

is also desirable for ensuring elimination of poison; Tarnier gives croton oil. Inhalations of chloroform are also beneficial; they calm the nerve centres, which are excited by the circulation of poisonous blood, and thus check, in a direct manner, the tendency to convulsions.—*British Medical Journal*.

High Temperature after Labour.—Tournay (*Journal d'Accouchements*, February 4th, 1894) publishes the statistics of the Brussels Maternity for 1893. The total number of labours was 440. Amongst numerous subjects of interest, Tournay notes that in only 28 cases was there rise of temperature over 38° C. (100.4° F.). The causes of the rise were: various affections of the breasts, 6 cases: acute endocarditis, 3; uterine congestion, 3; septicaemia, 3; obstinate constipation, 2; traumatism, 2; neuralgias, 2; enteritis, 2; bronchitis, 1; eclampsia, 1; tuberculosis, 1; cardiac disease, not precisely defined, 1; cause of rise of temperature unknown, 1.

Radical Cure of Prolapsus Uteri.—Richelot (*Union Médicale*, January 6th, 1894), in reference to the recent discussion on vaginal hysterectomy in the treatment of prolapse, maintains that colporrhaphy is essentially radical. It is efficacious and not difficult. Operations for fixing the vagina high up in the pelvis are based on illusion. They do not prevent future prolapse, and, as sutures have to be passed through the pelvic connective tissue, they are not without danger. Richelot has seen an unsuccessful case, he performed colporrhaphy and cured the prolapse at once. It must be remembered, he observes, that it is not the uterus that pushes down the vagina. The prolapsed vagina drags down the uterus. Sometimes a bulky, bleeding, painful uterus requires removal when prolapsed, though supravaginal amputation of the cervix is often sufficient. Even after recovery from hysterectomy, the vagina is apt to prolapse and draw down the bladder and rectum, so that colporrhaphy is rendered necessary. Such complications, which Richelot has known to occur, only show that, as he maintains, colporrhaphy is alone the true radical operation in prolapse. Hegar's colporrhaphy is the best of its kind. A triangular piece of the posterior, and an elliptical piece of the anterior

vaginal wall are dissected up. Interrupted silk-worm gut sutures are passed from above downwards under both the raw surfaces. Richelot has seen recurrence of the prolapse in patients with extremely lax tissues, but in such cases he has operated a second time, always with success. The needles must be passed well into the prorectal connective tissue.

THERAPEUTICS.

Vinegar in Chloroform Sickness.—Warholm (*Hygiea*, October, 1893) accidentally discovered that vinegar is an excellent remedy for the after-effects of chloroform. He has used it in thirty cases. Not only were the nausea and vomiting relieved, but also the distressing headache. Only in one case, that of an alcoholic patient who had had a large dose of chloroform, the vinegar had no effect. Ten patients had been under chloroform more than an hour: three of them had had chloroform previously, and had suffered greatly from after-effects. On the patient's being brought back to bed, and before he came round, a compress saturated with vinegar was placed over his nose, and left there till he came round, or longer if necessary. A bottle of vinegar was placed at the bedside to be used by the patient as required. Some of the patients were able to drink, and even to take small quantities of food soon after recovering from the narcosis.—*British Medical Journal*.

Pyoktanin in Diphtheria.—Höring (*Memorabilien*, October 19th, 1894) refers to the treatment he adopted early last year in twenty-seven cases of diphtheria, the results of which were published in the *Aerztl. Memorabilien*, vi. and ix., 1892. Since then, Höring has continued to use pyoktanin, and claims excellent results. The practice was to apply a 3 per cent. solution two or three times daily to the pharynx and downwards to the epiglottis, the retention of the liquid in young children being secured by immediately placing their heads low, thus aiding the swallowing of the liquid. Otherwise the drug was not administered internally, nor was it directly introduced into the affected tonsil. Simultaneously the patients are syringed with lime water, or are allowed to use it as a gargle or inhalation, while salicylate of soda is given internally.