continued to fall steadily and to improve in quality, the general condition being one of progression. The patient's mental condition changed rapidly for the better, the appetite returned, and the skin resumed its normal color. Nuclein evidently strengthens nature's antitoxic elements in acting promptly and favorably upon leucocytosis, causing no unpleasant complication or effects, and rapidly diminishes fetid discharges.—*Therapeutic Gazette*, 1897, No. 5, p. 296.

Chelidonium Majus in the Treatment of Cancer.—DR. C. D. SPIVAK has collected the reported cases of fourteen observers, and finds that of 61 treated, 33 improved under this treatment. The general sentiment, based upon the favorable cases reported by reputable physicians and the microscopical examinations of cancerous tissue made after the injections, is that (1) the drug undoubtedly has some influence upon cancerous tissue which requires further investigation; (2) the experiments are not numerous enough to warrant definite conclusions; (3) the drug being very unstable, many of the unfavorable cases may be attributed to the inefficiency of the preparation; and (4) probably the technique of the administration is not yet perfected.—*Therapeutic Gazette*, 1897, No. 4, p. 229.

The Causation of Chloroform Syncope.—MR. LEONARD HILL concludes that: (1) Chloroform produces a primary failure of the circulating mechanism and a secondary failure of the respiratory centre. The respiratory centre fails to act not only because it is damaged by the drug, but because of the anæmia of the spinal bulb produced by the fall of arterial tension. This is proved by the fact that the action of the respiratory centre can be renewed by raising the arterial tension. The depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension. (2) It, more than any other known agent, rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity. (3) It abolishes these mechanisms by paralyzing the splanchnic vasomotor tone and by weakening the action of the respiratory pump. When these mechanisms are totally abolished the circulation is impossible if the subject be in the feet-down position. (4) It also produces paralytic dilatation of the heart. It acts directly like amyl nitrite on the musculature of the whole vascular system. (5) There are two forms of chloroform syncope: (a) During primary anæsthetization. The patient struggles, holds his breath, raises the intrathoracic pressure, congests his venous system, lowers his arterial tension, and finally takes deep inspirations and surcharges his lungs with chloroform. In the first stage the left heart becomes impoverished; in the second stage it is suddenly filled with blood. This is drawn from the lungs, and is full of chloroform. The chloroform passes into the coronary arteries, and the heart is thrown into paralytic dilatation. Respiration and the pulse either cease simultaneously, or the pulse before respiration. (b) During prolonged anæsthesia this arises from gradually giving chloroform to too great an extent. The arterial pressure falls lower and lower, and, secondarily, the respiration ceases because of the anæmia of the spinal bulb. The heart is not in this case paralyzed by chloroform, because the drug is taken in gradually by the shallow respirations and distributed slowly by the