INGLUVIN IN THE VOMITING OF PREGNANCY.

Dr. Popp (*Pester med. Presse*, No. 40, 1888) reports having achieved considerable success with Ingluvin in the vomiting of pregnancy. Having a very obstinate case, upon which he had exhausted the entire resources of the pharmacopœia, he administered three times daily, one-half hour before mealtime, eight grains of Ingluvin, and directly afterward two tablespoonfuls of one per cent. hydrochloric acid solution. An improvement was observed after a few doses had been taken, and a cure effected after the treatment had been continued for three weeks.—*Deutche med. Wochenschrift*, Jan. 17, 1889.

BRONCHITIS.

℞. Tincture veratri viridis, ♏ xv; syrupi ipecacuanhæ, spiritu ætheris nitrosi, āā fl oz. ss. M. Sig.—Fifteen drops every three hours. For a child one or two years old.—B. F. Schneck.

Another:

℞. Pulveris ipecacuanhæ, gr. vj; pulveris myrrhæ, gr. xij; potassii nitratis, dr. ss. Misce et divide in partes vj. Sig.—One every fourth hour. For elderly persons.—Paris.

Another:

℞. Acidi hydrocyanici diluti, gtt. j; tincturæ lobeliæ, fl, dr. j. M. Sig —One dose. Complicated with asthmatic symptoms.—Livezy.

AN OPTHALMOLOGICAL TEST FOR FEIGNED BLINDNESS IN ONE EYE.

A German factory hand claimed damages for accidental total blindness of left eye. Experts proved the eye sound by the following test:

The plaintiff was asked to read, through glasses, the left being clear white the right red, some words written in green or black ground. The man read the writing readily, which he could not have done with any but the eye he claimed was defective, since the red glass adjusted to the right eye would make the green letters appear black, and of course invisible on a black ground.—*Alienist and Nuerologist* 1888 (*October.*)

PUPILARY CONTRACTION DUE TO THE SALICYLATES.

In the January number of the *Practitioner*, Dr. G. A. Gibson and Dr. R. W. Felkin record the singular effects of sodium salicylate in the case of a middle-aged woman to whom twenty grains were given every two hours for an attack that was taken to be of a rheumatic nature. Soon after she had begun to take the drug her pupils were found to be decidedly contracted, their reaction to light was absolutely lost, vision was distinctly impaired, tinitus aurium and deafness were present, and there was severe headache, chiefly over the occipital and parietal regions. These effects soon disappeared, and the patient made an excellent recovery. The authors remark that such phenomena might lead to an error in diagnosis, and they are inclined to explain them in their case as due to an idiosyncrasy.—*N. Y. Med. Journal.*

PLEURISY.

The *Medical World* gves the following prescriptions:

℞. Antimonii tartarati, gr. j; vin. ipecacuanha, dr, j; aq. dest., oz. viij. One teaspoonful every hour. In acute pleurisy.

℞. Potass, iodidi, gr. xxxij; syr. ferri iodide, oz. j; glycerini, oz. j. One teaspoonful twice a day. In children's pleurisy.

℞. Potass. nitratis, dr. ij; liq. amon. acetatis, oz. ij, dr. ij; sp. ammon. arom. dr. ij; tinct. aconiti, dr. ss; aq. dest. ad, oz. viij. Two tablespoonsful every five hours.

℞. Ammon. carb., dr. ss; sp. chloroformi, dr. iij; vin. colchici, dr. ss; liq. ammon. citratis, oz. iiss; mucil. acaciæ, oz. iv; aq. dest. ad, oz. viij. Two tablespoonsful every four hours.

℞. Pil. hydrarg., gr. ij; fol. digitalis, gr. ½; pulv. scillæ, gr. iss. Make one pill, to be taken twice or thrice daily.—*American Digest.*

GASTRIC COUGH AND ITS TREATMENT.

Bull (*Deutsche Archiv für Klin. Med.*) asks if, as is now supposed, cough may have its origin in such diverse parts as the nose, larynx, bronchi, pleura, œsophagus, intestine, liver, spleen, the uterus and its appendages, why may not the stomach also occasionally be the seat of the afferent impulse. In reviewing the literature, he finds all authors agree as to the possibility of the gastric origin of cough, but regard it of great rarity. Bull recently encountered such a case in a young, anæmic woman, affected with a violent, dry cough excited by pressure over the epigastrium. There were no signs of pulmonary disease. Hæmatemesis and other indications of gastric ulcer had preceded the appearance of the cough. He considers it not unlikely that the cicatrices of the ulcer were the source of the reflex irritation. Chloral and morphine were used unsuccessfully in the treatment of the cough. Subsequently treatment directed to the stomach cured it. Cataplasms were applied, and internally gr. xlv of bismuth were administered four times daily in ʒ xxv of lukewarm water. The cough lessened after the first dose and then gradually disappeared. A recurrence cured by the same means.—*Polyclinic.*