

of vomiting followed every meal. No drugs were of any avail, and the patient had to be fed with a drachm of beef-tea every half-hour. When the menses became regularly established the vomiting ceased, and did not return during the first pregnancy, six years later. Dr. Lamy related two obstinate cases of vomiting during the period in adult women. In one, vomiting invariably followed sexual intercourse. The patient became pregnant, but after she bore a child, the vomiting always returned under the same circumstances as before. Treatment proved unsatisfactory. Lastly, Dr. Lamy noted a case of vomiting at the climacteric. The patient was fifty years old, the period was becoming very irregular, and occasional disturbances of the alimentary canal, especially vomiting, set in. Treatment, as in ordinary dyspepsia, gave relief. This last case might be explained by many physicians as simple gastric catarrh, due to errors in diet or other causes, rather than to changes in the uterine functions. It is clear that the vomiting of pregnancy is very common and almost normal, in the sense that a certain amount of hemorrhage at delivery is normal. On the other hand, vomiting at puberty, during menstruation, after coitus, or about the menopause, must be considered abnormal.—*Brit. Med. Jour.*

A CASE OF EXTENSIVE DROPSY DURING PREGNANCY.—The following case is reported because of its comparative rarity: A primipara, seven months pregnant, was suffering from dropsy of the lower extremities, and of the external genital organs. The legs and feet were swollen to an enormous size. The vulva was extremely oedematous, particularly the labiæ minora, which were as large as a hand, translucent, and were extremely tender on pressure. The urine was scanty and albuminous. Rest in bed and the internal use of Epsom salt and cream of tartar rapidly reduced the effusion in the legs, but had not the slightest effect on the swollen genitalia. After persisting for a few days, I punctured the organs, with excellent results, the labiæ diminishing to almost normal size. Patient was then put upon tincture of the chloride of iron, and was apparently doing well. About five days after this I was summoned, found her in labor, and delivered her of twins,

one of which died in a few hours; the other is still living. The patient made a rapid and complete recovery. Lusk speaks of six cases of dropsy in pregnant women treated by him, in which miscarriage followed puncturing the labiæ. Whether labor was brought on by the reflex effects of the operation, or by the condition that caused the oedema, is a question on which I desire an expression of opinion.—*J. E. Covey, M.D., in Med. News.*

THE COLOR OF NEGRO INFANTS.—Several histologists of authority, including Kolliker, have taught that the skin of the negro infant is not pigmented at birth, although the color, distinctive of the race, is rapidly developed in the course of the first few weeks of extrauterine life. In Europe the chances of observing a large series of pure-bred negro infants are rare. In the United States it is otherwise. Dr. Morison, of Baltimore, has made use of his opportunities of observation, and has shown, in consequence, that the current opinion as to the complexion of the negro at birth is quite erroneous. He examined the skin of the arm of an eight months' foetus, whose father was a negro, and mother moderately dark-complexioned. Pigment was found in the lowest layers of the rete mucosum. He also detected pigment in the skin of a mulatto child, who had died about thirty-six hours before birth. Dr. Bowen, writing in the *Boston Medical and Surgical Journal*, on Dr. Morison's researches, adds a notice of his own observations. A few years ago he enjoyed the opportunity of inspecting, at the Boston Lying-in Hospital, a considerable number of negro and half-caste children at, or soon after, birth. The color of the skin was found to vary within a wide range. The pigmentation was marked from the first in all cases where the skin of the parents was very dark. The old, or European, opinion is true of infants with a considerable infusion of white blood. They are white-skinned at birth, but pigment is deposited in the rete mucosum within a few days.—*Brit. Med. Jour.*

THE CREMATION QUESTION IN AUSTRIA.—The Supreme Sanitary Council of Austria had the cremation question brought before it for the first time at a recent meeting. The family of a