without avail. Dr. Vaudenabrele also tried it for two or three minutes; he then had the patient cough violently while controlling the hernia, and it was at once reduced. A third case was equally as amenable to this method, even after taxis had been employed both by himself and another surgeon. He therefore believes that he has found a method, simple, easy, applicable at all times and to all cases, superior to taxis and to any measure which has been described up to the present time. The author's explanation is that, in the first place, the cough is capable of dilating the inguinal and crural rings. Gas inclosed and compressed in the strangulated intestine, at the moment of expansion of the ring, makes its escape into the abdominal part of the gut. The hernia then becoming a simple one, is also reducible.—*Ed. Weekly Med. Rev.*

INFANTILE HYSTERIA.—Drs. Hagenbach-Burckardt and Duboisin agree with the view of Liebermeister, viz., that hysteria is a pathological condition of the gray substance of the brain, and must, therefore, be regarded as a psychical disease, and not a neurosis. They also claim that psychical symptoms are never absent; indeed, in some cases they are the only existing ones. The type of hysteria occurring in children is usually most simple, and, therefore, such cases are especially adapted for the study of the disease. Burckardt and Duboisin have carefully studied the history of twenty-four cases of infantile hysteria, in which predisposition played an important part. They found that in fifty-eight per cent. of the cases a hereditary neuropathic tendency could be traced, whilst fifty per cent. of the cases inherited tuberculosis. Only three cases, in which the disease was but slight, were free from both the above-named predispositions. All the patients, with two exceptions, were anæmic. Two had previously suffered from poliomyelitis anterior acuta. In eight cases only was the initiative cause traced to fear, shock, etc. But few instances of ultimate cure were observed. The majority remained anæmic, and continued to be troubled with either headache, palpitation, nervousness, bodily and mental weakness, weakmindedness, or hysterical phychosis. The prognosis may, therefore, be regarded as unfavorable. This, however, is largely dependent upon early diagnosis and treatment.—*Centralbl. für Klin Med.—Med. News.*

THE INFLUENCE OF THE NERVOUS SYSTEM ON RENAL FUNCTION.—The *Lancet* gives an abstract of Dr. Francesco Spallitta's experiments, made with the view of ascertaining whether the effects produced on the renal secretion by lesions of the medulla oblongata are due, as held by Ustimowitsch, Heidenhain and B. Sachs, to the alteration of the blood-pressure caused by the lesion, or, as supposed by Eckhard, to some morbid change in the innervation of the kidney. The plan adopted was to cut through the spinal cord at various levels, and to watch the effect upon the secretion of urine.

In order to be certain that the urine found in the bladder at the necropsy was secreted after the spinal cord had been cut, a solution of iodide of potassium was injected under the skin after the operation, and the urine tested for iodine. The results obtained were as follows:

1. Lesions of the cord at the base of the first dorsal vertebra produce no changes in the renal secretion.

2. Sections at the seventh cervical and first dorsal vertebra permit the continuance of the secretion.

3. Sections at the sixth, fifth or fourth cervical vertebra allow the secretion to continue, but cause the urine to contain a certain amount of albumen.

4. Sections at the third or fourth cervical vertebra arrest the secretion altogether.

5. Electrical stimuli applied to the cord in the cervical region arrest the secretion entirely.

The theory which seems to Dr. Spallitta to accord best with these facts is, that the effect on the renal secretion of lesions of the cord is mainly due to the destruction of special nervous fibrillæ existing in the cord which govern the function of secretion of urine.

PERSISTENT VOMITING.—Persistent vomiting, especially that of pregnancy, is often most difficult to overcome, and baffles every effort of the physician; indeed, several fatal cases have been lately reported. Dr. Blumensandt, in *L'Union Médical*, says that he has found the following formula invaluable in such cases:

℞.—Hydrochlorate of cocaine	.	3 grs.
Tincture of anise	. .	f℥ijss.
Spirits of menthol	. .	f℥ijss.
Linden-flower water	. .	f℥v.
Syrup of cinnamon	. .	f℥j—M.

A dessertspoonful to be given every hour until the vomiting has ceased.—*Med. News.*

TRICHOPHYTOSIS DERMICA.—Campana, of Genoa, believes that the trichophyton is capable of germinating and growing in the connective tissue of the skin ("Archiv f. Derm. u. Syph.," 1889, Heft 1, p. 51), and, further, that the chief part of such tumors as are formed in connection with ringworm is composed of the fungus itself. He gives a case of diffused ringworm of the body, onychogryphosis of all the toes, and a tumor of egg size (location not stated). Mycelia and spores were found not only in the scaly patches, but also in the nails and in the tumor. The latter consisted of hard fibrous connective tissue, which in places showed signs of beginning necrobiosis.—*N. Y. Med. Jour.*