

These statements can easily be verified by observation of the members of orchestras at theatres and music halls. Now the question has been taken up by European newspapers and scientists, and the cause of the phenomena is being sought after. Why the tones that come from a brass instrument should discourage hair any more than the music evolved from strings is difficult to determine, but the French scientists who are investigating the matter will perhaps find a solution. Music has long been known to have therapeutic qualities and is useful in many nervous diseases, and now it seems that it may be useful as a hair tonic.—*Magazine of Medicine*.

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OPIUM IN GRAVE DISEASE.—Mr. Greig Smith, in a paper on the "Pre-Diagnostic Treatment of Grave Abdominal Disease" (Treatment, March 25th, 1897) urges the desirability of avoiding the use of opium in these cases. He does not mention purgatives, but he advises the avoidance of iced fruits on the ground that by their administration the intestines may be "started into furious action." A course of treatment is sought for "which will certainly do no harm, but will probably do good, and which will not obscure the signs and symptoms, but will rather help in their evolution and interpretation." Assuming that a patient has symptoms coming on suddenly which may be due to simple colic or to "some grave condition such as obstruction or perforation of a viscus, or even extravasation of blood," he advises as the first thing to be done the administration of brandy in milk by the rectum, and that the patient should then be swathed in hot blankets. "The attendant now sits down by the bedside of the patient to watch him and complete the diagnosis. And he ought scarcely to leave his side till the diagnosis is complete." Mr. Greig Smith goes on to say that the patient with the colic makes a great fuss about his condition, whereas the subject of grave disease makes little fuss and keeps his abdomen as still as possible. If the intestines are in motion, Mr. Greig Smith considers that there is no perforation, because this condition causes paralysis and silence on auscultation, except at the seat of rupture, where there are "rare and mysterious blowing or rushing sounds." He then briefly refers to the signs of gaseous exudation into the peritoneal cavity. If the surgeon notes and keeps in mind every individual sign as it is evolved, Mr. Greig Smith says, "it will be surprising if at the end of half an hour their aggregation do not permit of a diagnosis being made sufficiently accurate for exact treatment," and if it be decided that the condition is due to colic, he advises that the treatment should commence with a full dose of morphia. But here we get beyond the pre-diagnostic stage.—*Practitioner*.