

become so weakened by distention that it can no longer bear the great pressure of these combined forces a time when a few minutes' delay means the prevention of a rupture. Uterine action is beyond our control; the contraction of the abdominal muscles can be controlled either by complete anæsthesia or by the will of the patient. She is instructed in the interval between the pains that when she feels a pain coming on she is at once to open her mouth and breathe through it as rapidly as possible. In addition the head is held back by pressing against the perineum in the direction of the pubes. The perineum should be as carefully guarded during the passage of the shoulders as during the delivery of the head.

METHYLENE BLUE IN NEURALGIA.—Dr. Immerwahr (*Deutsche Med. Woch.*—*British Med. Jour.*) has recently studied the action of methylene blue in alleviating neuralgic pain, and is of opinion that under certain circumstances the drug is a valuable agent. Thus, in two cases of facial neuralgia and in three attacks of migraine complete relief was speedily obtained. Nervous headache, alcoholic depression, muscular rheumatism, and herpes zoster were also found to be benefited by the drug. Hence, although Immerwahr has not yet been able to try it on a large number of patients, he is satisfied with this new antineuralgic agent, and recommends further trials. In sciatica, methylene blue appears of no value, nor is it suited to other than nervous pain, for example, that due to ulceration of the stomach or cancer. Dr. Immerwahr administers the drug as a dry powder enclosed in gelatine capsules (2 to 5 grains for a dose), three times a day. No ill effects have attended its administration, except that after prolonged use some strangury occasionally sets in, which soon yields to small doses of powdered nutmeg. The urine assumes a blue color, which may frighten the patient unless he is forewarned of its occurrence.

RHUS AROMATICA FOR INCONTINENCE.—Krauss, (*Buffalo Med. and Surg. Jour.*) thus sums up a paper on this subject: Incontinence of urine, due to slight disorders of the genito-urinary or the nervous system, is amenable to the rhus treatment, which gives most favorable results. Incontinence due to destructive lesions of the spinal cord, com-

plicating the vesical center or its reflex arc, is not amenable to the rhus treatment, which gives negative results.

If there be any cause of irritation within reach, it is removed. He then gives the rhus in doses of 5 to 10 drops of the fluid extract, increased to 20 drops, four times daily. He prescribes it in glycerine. In anemic cases he combines rhus with iron:

R.—Ext. rhois aromat. flʒv.

Syr. ferri iodidi,

Elixir calisayæ āā. q. s. ad ʒii.

M.—Sig. ʒss four times a day.

The prescription is incompatible pharmaceutically, as the iron and cinchona precipitate; but it does not follow that it is therapeutically incompatible; and tannate of iron probably forms a useful ingredient.

POINTS ON SYPHILIS.—The glands above Poupart's ligament are (*Times and Reg.*) the immoral glands. If you find them enlarged, examine the penis, and in nine-tenths of the cases you will find the cause there. If the swelling is in the glands below Poupart's ligament, the cause is probably in the foot. In syphilitics a heavy chill and high fever, followed by sweating, will be followed by marked secondary symptoms. Secondary symptoms beginning with a papular or tuberculous eruption show a very severe attack. Syphilitic eruptions are polymorphous; that is, many forms of eruption are present as the same time—the roseolous, erythematous, papular, etc. This is not the case in non-syphilitic eruptions, a point of diagnostic importance. The reason the hair is lost in syphilis is that there is a proliferation of connective-tissue cells, which press on the hair-bulbs and cut off the bloody-supply and cause the hair to die. As soon as the patient is put on treatment, and these cells are absorbed, the hair again grows if the bulbs have not been destroyed. It is by means of the skin that the poison of syphilis is eliminated, as we see by the eruptions.

EXCISION OF THE APEX OF A TUBERCULOUS LUNG.—*La Gazette Médica de Granada* reports a case of the successful excision of the apex of a tuberculous lung by Dr. Tuffieri, who, prior to the operation, had satisfied himself on its safety by a