ties. The finger held in it for some minutes did not then feel the prick of a needle. A Chinese physician described it as being the juice of the eyes of a frog. It was probably obtained by placing a frog in a jar containing flour, and irritating the animal, when it exudes a fluid which forms a paste with the flour.

JÁMBUL SEEDS.¹²

The bark and seeds of the indian plant jámbul or jámnu, have been lately represented as arresting the formation of sugar in diabetes. Experiment has shown that while a certain quantity of diastatic matter converted 44.8 per cent. of the starch employed into sugar in fifty minutes, normally, with the same materials and in the same time, but 19.6 per cent. was converted when fifteen grains of jámbul powder was also present, and only 12.6 per cent. when twenty-five grains of the seeds were present.

CORROSIVE SUBLIMATE SOLUTION.¹³

For dissolving corrosive sublimate distilled water only should be used, as by natural hard water the oxychloride is precipitated out, and in making the ordinary solution of 1 part in 1000, over 80 per cent. of the sublimate may thus be lost, and the solution contain but 1 in 5000 parts in reality. If, however, the natural carbonates of the hard water be decomposed by some acid, as say by one fluid ounce of good white wine vinegar to the gallon of water, this precipitation can be prevented.

FUSEL OIL PREVENTED.¹⁴

M. Gayon and Dupetit at a recent sitting of the French Academy, presented a method for preventing the secondary fermentation in the production of alcohol, to which the formation of the higher alcohols are due. It was the addition of bismuth salts to the fermenting fluid, they claimed, that thereby only the pure ethylic alcohol was generated.

ARTIFICIAL BORNEOL.

A German house have lately announced that they had succeeded in producing artificially borneol, the camphor so highly prized by the Asiatics for its odor. It would form a valuable material for perfumers, who could thus realize some novel effects, as really new odors which can be made available commercially are rarely discovered.

NATIVE WINES AND BRANDIES.¹⁵

An examination of native white and red wines and brandies, to ascertain how far they conformed to the requirements of the "United States Pharmacopœia," and were adapted to medical and pharmacopœial purposes has shown that they answered all the requirements except in a few instances.

INTESTINAL GASES.

Of special interest in connection with the proposed treatment of phthisis by the injection per rectum of hydrogen sulphide gas diluted with carbonic anhydride are the analyses which have been made by Prof. Planer, E. Ruge, and C. B. Hofman, of the gases naturally to be found within the intestines, and which have been published in the *Sitzungsbericht d. Wien Akad. de Wiss.*, Bd. 42 and 44, and in *Wien Med.*

¹² British and Colonial Druggist.

¹³ Pharm. Centralhalle, August 19, 1886.

¹⁴ Compt. Rend., ciii, 883.

¹⁵ Contrib. Dep. Pharm. Univ. Wisconsin, No. 1, 1885.

Wochenschrift, 1872, No. 24. They analyzed the gases resulting from flesh, vegetable, and bean diets in men, dogs and rabbits. Stated briefly, the natural gas was found to be an admixture in quite various proportions, of carbonic anhydride with hydrogen, marsh-gas, oxygen, nitrogen and hydrogen sulphide. This last was found to be usually a decomposition product formed within the large intestines, and not to be present in a larger proportion than from 1 to 2 per cent. Planer found that the presence of 10 per cent. in an injected gas, being quickly absorbed, developed symptoms of poisoning in dogs. He could not detect it in the breath, which W. Kühne claims that he himself easily did.

Hospital Practice and Clinical Memorandum.

CLINICAL NOTES ON DR. BERGEON'S TREATMENT OF CHRONIC DISEASE OF THE LUNG AND AIR PASSAGES BY MEDICATED GASEOUS ENEMATA.

BY FRANCIS P. KINNICUTT,

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DURING the past three months, Dr. Bergeon's method of treatment of chronic disease of the lung and air passages by means of gaseous enemata, has been employed in the author's wards in St. Luke's Hospital and in his private practice, and the results carefully observed. With one exception, all of the patients thus treated, had been under observation for considerable periods of time, during which their weight, the daily amount of sputa, the temperature curves and the physical signs had been accurately noted.¹ The apparatus employed was Dr. Morel's, of Paris; either the Richfield Springs or the Sharon water, preferably the former, was used to charge the carbonic acid gas (which was freshly prepared for each enema) with sulphuretted hydrogen.

Five litres of the gas, as a rule, were injected once daily; occasionally a similar amount was injected, a second time, in the twenty-four hours. The following tables illustrates the results obtained in the individual cases in which this treatment was employed.

At the present time, the author's experience with this method of treatment has been far too limited to prevent of more than a corroboration of some of the statements which have been made by Dr. Bergeon and others, in regard to it. That it is capable of lowering the pulse, reducing the temperature, diminishing the severity and frequency of the sweats, of markedly diminishing the amount of the expectoration, of improving the appetite, in other words of greatly *ameliorating* many of the distressing symptoms of advanced phthisical disease, does not seem to admit of doubt. That it is capable of "rapidly arresting early cases of phthisis," cannot yet be affirmed from the comparatively limited experience of American physicians. From their published reports, up to the present date, it would seem that Dr. Bergeon's method had been employed by them chiefly in cases of *advanced* disease, which may justly be considered as incurable by any method of treatment. "To cure phthisis, treatment must be instituted before extensive destructive disin-

¹ In all of the cases of phthisis, tubercle bacilli in large numbers had been found in the sputa.

Cases.	Physical Signs on Admission.	Results after enemata for	Temperature	Weight	Appetite	Amount of sputa	Sweats	Physical signs
1 Male 33 years	General tubercular infiltration of both lungs, with cavities at both apices. Evening temperature quite constantly 102°, before treatment.	26 days	Evening range from 98.5°-100°	Gain of 4 lbs.	Improved	Reduced from 2 oz. to ½ oz.	Ceased	No appreciable change. Marked improvement in general condition
2 Female 33 years	General tubercular infiltration of both lungs, with cavities at both apices. Evening temperature before treatment, 102°+	19 days	Slightly lower range until death	No effect	Improved	Reduced in 24 hours from 5 oz. to ½ oz. without further change	Improved	Not affected Death on 23d day
3 Male 25 years	Laryngeal phthisis; extensive consolidation of upper lobe, left lung, areas of softening and cavity. Evening ranges of temperature, 101.5°-102.5.	30 days	No effect	No effect	Improved	Slightly diminished	Improved	Not affected
4 Male 18 years	Small cavity at left apex, with extensive consolidation of upper lobe of same lung. Beginning trouble at right apex. Evening ranges of temperature 101°-102°.	39 days	Normal	Gain of 8½ lbs.	Improved	Reduced from 10 oz. to 2 oz.	Ceased	Signs at right apex disappeared, with exception of slightly wavy inspiration
5 Male 39 years	Cavity at right apex, with areas of consolidation and softening throughout upper lobe, same lung. Evening range of temperature, 101°-103°.	22 days	Evening range 100°-101°	Gain of 3 lbs.	Improved	Slightly diminished.	Markedly diminished in frequency and severity	No appreciable change
6 Female 45 years	General bronchitis (chronic) emphysema and asthma.	3 days Asthmatic attack relieved completely by enema.				Markedly diminished		Disappearance of moist râles, signs of emphysema. Unaffected
7 Female 15 years	Large abscess of lower lobe of left lung. 12-16 oz. of foetid pus by mouth daily. Little or no elevation of temperature.	20 days		Gain both before and during treatment	Always good	No effect Fœtor unaffected	Not present before treatment	Unaffected
8 Male 55 years	General bronchitis (chronic) apyretic.	18 days		No effect	Marked improvement	Markedly diminished	Not present before treatment	
9 Female 35 years	General tubercular infiltration of both lungs. Cavity at left apex. Softening at right apex. Evening range of temperature, 102°-104°.	25 days	Slightly lower range	Loss of 6½ lbs.	Improved	Reduced from 15 oz. to 10 oz	Ceased	Unaffected

tegration of lung tissues has occurred." The subjection of the diseased tissues to aseptic and anti-septic influences is the basis of the modern treatment of pulmonary tuberculosis, and rests both upon a sound pathology and upon clinical experiences. The removal to comparatively aseptic climates, is quite impossible in the case of the majority of sufferers from phthisis, and it is to these patients and in the early stage of the disease, that Dr. Bergeon's method would seem to offer possibilities, which cannot be disregarded. It will be seen from a study of the above tabulated report, that in all the cases of phthisis, the disease was far advanced. In cases 1 and 9, the last stages had been reached. In cases 4 and 5, the patients were confined to their beds before the treatment was instituted, and were rapidly failing. They are at present able to be up and out of doors, and the improvement in their general condition is most striking.

In case 5, the patient had been in the wards for six months, and although under as thorough antiseptic medication as possible, his condition has steadily grown worse.

Only a single opportunity presented itself for a trial of the efficiency of the treatment in paroxysmal asthma. The results were such as to warrant its repetition in similar cases. By a careful attention to the details of his method, as insisted upon by Dr. Bergeon, absolutely no disturbance was caused in any of the cases, with the exception of occasionally an uncomfortable feeling of abdominal distension, by the administration of the enemata.

— Dr. Pawlik, Docent in obstetrics and gynecology at Vienna, has been named an ordinary professor at the Tscheck medical faculty of Prague.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.

CHARLES P. STRONG, M.D., SECRETARY.

MEETING, January 3, 1887. DR. E. J. FORSTER in the chair.

DR. C. P. PUTNAM read a paper upon

THE USE OF MEAT AS A REGULAR ARTICLE OF DIET IN THE NURSERY.¹

DR. FOLSOM stated that while his ideas were similar to those of the reader to a certain degree, still he felt that many cases of pale and anæmic children were better treated by a meat-diet than by medicinal tonics.

DR. E. G. CUTLER said that the dietary of a large asylum, which was the home of children of all ages, from a few months to puberty, had not been modified for a great many years, as the health-rate had been so good. Meat was given bi-weekly only.

DR. H. C. HAVEN stated that the same results were found following either too high or too low a diet, and that much of the evil that was attributed to some special diet really was due to the improper digestion of the albuminoids ingested.

DR. REYNOLDS thought it was not advisable to adopt a uniform method of feeding for all children of the age under consideration. If the members of one family profit by the food advised by the reader, the condition of their neighbors may distinctly call for tonic feeding or even for stimulants. Age is only one factor in the question. The paper records that dysentery prevailed in the New York Dispensary

¹ See page 30 of the Journal.