rhagic erosions in the gastric mucous membrane in one rabbit, and in another congestion and mucous secretion, with a reddening of the duodenal mucous membrane. In neither was there a yellow discoloration of the conjunctiva. These observations indicate that care should be taken in the use of the remedy, which gives excellent results in the various neuralgias and in cases where an antipyretic is needed, but they are not intended to discredit it.—*Therapeutische Monatshefte*, 1898, Heft 2, S. 111.

Poisoning by Convallaria Majalis.—DR. J. H. ANDREWS reports that a child, aged two years, took nearly a teaspoonful of the fluid extract. She became extremely restless, showed a continual trembling in the arms and legs, and once general convulsions. She was aroused with great difficulty, and immediately relapsed into stupor. The pupils were moderately dilated. The axillary temperature was 97° F.; pulse 140 at times, at others too rapid to be counted, but always exceedingly irregular. Respirations were shallow and superficial, increased somewhat in rapidity, but were very regular. The face was somewhat flushed. There was no gastro-intestinal, renal, nor skin irritation. Under symptomatic treatment the child gradually regained her normal condition.—*Therapeutic Gazette*, 1898, No. 2, p. 144.

The Local Anæsthetics.—MR. CHARLES NITZBERG states that the following precautions should be observed in the use of cocaine: 1. The patient should be in a recumbent position during cocainization and for several hours after, in order to avoid syncope. 2. The solution should be one of 1 per cent.; the strength has more influence as regards accidents than the quantity absorbed. 3. The quantity of the drug (as hydrochloride) used should not exceed two or two and a half grains. 4. The solution, when used hypodermatically, should not be thrown into a vein. 5. At least five minutes should elapse after the last injection before commencing the operation. 6. Avoid the use of the drug in all cases where the area involved is large, and especially when its boundaries are not known in advance. Synthetic cocaine gives results which are varied and even contradictory. Cinnamyl-cocaine, which is ordinarily found with cocaine in the leaves, is slightly anæsthetic; it is also slightly toxic. Isotropyl-cocaine has no anæsthetic properties, but it is a violent heart-poison, which may explain some of the accidents which have followed the use of cocaine obtained from the leaves. Tropa-cocaine does not disturb the physiological equilibrium of patients, but its anæsthetic power is less pronounced than that of cocaine. Methyl- and benzoyl-ecgonine have little anæsthetic power, and they are twenty times less toxic than cocaine. Of the homologues when methyl is replaced by ethyl, propyl, isopropyl and isobutyl, Falck believes that these act as does cocaine. Methyl-valeryl, methyl-cinnamyl, and methyl-phtalyldi-ecgonine are not anæsthetic. The norcocaines (methylamide group replaced by the radicolle imide) are more anæsthetic and much more toxic than cocaine. Dextrogyre is more anæsthetic, but also more irritant than lævogyre-cocaine. Because of the last property it has been rejected by ophthalmic surgery. Eucaine A. is a vasodilator, in equal amounts less anæsthetic, shorter in duration, producing a burning sensation, but it influences the pupils less. Vinci believes its toxic equivalent is less, and that its effect on the heart is not