

about an acute anæmia sufficiently grave to produce speedy death; also in traumatic or operative shock. In the infections normal saline solutions may be employed hypodermatically or by rectal injections as soon as diminished vascular tension appears, the general condition is grave with enfeeblement of the organism, or in default of proper action of the emunctories. The quantity should be regulated carefully, and the action upon the heart and kidneys always kept in mind, lest, these being injured by the infection, the treatment may cause further damage. Those infections and toxæmias for which bleeding is applicable should be bled before resorting to this method. Aside from their stimulant and eliminant action, they nourish the patient and assist him as do no other excitants and stimulants ordinarily employed in the infections; but these solutions are not microbicides nor antitoxics.—*Bulletin Général de Thérapeutique*, 1898, T. cxxxvi. p. 778.

Gelatin Hæmostasis.—DR. PAUL CARNOT reports upon its indications and contraindications. For local use the formula, gelatin, 5; calcium chloride, 1; water, 100, is useful. This may be sterilized by heat, but not at a temperature higher than 239° F., lest its solidification be interfered with. If the wound is septic, this treatment will suffice. The results are generally good. To increase the general coagulability of the blood, subcutaneous injections have been proposed. In practice these have been found to be dangerous. In ingestion of this preparation, or by hypodermatic injection of calcium chloride alone, we have a safe method which is equally useful in the treatment of hemorrhage at a distance or in certain hæmophilias.—*La Presse Médicale*, 1898, No. 94, p. 295.

Urotropin.—DR. T. K. HOLMES reports that a patient suffering from cystitis resulting from prostatic hypertrophy was not relieved by tying the vas deferens nor by washing the bladder with a boric-acid solution. Seven grains of this remedy, twice daily, reduced the urgency of urination, cleared the urine of pus, and enabled him to remain in bed at night, rising only once to micturate.—*Dominion Medical Monthly*, 1898, No. 5, p. 186.

[A more complete report by the editor, covering the use of this substance in cystitis due to prostatic hypertrophy, pyelitis, phosphaturia, and cystitis consecutive to gonorrhœal urethritis, is to be found in the *Medical News*, 1898, vol. lxxiii. p. 609. At present observations are being conducted to determine its value in tuberculous cystitis. Thus far they encourage the hope that a remedy of real worth has been found.—R. W. W.]

The Abuse of Ergot in the Treatment of Hemorrhage.—DR. FREDERICK A. PACKARD presents a timely paper, which points out that in medical hemorrhage our object should be to endeavor to favor the formation of a clot in the ruptured vessel by measures that increase the coagulability of the blood, by calcium chloride, or, where possible, by local applications (such as the topical use of such remedies as hamamelis in epistaxis, the gentle inhalation of turpentine or other hæmostatic vapor in hæmoptysis, the administration of tannic acid in hæmatemesis, of lead acetate in hemorrhage from the bowels), to prevent mechanical disturbance of the clot by producing