

insomnia had been complained of for a long time, and had not yielded notwithstanding the use of narcotics.

We will mention some of the diseases in which it was employed by K. for sleeplessness:

1. Phthisis, after repeated administration of paraldehyde, prompt effect.

2. Insomnia, with great restlessness after several days of railroad travel: perfectly quiet sleep restored after first dose.

3. Large ulcerated carcinoma of the mamma: after the pains had been subdued by hypodermic injections of morphia, sleep was induced by paraldehyde. Morphia and cannabis indica had not been effectual, and chloral had caused only excitement.

4. Insomnia, after violent psychical excitement: chloral had here also caused sleep, but been followed by severe headache; effect of paraldehyde instantaneous.

5. Mitral insufficiency with severe dyspnoea: neither morphia, cannabis, nor chloral caused sleep; paraldehyde did so, but partially.

6. Insomnia after typhus: morphia produced excitement; cannabis was useless; paraldehyde acted promptly.

7. Acute melancholy: prompt effect.

8. Insomnia in childhood: paraldehyde caused a quiet slumber.

9. Intra-orbital neuralgia: paraldehyde induced sleep but the effect of cannabis was still better.

The same was noticed in a tenth case, where chronic otitis had produced the sleeplessness.

Of the twenty-four cases but four evinced no or but partial hypnotic effects from the remedy. The opposite effect, excitation, as often observed from morphia and cannabis, was not seen in any case in which paraldehyde had been employed. Sleep generally set in within thirty minutes, and lasted from five to seven hours. Even in the few cases in which no hypnotic effect ensued, the patients admitted having felt much quieter after the paraldehyde; pulse became slower and arterial tension lessened, if previously increased; disagreeable effects were never noticed.—*Med. and Surg. Reporter*.

**HAZELINE IN MENORRHAGIA.**—According to Mr. Henry M. Chute, menorrhagia is a very frequent ailment of women in Cape Colony. He has found a valuable remedy for it, he says, in the extract of American witch hazel (*Hamamelis virginica*) or hazeline, in doses of half a teaspoonful, in sugared water, twice or three times a day. Mr. Chute states that it acts so quickly that it is not necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline given as above will effectually restrain it, and after hæmorrhage has ceased there is no advantage in continuing it. While thus taken, some patients have mentioned that they have a

pleasant sense of exhilaration, of being strung up, and have lost that wearying sense of languor felt at these times. Another good result hazeline produces is that, when there is dysmenorrhœa, it in a very quick and marked way relieves the pain. Mr. Chute mentions the case of a young lady who suffered severely—so much as to necessitate her keeping in bed, and who was once so bad as to require a hypodermic injection of morphia. Since she has taken hazeline, menstruation has been painless and not excessive as formerly.—(*South African Medical Journal*, Feb. 15, 1884.)

**PILOCARPINE FOR DEAFNESS.**—For all recent cases of deafness due to labyrinthine disturbances, whatever the primary cause may have been, Politzer tries the subcutaneous injection of a two per cent. solution of muriate of pilocarpine. He injects four drops at first, and gradually increases the dose to ten drops daily. He gets fairly good results in about one-half of the cases. I have seen three cases of persons totally deaf, who, after being treated in this way, could hear and understand loud speech spoken at the distance of a few inches from the ear; and Politzer has had one case of perfect recovery of the hearing after it had been absent for three years, and several other very satisfactory results following the use of this drug. He is about to publish the results of his experiments with the history of some of the cases. It is not known how pilocarpine acts in these cases, but the benefit derived from its use is certainly great in some of them.—*Boston Med. and Surg. Journal*.

**NEW TREATMENT OF LUPUS.**—Dr. Vidal (*Jour. de Méd. de Paris*) proposes a new method, viz., that of ether injection, to cause suppuration. He uses the common hypodermic syringe (Pravaz's), and injects from 5 to 20 drops for each injection, according to size of lupus. The injections are continued until pus formation is indicated by the fluctuation. The abscesses are then opened and the pus discharged, after which it is claimed healing takes place and the lupus disappears.

**NEURALGIC DYSMENORRHOEA.**—Professor Parvin (*Coll. and Clin. Record*) recommends the following for neuralgic dysmenorrhœa:

R.—Tinct. opii,  
Tinct. valerianæ,  
Spirit ætheris comp.,  
Tinct. castorei, aa f. 3 ij.—M.  
Sig.—A teaspoonful every hour.

**CHRONIC BRONCHITIS WITH ASTHMATIC PAROXYSMS.**—Prof. Bartholow recommends Potasii iodidi, grs. xx., Liq. potasii arsenitis, gtt. ij.—Mix. Take every four hours during the paroxysm, and in the intervals between the attacks, ammonii iodidi, grs. v.—*Med. Bulletin*.