

of Playfair and others, that, although of great value as a remedy in this disease, large doses may so disorganize the blood as finally to favour death. Dr. Kane does not, in our opinion, give due credit to other remedies, especially morphia in large doses, which is undoubtedly most valuable in a class of cases uninfluenced by chloral. A synoptical table of 62 cases, condensing divers observations on puerperal eclampsia treated by chloral, is appended. The author agrees with Dr. Leo Testut, the writer of a recent paper on the subject, in advocating the necessity for large doses and in advocating the rectal method of administration. Indeed we are often compelled to resort to this method or the alternative hypodermic injection (which is apt to cause sloughing) from the inability of the patient to swallow. A valuable hint in the rectal method is to pass the drug well up the bowel by attaching a large soft catheter to the syringe. Absorption is perhaps more rapid than in the rectum. At all events there is much less liability to expulsion during a pain.

*Ueber die Wirksamkeit des Chloral Hydrates bei Krampfwehen*, "On the efficacy of Chloral Hydrate in Spasmodic Uterine Action," by Dr. Spöndly of Zurich.—By the term used the author means a spasmodic contraction of a part, commonly the lower segment of the uterine muscle with relaxation, more or less marked, of the upper parts. Every obstetric practitioner will admit that it is most desirable to be able to remove this condition, causing as it does increased suffering, nervous disturbance, and sometimes undeniable danger to mother and child from prolonged labour. Chloroform and chloral have both been used to combat these symptoms. Since 1876 Dr. Spöndly has used chloral hydrate, and in this paper gives a brief synopsis of the results in 46 cases. Of these 33 were primiparæ of ages varying from 21 to 37 years, the majority being between 23 and 30. As regards causes Dr. Spöndly believes that undue irritation of the lower uterine segment is common. In 15 of his cases there was early escape of the liquor amnii; in 3 contraction of the pelvis; in 1 administration of ergot during first stage by a midwife. Another common cause Dr. S. believes to be exposure to cold. In support he points