

partially if not wholly in apposition and lined by a mucous secretion; while the reversal of this mucous current is favored by any condition (such as a fistula) which leads to arrest or diversion of the ordinary secretion of the viscus or gland.

The bearing of these remarks on the larger question of infection will be at once apparent. Bond is inclined to think that in some cases more attention should be paid to mucous channels as routes of infection rather than to the lymph or blood stream. Bearing in mind the proved transference of particles under certain conditions from duodenum to gall-bladder and from urethra to ureter, it is to be hoped that further light may thus be thrown on these calculous diseases.

THERAPEUTICS.

UNDER THE CHARGE OF

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The Treatment of Heart Affections.—DR. E. DE RENZI, from a prophylactic standpoint, advocates the administration of large doses of sodium salicylate (1½ to 2 drachms per day) in all cases of acute articular rheumatism and the proper treatment of all gouty tendencies and of obesity. In endocarditis with compensation, hygienic treatment is necessary, but digitalis is contraindicated. On the other hand, lack of compensation necessitates reliance upon this drug, the best preparation of which is, in the author's opinion, soluble digitoxin. Its action takes place quickly and it presents no disadvantages. Lesions of the heart muscle may be benefited by exercise, under the influence of which the myocardium becomes strengthened and hypertrophies. In this connection, Oertel's method increases the respiratory power, accelerates the elimination of toxins and facilitates the peripheral circulation. It is specially useful in fat patients and in functional heart lesions. Massage and Swedish movements lessen the peripheral resistance, dilate the capillaries, and militate against venous congestion. These are indicated in organic lesions.—*Berliner klinische Wochenschrift*, 1905, No. 11, p. 291.

The X-ray Treatment of Tinea.—DR. DUPEYRAC reports the results of the treatment of a case of tinea tonsurans, a case of *trichophytosis barbae*, and a case of favus of the scalp. These were well treated by an x-ray of slight penetration, and the surrounding parts were shielded by a protection of lead. In the first case epilation was complete on the twentieth day and a cure was achieved in three and one-half months; in the second case treatment was continued for a month, and two months

later the cure was complete. The third patient is still under treatment, but the ray does not seem to be in this instance superior to the forceps for purposes of epilation. The author considers that as he has employed them, the rays do not act as a parasiticide but only as a depilatory agent, thus making it possible to thoroughly clean the site of the lesion. There is difficulty in regulating the strength of the ray, so that it shall exert this depilatory action and yet not produce a dermatitis and complete alopecia, consequently he employs rays of slight penetration and of an amount corresponding to 5 units H.—*Marseille médicale*, 1905, No. 6, p. 173.

The Treatment of Gastric and Intestinal Hemorrhage.—DR. CAPITAN considers calcium chloride the most useful drug in these conditions. In typhoid hemorrhage the baths are to be stopped, the patient is kept as quiet as possible; milk is replaced for three days by a fixed quantity of water. Two intestinal irrigations per day of a quart of water each at 118°, to which a drachm of calcium chloride has been added, are given. At the same time the patient is given 30 grains of this substance in aqueous solution by mouth. The irrigation must be given gently, slowly, and under low pressure. Four or five small doses of opium by mouth complete the treatment. Gastric hemorrhage is to be managed in practically the same manner. The intestinal irrigations may be supplemented by injections of serum and other means calculated to sustain the patient should be employed. The irrigations relieve the intestine of the extravasated blood, and, given at a temperature of 118°, they have both a constricting effect upon the bloodvessels and act as a nerve sedative. The calcium chloride increases the coagulability of the blood and enhances the hemostatic effect of the hot water. This agent is not toxic, is not disturbing to the stomach, and is readily absorbed. Its action takes place in about fifteen minutes, but taken in larger doses than those above mentioned, it loses its power of increasing blood coagulability.—*La médecine moderne*, 1905, No. 10, p. 76.

Dechloridation in Epilepsy.—DR. ARTHUR MORTON reports encouraging results from the substitution of sodium bromide for sodium chloride in the food of epileptics. The sodium chloride was not wholly excluded from the diet, but enough of the bromide was added to the food so that each patient took about 15 grains per day. It is claimed that this salt is rapidly absorbed and becomes part of the body tissue when given in this manner and that only about half the usual quantity is necessary to produce the sedative effect. The author concludes that this method controls the convulsions and has little if any effect upon the nutrition. It is apt to cause constipation and does not furnish enough salt to satisfy the patient. It may be advantageously employed in intelligent patients, but is useless in middle-grade epileptics, as they have neither the desire nor the will to carry it out. A modified salt-poor diet, in which about equal parts of sodium chloride and bromide are used in the food, may be employed with advantage with idiotic and demented patients if their diet can be absolutely controlled. Bromism is comparatively rare.—*Boston Medical and Surgical Journal*, 1905, No. 24, p. 698.

Antistreptococcus Serum in Scarletina.—DR. L. MENDELSON finds that the serum is very prone to produce eruptions in scarlet fever patients
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