

This continued, gradually increasing from day to day, until in a week it eventuated in retching and emesis, during which watery matter with an acid taste, followed by bile, was ejected. This reached such an extent that the patient had hardly any freedom from it during the whole twenty-four hours, vomiting as often as twelve times a day.

Taking this in connection with the suppression of the menses, I concluded she was pregnant, and obtained from her the following history:

This was her third pregnancy. With the two preceding ones she suffered quite as much as with this, and, according to her statement, "had employed the services of several physicians, who administered almost every medicine in the pharmacopœia," but without avail, and she was obliged to lie in bed almost the entire nine months, in order to obtain relief from vomiting.

I proceeded to treat her in the orthodox way; advised the administration of a gentle cathartic, gave carbonic-acid water freely, and prescribed the following:

R
Bismuthi subnit..... 3 j.
Pepsinæ sacch..... 3 ss.
Cerii oxalat..... gr. ix.

M. In chart. No. vj. Div. et sig. one every two hours in carbonic-acid water.

This was not followed by the slightest remission in the symptoms.

I then doubled the quantity in each powder; this also failed.

I finally increased the subnitrate of bismuth to ʒi. doses every three hours, also highly spoken of. Various hygienic measures, as well as some other medicines, were resorted to, but all failed to bring about the desired relief.

About this time my attention was called to the preparation *inglavin*, recommended in cases of this kind, and I determined to try it at once.

I prescribed *five grains* of Warner's *inglavin* every two hours, and continued this for three or four days without any appreciable result other than diminishing the violence of the attacks of retching and vomiting.

I increased the dose to *ten grains* every two hours. This seemed to relieve my patient to such extent that she only vomited before meals, at the sight or smell of food.

I then increased the dose to seven grains, giving it half an hour before each meal. This soon had the desired effect of controlling the attacks. Continuing the same dose every three hours, the vomiting and nausea ceased entirely in four or five days.

She made a complete recovery in the second month of her pregnancy, in three weeks from the time she commenced the use of *inglavin*.

Inglavin has certainly proved very efficacious in my hands, and I would therefore cordially recom-

mend it to the medical profession as worthy of a trial. I consider it an invaluable remedy in obstinate cases of vomiting in pregnancy.

I might also add that I have used *inglavin* successfully in several cases of chronic dyspepsia, in which pepsin had failed.—(*Dr. Frowert, Medical Record.*)

WHEN NOT TO GIVE IRON.

In the current number of the *Practitioner* Dr. Milner Fothergill has contributed a few very practical remarks on the contra-indications for giving this drug. As long, he says, as there is rapidity of pulse combined with rise of temperature, so long must iron be withheld in the treatment of acute disease. As long, moreover, as the tongue is thickly coated, or red and irritable, it is as well to withhold chalybeates altogether. This is particularly true of phthisis; no matter what the other indications are, it is useless, and sometimes worse than useless, to give it unless the tongue be clean without irritability.

It may be laid down as a general rule that this toleration of iron diminishes as the age increases. Young children take iron well, and it is often well borne by them in conditions which in the adult distinctly forbid its use.

There is one condition where iron is absolutely forbidden, and that is the condition known as biliousness. As long as there is a foul tongue, a bad taste in the mouth, and fullness of the liver with disturbances of the alimentary canal, iron is not only of no service, but positively does harm. Sir Joseph Fayrer's Indian experience is in full accord with this expression of opinion. In speaking of the treatment of hepatic congestion, accompanied by anæmia, he lays stress upon the resort to purgatives and vegetable tonics and the avoidance of iron, until the biliary congestion is removed. "When the portal circulation is relieved some preparation of iron may be useful."

When given in large doses iron always blackens the stools, but if given in moderate doses and well assimilated this blackening is not so marked. The colour of the stools, then, may be utilised as an indicator as to how far chalybeates are assimilated and are likely to be useful.

There are two different states found in women where iron is either totally contra-indicated or to be given with great caution. The first is a condition of amenorrhœa in florid, plethoric persons. The other is the opposite condition of menorrhagia in certain females. There are cases of menorrhagia associated with pallor and debility, where the usual compound of iron and extract of ergot is not so useful as a non-chalybeate treatment. In these cases it is not any imperfection in the process of blood manufacture which is to be remedied, for the blood

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