latter act as any alkaline medicament in emulsifying fatty foods and rendering them easy of digestion. From internal antiseptics most beneficial results have been obtained, the remedy most commended being benzoyl-guaiacol given in capsules, commencing with a moderate dose of a grain or two and gradually increasing it to ten or fifteen grains thrice daily. This drug apparently stimulates the nerve-centres; it increases the appetite; it lowers the specific gravity of the urine; it controls the excretion of urine; and, lastly, it modifies the sugar-formation, thus lessening the amount excreted. In addition, the use of lithium carbonate and Fowler's solution gives the best results.—*American Medico-Surgical Bulletin*, 1895, No. 23, p. 1413.

CONCERNING DIAPHORETIC METHODS.

DR. KARL DEHIO prefers the hot-air bath, administered in bed, in the manner familiar in American hospitals, because it brings about: (1) Extensive change in the circulation and distribution of the blood with lowering of blood-pressure. (2) There is an energetic abstraction of water through increase of perspiration. (3) There is a marked increase of tissue-change and increased expenditure of body-substance. The indications for its use are anasarca from renal disease, either post-scarlatinal or acute, acute anæmia, and chlorosis.—*St. Petersburger medicinische Wochenschrift*, 1895, No. 44, S. 373.

PHENACETIN-POISONING.

DR. G. KRÖNIG reports a fatal case. For occipital headache a seventeen-year-old priater's assistant received five fifteen-grain phenacetin-powders, not more than two to be used in a day. After an evening-dose vomiting commenced, then were noticed great weakness and a bluish-gray coloration of face and lips. The temperature was 102.2° F., the pupils were of medium size, the pulse weak, and the patient complained of headache, vomiting, and diarrhœa. The urine was of chocolate color, the conjunctivæ slightly jaundiced. General icterus followed, and cyanosis of lips, ears, hands, and feet. Urine obtained by catheter was thick, dark reddish-brown in color, containing masses of almost pure blood. Death followed two days after the ingestion of the remedy. As the patient was septic from a purulent otitis, a necropsy was necessary to show that death was due to the drug. The diagnosis reached by this means was stated as universal methæmoglobinæmia, although the patient within the preceding three weeks had taken four similar doses with no apparent ill effects.—*Berliner klinische Wochenschrift*, 1895, No. 46, S. 998.

THE HÆMOSTATIC PROPERTIES OF ANTIPYRIN.

DR. H. HUCHARD notes that as early as 1884 these properties had been noted, and it was suggested by Ardnin that the drug might be used for the same purposes as iron perchloride and ergot. Its hæmostatic effects are powerful and rapid. In epistaxis a simple tampon moistened in a solution of the drug (1 to 5 or 1 to 2) is usually sufficient. In more extensive hæmorrhages, hot irrigations with a 4 per cent. solution or even insufflations of the powdered drug are useful. For hæmorrhages after ablation of polypi or ex-

traction of teeth these methods are applicable. In uterine hemorrhages, due to different causes, large irrigations with a 5 per cent. solution should be terminated by the application to the neck of the uterus of a tampon wet with the same solution. In hemorrhage due to endometritis fungosa, equal parts of salol and antipyrin are melted at the fusion-point of salol, which gives a brown, syrupy liquid, and this liquid is used to moisten a tampon which can be placed into the uterine neck, a speculum being used, and over it a few other tampons. After amygdalotomy moistened tampons are efficacious. For hæmoptysis, inhalations or sprays of a 1 per cent. solution have been effectual when other means, including subcutaneous injections of ergotin, have failed. For open wounds a solution or a gauze impregnated with the powder coagulates the blood, which resists for a long time decomposition, because of the antiseptic and cicatrizing properties of the drug.—*Journal des Praticiens*, 1895, 2e semestre, No. 19, p. 289.

THE ABSORPTION OF THE ALBUMINOIDS AND FATS OF A NUTRITIVE ENEMA.

DR. R. LÉPINE, reviewing the physiological literature, acknowledges that the question, whether absorption takes place in the large or small intestine, remains open, because the ingenious hypothesis of Grützner, that there is a retrograde transportation of fine alimentary particles without visible antiperistalsis, has not yet been established. If this should fail of proof, it is strongly probable that some of a nutritive injection could pass through the ileocaecal valve, and thus would be partly explained the fact that a patient can live and keep his weight entirely upon rectal enemata, for all that the large intestine does not show digestive phenomena which are hardly appreciable. Physiological observation shows that the ileocaecal valve is permeable, and it is only necessary for nutritive substances to penetrate a certain distance into the ileum to meet with digestive juices which can change them and render them absorbable.—*La Semaine Médicale*, 1895, No. 45, p. 389.

IZAL.

MR. SHERIDAN DELÉPINE makes a laboratory-report upon this compound, which is comparatively insoluble and non-volatile at the ordinary temperature. It can be freely administered internally, used over extensive wounds, or injected under the skin without bad effects, and, finally, does not damage surgical instruments. The organisms upon which he has used this drug are: (1) bacillus tuberculosis (hominis); (2) bacillus coli communis; (3) staphylococcus pyogenes aureus; (4) bacillus anthracis (sporing-stage). Summing up the results of his observations he concludes that when diluted with 100 or even 200 parts of water it is a powerful and reliable antiseptic when contact of a sufficient length of time is secured. As an antiseptic it is more powerful than carbolic acid, and there is little doubt that it possesses immense advantages over it in many directions.—*The Medical Chronicle*, 1895, No. 6, p. 434.

[Izal is said to be a by-product obtained in the process of coke-formation. It is also known as Thorncliffe disinfectant.—R. W. W.]

MEDICINE.

UNDER THE CHARGE OF

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HEMIOPIA FROM INJURY OF THE OCCIPITAL LOBE.

Cases of this kind are rare enough to make the following, reported by MEY (*Centralblatt für innere Med.*, 1895, No. 42), of unusual interest. A mason, sixteen years of age, fell from the height of two metres and struck the back of his head on the point of a trowel, causing a complicated fracture, with depression of a fragment of bone, a wound in the transverse sinus, and bruising the surface of the brain. The bone-fragments were chiselled out and the wound tamponed. The defect in the bone, the size of a "thaler," was in the right parietal region, at the junction of that bone with the occipital and temporal, and just above the transverse sinus, corresponding to the anterior part of the right occipital lobe. The patient recovered from the injury, but within a few days began to have severe headaches with diminution of hearing and vision. The deafness disappeared in two weeks, but the difficulty in vision remained. The patient could only see with difficulty, soon tired on attempting to read, and the dimness of vision to the left of the patient was so marked that he had uncertain gait and dizziness. Examination showed complete absence of the left sides of the visual field, with concentric diminution of the right halves. The eye-ground was normal. The hemiopia remained, the diminution of the right side continued a short time and then gradually disappeared. The patient became able to walk and read. The transitory deafness and diminution of the field of vision are ascribed by the author to the circulatory disturbances following the fracture and the thrombosis of the transverse sinus, the hemiopia to the injury of the right occipital lobe, as produced experimentally by Munk and observed in cases of disease or injury since then.

THE DIAGNOSTIC VALUE OF TRANSILLUMINATION OF THE STOMACH.

MEINERT (*Centralblatt für innere Med.*, 1895, No. 44) calls attention to the errors attending the diagnostic use of illumination through the stomach, for which MARTIUS and his pupil MELTZING have claimed more than most clinicians are willing to grant. As Meinert says, Meltzing failed to demonstrate that the figures produced by putting an incandescent lamp in the stomach are due to the shape, size, and position of the organ, rather than to the position of the lamp itself. Comparative tests were made by distending the stomachs of a number of patients, locating them by palpation, and measuring their capacity, then by illuminating them according to the method