milder toxic symptoms have occasionally followed the administration of acetanilid or antifebrin, and also of phenacetin; but, as phenylhydrazin is a much more powerful poison than anilin, so also are the toxic properties of its acetyl compound much greater than those of acetanilid. In face of the poisonous qualities of pyrodin, we must warn the profession against the use of this drug generally. In exceptional cases, and where other antipyretics have failed, it may be useful, but great caution should be used. Small doses only should be given, and at sufficiently long intervals to enable one to watch any toxic effects, with the first appearances of which the drug should be stopped.—*Br. Med. Jour.*

ELECTRIC STIMULATION IN HYSTERIA.—M. Didier recently read a paper before the National Society of Medicine of Lyons on this subject. The following were his conclusions: 1. Electric stimulation is decidedly the best treatment for hysteria hitherto discovered. It checked the attacks in every case of convulsive hysteria in which it was employed, and in two cases of hystero-epilepsy, though in the latter affection its effects are less certain. It is superior to compression of the ovary, as this treatment may cause pelvic mischief, and cannot be safely employed in pregnancy. 2. Electric stimulation enables the practitioner immediately to distinguish an epileptic from a hysterical patient—whether the hysteria be epileptiform or of convulsive character—being useless in the former case and of infallible effect in the latter. 3. In patients suffering from two different neuroses, this method will serve to distinguish