

says, is gradually coming to recognize the fact that anæsthetics are to be used like other drugs, because of distinct indications. In much the same way that the physician decides that digitalis is suited to one case and strophanthus to another, so should he recognize that one case is suitable for ether, another for chloroform, and another for bromide of ethyl.—Dr. Hare, in *Therap. Gazette*.

MEDICAL NOTES.

Prof. Keen says that many cases of *Gleet* are due to strictures of large calibre.

Prof. Hare says *Digitalis* is an invaluable remedy in the second stage of pneumonia.

Prof. Wilson says that the salicylates do not prevent *Cardiac Complications* in cases of rheumatism.

Prof. Wilson says that *Salicylic Acid* should never be administered in solution, but in a capsule.

Prof. Hare says that the citrate of potassium, combined with ipecac., is of the greatest value in the early stages of *Bronchitis*.

Prof. Keen states that an injection for cases of *Gonorrhœa* should be retained in the meatus for at least three to five minutes.

Prof. Keen thinks the sulpho-carbolate of zinc is the best preparation of zinc to be used as an injection in cases of *Gonorrhœa*.

Prof. Hare says one-half to one drop of oil of cloves, in a little water, will sometimes be found to control *Excessive Vomiting* quite speedily.

Prof. Wilson says that cases of *Laryngeal Diphtheria* have been known to recover spontaneously, even after mechanical obstruction has set in.

Prof. Keen does not favor the use of the *nitrate of silver as a caustic* in touching the proud flesh resulting in the healing of large ulcers. He rather prefers a solution in the strength of ten grains of chromic acid to the ounce.

In a typical case of *Cirrhosis of the Liver*, Prof. Wilson has noted good results from the following treatment: Milk diet with pepsin, hydrochloric acid, and phosphate of sodium as internal remedies.

Prof. Hare says that *Digitalis* is apt to irritate the mucous membranes in cases where they are already somewhat out of order, and, therefore, this drug should not be administered by the mouth in gastric or similar affections.

Prof. Hare gives the following prescription in cases of *Pruritus Vulvæ*:—

R—Hydrarg. chlorid. corrosiv., . . gr. $\frac{1}{2}$
 Acid. hydrocyanic dilut., . . f 3 j.
 Aquæ amygdal. amaræ, . . f 3 vj.—M.
 Sig.—Apply to parts itching.

—*Coll. and Clin. Rec.*

THE CURETTE IN OBSTETRIC AND GYNECOLOGICAL PRACTICE.—John G. Cecil (*Medical and Surgical Reporter*, January 14, 1893), referring to the curette, remarks that the good results that may be had from its use are so manifold and great, and so far outweigh the dangers, "that to enter a plea for a place for it in the armamentarium of the obstetrician and gynecologist would be a work of supererogation." The sharp curette is the instrument spoken of, the wire curette being almost useless. With proper antiseptic precautions and a little practice in its use, there are no dangers to be feared from the employment of a sharp curette. The author advocates the technique of curettage which is suggested and practised by Pozzi. These measures embrace a bath for the patient some hours before the operation, and thorough cleansing of the region with soap and water, and then with bichloride of mercury solution, 1:2000. Three injections of sublimate solution must be given on the day of the operation—two at intervals of an hour and one just at the moment of operating. In case there is need for disinfection of the uterine cavity as well as of the vagina, as occurs from malignant diseases of the interior of the womb, the irrigation had better be made intra-uterine, and it is to be remembered that gynecological cases will tolerate a much stronger solution of sublimate than obstetric cases will stand. While the pain inflicted is not severe enough to require anesthesia, it is rather more satisfactory to use an anesthetic. It is essential that the cervical canal be dilated sufficiently to allow the easy introduction of the curette and the escape of all tissue which is scraped away. For the purpose of dilatation the graduated or steel dilators are recommended. Where constant disinfection of the field of operation seems desirable, this can be accomplished by filling the speculum with sublimate solution and elevating the patient's hips sufficiently to allow the fluid to enter the uterine canal. After systematically scraping the entire surface of the interior of the uterus, a hot antiseptic douche should be given, and all fragments washed away. An application of a mild caustic may be made or the cavity packed with iodoform gauze. Three or four days' confinement to bed is a desirable measure to insist upon even in the simplest cases, although this is not necessary, as patients are frequently curetted and allowed to walk or ride considerable distances almost immediately afterward. Speaking of the use of the curette in cases of "uterine catarrh," the author says his experience has been uniformly successful. The cutting in such conditions must be deep enough to remove the diseased follicles to their entire depth. Hæmorrhage due to the presence of submucous fibroids can be promptly checked by the use of curettage. The mucosa must be removed, for it is chiefly due to engorgement and irritation of this