

Dr. Steele (Liverpool) doubted the utility of vaginal injections as curative agents in inflammation within the cavity of the cervix or uterus, which could only be successfully combated by medication at the seat of the disease. He also thought there would be some difficulty in so localizing internal metritis as to justify the term placental ulceration.

Dr. Thomson (Edinburgh) believed that subinvolution was a frequent cause of uterine ailment.

Mr. Bracey (Birmingham) endorsed many of the views expressed in the paper, which he regarded as a most valuable communication. He understood that vaginal examination was recommended only when convalescence did not proceed favourably.

Obstetrical Journal.

THE VALUE OF CROTON-CHLORAL HYDRATE.

Dr. B. Baker writes to the *British Medical Journal*:—

The profession and the public are chiefly indebted to Dr. Oscar Leibreich for the introduction of chloral hydrate; and this obligation is further increased by the addition of croton-chloral hydrate, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve-pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain; this may be obtained by taking croton-chloral hydrate, and then the antecedent causes of the neuralgia may afterwards be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords.

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrate every hour. In three hours she was considerably better. After taking three more doses, she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrate in grain-doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine, caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and the nerves proceeding therefrom. She took potassium bromide gr. twenty, and croton-chloral hydrate, gr. one, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgiae for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the *Pharmacopœia*; strychnia, iron, quinine, ammonium, chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, gal-

vanism, together with baths and other hygienic appliances, including change of air. In this case, two-grain doses of croton-chloral hydrate every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

. In thirteen patients who have taken croton-chloral hydrate, not a single bad symptom has been observed. In grain-doses, it relieves pain quickly; causes natural sleep; no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.

SHOCK AND SYNCOPE.

(*The Practitioner*, October, 1873.)—Dr. T. Lauder-Brunton, in an able paper, reviews the causes, symptoms, pathology, and treatment of shock and syncope. He believes painful impressions—more especially extensive burns—injuries to bones, and, above all, injuries to the abdominal viscera and genitals, to be the principal causes of shock, which is usually attended with pallor and coldness of the skin, weak pulse, oppressed and sighing respiration, dilated pupils and sickness. There are two chief factors in the production of shock; first, the stoppage of the heart from the paralyzing influence of a sudden and violent injury to the nerves, and second, as a result of the same influence, dilation of the vessels, particularly those of the abdomen. These two enable us to account for all the observed symptoms,—the weak pulse, the low arterial tension, the pallor and coldness of the surface, etc.

Syncope probably depends chiefly on dilatation of the arterioles, and its duration is less than that of shock, because of the greater contractility of these vessels than of the veins.

In the treatment of shock we endeavor to counteract the feebleness of the heart by stimulants—one of the most powerful of which is heat; so we apply warmth to the surface, especially over the cardiac region, and at the same time give brandy and ether internally. A still more important indication is to cause contraction of the great veins in the abdominal and thoracic cavities, so that the blood, instead of stagnating uselessly in them, may be sent onward to the heart. Painful impressions on the sensory nerves will often have this effect,—strong mustard plasters, thrashing the feet and legs with switches, etc. Digitalis, as possessing the power of contracting the vessels and strengthening the pulsations of the heart, is of great value, and should be given freely. In syncope the first idea is to restore the circulation to the brain; and this we do by laying the head on a level with the body or even somewhat lower. The next thing is to raise the blood-pressure; and, as the condition is due to dilatation of the arterioles of the surface, we pursue a plan of treatment directly opposite to that employed in shock, and dash cold water in the face and chest and hurry the patient from a warm room into the cold air, in order to cause contraction of those vessels. For the same reason we apply ammonia or aromatic vinegar to the nose.