the child is slow in attempting respiration after birth. This delay on the average being extended for the period of about one minute. This condition of oligopnœa was observed in three cases, two vertex presentations and one breech extraction. In all cases there had been somewhat larger doses than usual employed.

In one case the child was born dead, but the cord was bound tightly around the neck, with two turns, and the autopsy revealed very marked compression of the trachea as the result of enlargement of the thymus gland. No other effect was ever observed on any of the children. Out of the 50 cases, 23 of them, or 46 per cent. showed the complete action of the combination. In 21 cases, or 42 per cent., hypalgesia was manifest only; and in 6 cases, 12 per cent., no influence of the drug was apparent. The highest dose of scopolamin was 1-50 gr. with 1-6 gr. of morphia, which was given in the course of eight hours. The lowest dose was 1-200 gr. of scopolamin with 1-6 gr. of morphia, which was given one hour before delivery took place. The usual dose varied between 1-150 gr. and 1-70 gr. extended over a period of about ten hours. Thirty-one of these cases were primiparæ, and 19 multiparæ.

The author concludes that as a result of the use of scopolamin-morphia the physiological course of birth can be effected by inhibiting the reflex resulting in the usual co-operation of the abdominal muscles. Sometimes an idiosyncrasy against scopolamin occurs. Without the most careful control the condition of the child can be seriously impaired by the employment of scopolamin, especially if large doses are used at short intervals. He also concludes that with care the preparation is most useful in reducing the suffering of labour, but that it should only be employed in institutes where the patients are under constant observation.

OTO-LARYNGOLOGY.

UNDER THE CHARGE OF DRS. BIRKETT AND JAMIESON.

YONGE. "Resection of the Nasal Nerve for Paroxysmal Coryza." *Lancet*, June 13, 1908.

In the *Lancet* of June 13th, 1908, Dr. Eugene S. Yonge, Edinburgh, presents an original article on "The treatment of intractable hay-fever, and paroxysmal coryza by resection of the nasal nerve."

The method is based on the theory that the stimulus which induces the reflex manifestations that are observed in those diseases is conveyed to the centres by the nasal nerve, that is, the nasal branch of the fifth. In support of his theory, Dr. Yonge cites: First, the distribution and