

To relieve the paroxysm of *asthma*, there is no remedy equal to the hypodermic injection of morphine. In many cases iodide of potassium in full doses, fifteen to twenty grains every two or three hours, will arrest the paroxysm. In cases which persist for some days, the combined action of bromide and iodide of potassium, with the addition of one or two drop doses of Fowler's solution, is commended. The inhalation of pyridine, iodide of ethyl and fumes of burning narcotics are used to the exclusion of all other remedies by some asthmatics. In the treatment of *asthma*, no point is of so great importance as the careful regulation of the diet, which should be light and easily digestible, and of little bulk as possible, avoiding starchy and saccharine substances. (Bartholow.)—*Coll. and Clin. Rec.*

INFECTION OF FÆTUS THROUGH PLACENTA.—The precise manner in which the fœtus is infected by a disease which has attacked the mother has often been disputed. Small-pox, tuberculosis, and syphilis may infect the fœtus. If these diseases depend on micro-organisms, these germs must pass through the placenta; if so, the placenta is not a filter which arrests all solid or noxious bodies, as an old theory supposes. If it be a filter, how is it that, as experience has proved, it does not always let the same micro-organism pass? This is the case with charbon in rabbits. And how is it that the placenta always gives transit, on the other hand, to certain specific micro-organisms, as in the case of chicken-cholera? These questions have been propounded in the *Archives de Tocologie* for August. They appear to be solved by certain experiments conducted by M. Malvoz, of Liège, recapitulated in that periodical. M. Malvoz contends that micro-organisms only clear the placental barrier and enter the fœtus when the placenta itself presents pathological changes in its chorionic villi, changes generally due to the micro-organisms themselves. Thus Malvoz injected into the blood of pregnant rabbits emulsions of Indian ink, an inert substance, and into others solutions containing non-pathogenic bacilli. In no case were any granules of the ink, or any bacilli found in the fœtus, and in all far less of the infected substances were detected in the placenta than in the liver of the mother. After similar infections with bacillus anthracis, the tissues of 32 fetuses were subjected to cultivation, but, in 163 tubes of cultivating fluid, only four showed the charbon bacillus. Lastly, M. Malvoz inoculated pregnant rabbits with chicken-cholera. In every case the specific bacillus was found in the fœtal tissues. On examining the placenta in the latter case, they were invariably found to be diseased. In the charbon experiments the placenta were but rarely diseased; in the Indian ink and non-pathogenic bacilli cases the pla-

centa was never diseased. The placenta was diseased in all the few cases where the charbon bacillus infected the fœtus. The germs were found abundantly in hemorrhagic areas disseminated over the placenta. Clinically, placental lesions are found in syphilis and small-pox, diseases often communicated to the fœtus. Thus it would appear that the placenta allows the transit to the fœtus of those micro-organisms only which have the property of first setting up morbid changes in its own substance.—*Br. Med. Jour.*

ANTIPYRINE IN LABOR.—During the first stage of labor the accoucheur is in a position to do but little toward relieving the maternal suffering, and this little consists in the administration of opium or of chloral. The former drug I have always been loath to administer to the parturient, for the reason that if pushed it may retard the labor, and further because it is of the highest importance the puerpera that the intestines should functionate normally in order that this main emunctory should not become locked, and poisoning from fecal accumulation ensue. In chloral we possess a most valuable means of "taking the edge off the pains" and of regulating their rhythm, but the woman's suffering during the acme of the pains is still intense, and we often wish we had an adjuvant to the chloral which, whilst nullifying none of its effects, would render the contraction practically painless. In the hands of certain observers, electricity—the faradaic form chiefly—has rendered service in this direction, but, valuable as this agent has proved in my hands as an oxytocic, it has never appeared to me to possess any anæsthetic effect on the uterus. When cocaine was discovered, before long it was heralded as of value as a local anæsthetic during childbirth. In my hands, however (and other observers are in accord with me), it has proved of no value whatever during the first stage of labor, and questionably if at all during the second stage. The excellent results yielded me by antipyrine in dysmenorrhœa and other affections where it is a question of nerve pain have led me during the past year to test it during the first stage of labor, and my results have been sufficiently gratifying to justify me in asking other obstetricians to try the drug. Possibly it has been similarly used by others, but if such be the case I have seen no record of their experience. My habit in regard to the administration of the drug is to give fifteen grains well diluted, and preferably with some stimulant, such as the aromatic spirits of ammonia, and to repeat the dose in one hour thereafter. In two hours after the second dose the patient receives ten grains, and so on every two hours if needed. The chloral mixture I administer, as has always been my custom, in fifteen grain doses every three-quarters of an hour till three or four doses have