to impoverish the blood may cause rupia." We imagined it was *always* syphilitic. Speaking of psoriasis (p. 96), we are told that "it is a disease in which, from subacute inflammation of the cutis, the material from which the cuticle is formed is supplied either too rapidly or in too great abundance. By the rapid formation of the dermis nature endeavours to restore the equilibrium." And he proceeds:—"The disease seems in general to depend on the state of the stomach, and not unfrequently we find subjects of it suffering from acute gastritis..... Sometimes it is epidemic." Lichen planus is said to be so rare that it is seldom mentioned in works on cutaneous medicine. Can Mr. Meldon have seen Mr. Erasmus Wilson's writings on this disease? Comedones are styled "comedones," this word and also "comedo" being always spelt with an "r" next the "d," in the body, in the index, and in the table of contents. The tolerably common disease "grocer's itch" is said to be ecthyma. Speaking of tinea tonsurans, the author says (p. 178) that the disease is due to the *Trichophyton tonsurans* "first found by Gruby and placed under the name of *Microsporon Audouini*." This spelling is repeated in the book at p. 192. Gruby did not discover the microsporon named after Audouin. From p. 186 we learn that tinea favosa is "by far the most important disease affecting the scalp," certainly not on account of its frequency, for its rarity, as compared with all other scalp mischiefs, makes it one of the least important. The observations on treatment are in some parts good, but they are by far too general and withal too dogmatic. No reference is made to non-parasitic syccosis, cutaneous cancer, and rodent ulcer, or to syphilis of the skin.

Foreign Gleanings.

PROPERTIES OF PANCREATIC JUICE AND OF PAROTIDEAN SALIVA OF INFANTS.

DR. KOROWIN, assistant-physician to the Children's Clinique of St. Petersburg, has conducted a series of experiments with the liquids taken from the pancreas and parotidean glands of several children who had died from intestinal or pulmonary maladies, and tried their fermentative action on starch. He has stated that the pancreatic juice during the first months of life does not possess the property of transforming starch into sugar; this property becomes manifest only after the third month, and attains its highest degree of intensity towards the end of the first year. On the other hand, parotidean saliva converts starch into sugar during the very first days of life, and it is possible to ascertain this effect of the liquid from birth. The action is more powerful as the child is more developed.—*Centralblatt für Med. Wissensch.*, No. 17, 1873.

ACTION OF PURGATIVES.

At the last meeting of the Société de Biologie of Paris, Professor Vulpian communicated the results of various experiments touching the above. A dog being put under the influence of woorari, a certain quantity of sulphate of magnesia was injected into the bowels with the following effects: Gathering of liquid secreted by the mucous membrane, and exactly similar to that of intestinal catarrh; presence in the liquid of desquamated epithelium cells with vesicular nuclei, red globules, leucocytes, and vibrions. Dr. Vulpian concludes that the action of the sulphate is especially due to its exciting a catarrh of the mucous membrane. He stated, however, that by endosmotic action some portion of the salt was absorbed, passed through the vessels, and was rejected through the kidneys, the urine containing traces of magnesia thirty-six hours after the administration of the purgative. No peristaltic movements were observed in the above experiments. When jalap (the tincture) was administered to other dogs, also under the influence of woorari, the same phenomena were observed, but with greater intensity, espe-

cially in the large bowel; the mucous membrane was swollen and covered with ecchymoses. In these experiments peristaltic movements were observed. Dr. Vulpian's conclusion is that purgatives act especially by producing intestinal catarrh, and not by exciting peristaltic movements or through endosmotic phenomena.

URETHROCELE IN THE FEMALE.

Cystocele in the female is an affection well known to surgeons; but a prolapse of a portion of the *urethra* into the vagina is not common, and hardly described in text-books. Such a urethrocele proved extremely inconvenient to a married lady thirty-one years of age, and she applied to M. Gillette. She complained that in the erect posture urine would frequently escape, as also during coitus. On introducing the finger into the vagina a bulging was immediately felt, and the end of the female catheter introduced for a very short distance could easily be felt in the sac. M. Gillette thought that he might control the bulging by dissecting off a piece of the mucous membrane of the vagina covering it, and bringing the edges of the solution of continuity together. The important point was to dissect off the vaginal mucous membrane without opening the urethra. The case was so far successful; but the surgeon doubted whether the benefit will be permanent.

A SURE SIGN OF PYELITIS.

In the numbers for February and March of *Il Morgagni* of Naples, Dr. Pascallucci gives a new sign for making out the existence of pyelitis, which he draws from examination of crystals of nitrate of urea. After having examined the epithelium contained in the urine, he adds some nitric acid so as to obtain nitrate of urea. The precipitate is then examined with the microscope. When catarrh is limited to the bladder, the crystallisation of nitrate of urea is normal, and the crystals are arranged in the form of hexagonal rhomboidal blades. In pyelitis the blades are irregular, and set at angles, and some of them affect the shape of small feathers. This sign, says Dr. Pascallucci, is constant and superior to all others.

GLYCOSURIA THROUGH SUPPRESSION OF LACTATION.

In a recent communication to the Société de Biologie of Paris, Dr. Sinety stated that the glycosuria often observed in females during the process of suckling is due to suppression of lactation, or takes place when the quantity of milk drawn away is not in proportion to that which is produced. Thus glycosuria may be artificially caused by suppressing lactation. His conclusions were grounded on a series of facts observed in women and the females of dogs and rabbits.

TREATMENT OF PSORIASIS BY TINCTURE OF SPOILT INDIAN CORN.

This case is recorded by Dr. Zambon in *Rivista Clinica di Bologna*. The patient was a girl of nineteen. The dose employed was one gramme of the tincture to one ounce of water, every morning. Recovery took place after thirty-four days' treatment. The administration of the drug was suspended during an interval of a few days on account of sickness, after which its use was resumed until recovery took place.

HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I am in the constant habit of using hydrate of chloral, and have not noticed any ill effects. In one case, a lady over eighty years of age (case of fracture of thigh), I have given it, at first every night, latterly occasionally, for more than six months with marked benefit as a hypnotic and anodyne. The dose was slightly increased about three months ago, from fifteen grains to twenty grains. In other cases the dose has had to be increased frequently. A short time ago I gave a quarter of a grain every four hours to an infant a week old (case of convulsions), with most satisfactory results, and at the same time, and with the same result, three grains every four hours to an infant six weeks old. I think it the most useful, and with caution one of the safest drugs in the Pharmacopeia.—I am, Sir, yours &c.,
Worcester, May 12th, 1873. WM. WOODWARD, M.D.