

of ulceration nor the catarrhal inflammation of its mucous membrane, which is the most common of uterine affections. Continued nausea was represented by Dr. Tilt as much more frequent than vomiting, most troublesome in the morning, going off after breakfast or dinner, increased by worry, excitement, the fatigue of dressing or talking, and being sometimes so irksome as to cause patients to refuse taking any food unless forced to do so. Some patients only vomiting once or twice in the morning, others more frequently. One only vomited at menstrual periods, and then incessantly for two or three days, with but short intervals of rest. Another thought that she vomited all her food for a year; and in one case the vomiting was continued for eight years, killing the patient at last by inanition. In most of these distressing cases there were no symptoms of biliousness, the sickness being a reflex nervous phenomenon, as in pregnancy. Dr. Tilt stated that uterine treatment, such as leeches to the womb, or the application of *potassa fusa cum calce*, would sometimes suddenly check the vomiting for a period; that this result cannot be depended upon; and that besides the regular treatment of the uterine affection, that it was necessary to mitigate the patient's sufferings. Even when the patient presented little signs of biliousness, Dr. Tilt advised, as a preliminary measure, a full dose of calomel, followed by alterative doses of blue pill, to be continued for a week or ten days. This would sometimes very much diminish the vomiting and nausea; if not, the well-known minor remedies for sickness might be tried in succession. Strychnine was also mentioned as having been useful with some patients; and various interesting cases were related, showing the utility of a solution of morphine, given in effervescing draughts, and repeated after every fit of vomiting, two grains having been, however, sometimes given without quelling the sickness. Blisters to the pit of the stomach, dressed in the usual way, or with acetate of morphine, were favourably mentioned; and, as a last resource, Dr. Tilt advised an issue to the pit of the stomach, by which means he was able to check vomiting which had lasted incessantly for a year, in a patient who, last winter, was only kept alive by brandy. The issue had been discharging for six months, and still continued to check the sickness, notwithstanding a severe relapse of internal metritis, which had caused this distressing symptom. In another case of chronic inflammation of the womb, vomiting seemed to relieve the still more distressing pains, so Dr. Tilt did not think himself justified in recommending the application of an issue. When nausea was protracted, he urged the necessity of forcing patients to take a few mouthfuls of food repeatedly in the course of the day, as in the sickness of pregnancy, and he advised those who suffered from morning sickness to take a little tea, milk, and rum or brandy on waking and before getting up.—*Lancet*.

MATERIA MEDICA.

ALUM LOZENGES FOR APHTHÆ AND PHARYNGO-LARYNGEAL ANGINA.

Instead of the alum gargles prescribed for pharyngo-laryngeal angina, the aphony or dysphony of professional singers, and for aphthæ of the mouth, whatever be their origin, Mr. Argenti exhibits with benefit the following lozenges:

R Aluminis.

Tragacanthæ.

Sacchari.

Aquæ destill, lauro-cerasi, each, q. s. for lozenges weighing 7 grs., and containing each about $\frac{1}{2}$ gr. of alum.

The well mixed mass is spread over a sheet of paper, distributed into lozenges, and dried at a mild heat. The result is a lozenge in which the astringent taste of the alum is tempered by the sweetening ingredients, and will keep for months. The lozenge is allowed to melt in the mouth.—*Championnière's Journal of Practical Medicine and Surgery*.