

siderable influence upon the function of menstruation when that function is deranged. In the matter of time, it tends to promote the normal periodicity both when the periods are too long and when too soon. It aids in restoring the menstrual flow when suppressed, to increase it when scanty, and to moderate it when in excess. It relieves much of the menstrual suffering, has a direct influence on some forms of ovarian pain and the headaches of menstrual origin. It has a remarkable influence in checking leucorrhœa."

In conclusion, he infers that the direct action of the drug is upon the vaso-motor center, especially those regulating the generative system.—*British Med. Jour.*

ODOFORM IN CHRONIC METRITIS.

Drs. Roux and Schnell speak favorably of the influence of iodoform in this disease, and mention the following as its advantages over curetting: (1) It is more easily accepted by the patient. Curetting is a surgical operation, and the very word frightens many patients who will submit to the most elaborate "dressings." (2) Notwithstanding the comparative safety of curetting, it is yet more fraught with danger than simple uterine catheterization and injection of the iodoform emulsion. (3) It is sometimes impossible to curette all of the diseased surface, which, on the other hand, would probably be reached by liquid injection. The superiority of iodoform to other topical applications in chronic metritis seems to be fully established by the superiority of our results over those obtained by surgeons employing other remedies. The emulsion may be of oil and iodoform, 1:3, or of glycerine and iodoform as follows:

| | |
|---------------------|------|
| Iodoform..... | 50.0 |
| Glycerine..... | 40.0 |
| Water..... | 10.0 |
| Gum Tragacanth..... | 3 |

The injection may be made by a hypodermic syringe through an elastic catheter, No. 9 or 10 (Charrière), under strict antisepsis, and should never exceed 4 c. c. (31)—*Annales de Gynécologie.*

STROPHANTHUS AS A LOCAL ANÆSTHETIC.

Many of the drugs which are useful in the treatment of cardiac disease also possess a local anæsthetic action. There is, of course, no connection, as far as can be seen at present, between the two actions. The local anæsthetic action of erythrophleine was investigated last year by many observers; the conclusions arrived at were that, although it possessed a powerful local anæsthetic action, it causes irritation and dilatation of the conjunctiva, and in some cases even

severe inflammation. It was thus much inferior to cocaine, whose action is accompanied by a constriction of vessels and consequent pallor of the part. Helleborin, the glucoside from the Christmas rose, is also a local anæsthetic and cardiac tonic; one fortieth of a grain in solution placed on a conjunctiva of rabbit causes complete anæsthesia in fifteen minutes, and there is at the same time no interference with the movements of the pupil and no dilatation of vessels. The action of this glucoside is therefore like that of the alkaloid cocaine; but it has not yet come into general use. Steinach has lately shown that strophanthus seeds contain a body not identical with strophanthia, which when placed on the conjunctiva produces in twenty-five to thirty minutes complete anæsthesia, lasting from two to twelve hours. There are no great signs of irritation, but if applied to the eye of man it causes a slight feeling of burning, with a passing hyperemia of the conjunctiva. This condition may pass on to cloudiness of the cornea in animals. The local anæsthetic action of strophanthus is, therefore, chiefly of pharmacological interest, like that of erythrophleine. Cocaine still holds its own when judiciously employed.—*Brit. Med. Review.*

WASHING OUT THE BLADDER.

In a recent work by Dr. J. M. Lavaux, he strongly recommends the practice of washing out the bladder by means of hydrostatic pressure, instead of by the action of a syringe. The plan he adopts is similar to that used in what is well known in this country as the "fountain syringe."

He employs a reservoir fixed at a certain height above the patient, and connected by india-rubber tubing, not with a catheter, but with a metallic tube only three centimetres (about an inch) long. The tube fits into a conical perforated india-rubber obturator, which is introduced within the urethral orifice. The stream of water is then turned on, and a force sufficient to overcome the "inter-urethral" sphincter being employed, the fluid passes on into the bladder. As soon as a feeling of distension is experienced by the patient, the flow is stopped, and the obturator is removed, and the patient empties the bladder by his own effort. The stream of water is regulated by means of a difference in calibre of the short urethral tubes, of which there are six sizes, the smallest having a channel of one millimetre and a third in diameter, and the largest three millimetres. The force of water flowing through each of the tubes with reservoir at a given height has been calculated and one size or another is selected according to the sensibility of the bladder and the resistance of the sphincter in each case.

This plan of injection is said to be applicable to all kinds of cystitis in both sexes, and to be