

cipitated from its solution almost entirely by water. It is decomposed by sulphuric acid, and by the tincture, infusion, and decoction of cinchona. It has been given in doses of three grains and a half, repeated as occasion required.—*Dublin Journ. Med. Sci.* July, 1840.

9. *Tonic Astringent Pills of Walch.*—The following is the formula for these pills:—R. Terebinth, Venet. Extr. Gentian. aa ʒij; Ferri Sulphat. Kino aa ʒiiss. M. To be made into pills of a grain and a half each. These pills are said to be very efficacious in the cure of gonorrhœa and of chronic leucorrhœa. The dose is four pills three or four times a day.—*Journ. des Connaiss. Méd. Prat. et de Pharmacologie*, June, 1840.

10. M. TROUSSEAU on the *Pommade Ammoniacale as a Vesicant.*—The formula in the French Codex for the preparation of *Gondret's* Ammoniacal Pommade is as follows:—Take of mutton suet one ounce, lard one ounce, and liquid ammonia (of 25° strength) two ounces. Melt the suet and lard in a wide mouthed bottle, and then, having added the ammonia, stopper it and shake the mixture well together. Keep the bottle closed in cold water—shaking it occasionally—until the pommade has become quite cold.

M. Trousseau observes, that the pommade made according to these directions, is generally much too hard and consistent for use, at least unless the weather be warm. He proposes two different formulæ, one for summer and the other for winter. The former is to use three parts of lard, one of suet, and four of ammonia; and the latter to use equal parts of lard and of the ammonia.

The *pommade*, which is met with in most druggists' shops in Paris, is far too weak, in consequence of its having been prepared with ammonia of insufficient strength, and probably also from its having been kept too long.

There may be another reason still: if the ammonia be added while the fatty matters are very hot, a great portion of it must be volatilized, and the pommade is necessarily weakened.

In applying this vesicatory, some recommend that a portion be put into a thinble, or in a short glass tube, and held firmly on the skin for some time, to prevent the escape of the ammoniacal vapour; while others advise, that it be spread directly on the part which is then covered with a small portion of diachylon plaster.

M. Trousseau disapproves of both methods, as “it is indispensable,” he says, “that the effects of the application should be visible all the while.” When first applied, the patient experiences a sense of coldness in the part; then a minute or two afterwards a slight burning heat, which gradually increases for three or four minutes, at which time it is at its maximum: it then remains stationary, and sometimes even begins to abate, although the *escharification* of the skin is going on all the time.

We must not, therefore, judge of the effects of the ammonia solely by the effects it produces.

The rule given by M. Trousseau, for regulating the length of time for its application, is to watch the appearance of the red circle around the part: whenever this is observed, the pommade should be removed. It is sometimes even not necessary or proper to wait until the red areola be observed, as the epidermis may be raised before it appears.

The length of time necessary for the pommade producing its full effects, varies much according to the part on which it is applied: sometimes it will vesicate in two minutes, at other times ten or twelve minutes are required.

As the inflammatory areola does not always make its appearance, M. Trousseau recommends that the pommade be wiped off at the end of five or six minutes, and re-applied if necessary; this may be repeated until the epidermis begins to be raised. We are never to continue the application until any appearance of a vesicle or blister is observed; but only until we find that the epidermis can be detached by rubbing it gently with the finger. We frequently find that it can then be removed in one piece, and that the chorion beneath can be fairly

exposed. *Now this is the very condition that is desired.* The dermis is not escharified in any degree; but continues to retain its absorbing energies, so that we may depend upon the success of any endermic medication that we may wish to try.

Should the pommade have been so long applied, that a complete hulla has been raised, it will generally be found that the dermis, from having been too much irritated, does not absorb very readily; and, moreover, that a cicatrix or mark is left after the blister has been healed. This latter consideration is not to be neglected, seeing that the pommade is so extensively used in the treatment of facial neuralgia in both sexes.—*Med. Chir. Rev.*, July, 1840; from *Journal des Connaiss. Méd. Chirurg.*

11. *Lactate of Iron.*—This new preparation of steel has been extensively tried by some of the leading hospital physicians in Paris, and has met with their unqualified approbation.

The following extracts from a memoir by MM. *Gelis* and *Conté* will be sufficient to introduce it to the notice of our readers.

“Several reasons have induced us to select the combination of the protoxide with the lactic acid: this acid is widely diffused through the economy; there is, perhaps, not one part of the body which does not contain a notable quantity of it. *Berzelius* has detected it in muscles, in milk, and in all the secretions; the perspirable matter owes its acidity to its presence, and a considerable quantity is found in the urine. The solvent power of the gastric juice is perhaps mainly attributable to the presence of the lactic acid: the traces of the hydrochloric are, it is now generally admitted, very feeble.

“It must, therefore, be the lactate that is formed in the stomach, when any steel medicine is swallowed.

“It is easily prepared by treating iron filings with diluted lactic acid. The water is decomposed, hydrogen is evolved, and the oxygen combines with the iron. When the evolution of the gas ceases, the solution is filtered and then evaporated until a pellicle forms on the surface: the salt crystallises on cooling.

“The lactate is not very soluble in water, and a high heat decomposes it. It is not readily affected by exposure to the air.

“It may be administered in the form of pastilles, drops, or lozenges: the sugar which enters into the composition of these prevents the further oxydation of the salt. The dose is from four to fifteen grains.

“The authors adduce several cases of chlorosis and other states of the system which are usually relieved by steel medicines, drawn from the practice of MM. *Bouillaud*, *Rayer*, *Beau*, &c. in which the lactate was administered with excellent effects: in some it succeeded after the usual ferruginous preparations had been fairly used without benefit.

“M. *Bouillaud* has reported most favourably of this new medicine to the Academy: he has used it in 21 cases, and in all it produced excellent effects. It seems to have a marked influence in increasing the appetite. The dose was from six to fifteen pastilles, (five centigrammes in each: perhaps each patient took eight or ten grammes in all.)

“Professor *Fouquier* confirmed the favourable report communicated by M. *Bouillaud*. He stated, as his opinion, that the lactate would become one of the most valuable and standard ferruginous preparations used in medicine.”—*Med. Chirurg. Rev.* Oct. 1840.

12. *On the Therapeutic and Chemical Properties of the Matias Bark.*—Dr. M'KAY presented to the Medical Section of the British Association for the Advancement of Science, a paper on this subject. The plant from which the bark was obtained, he stated, grew in great abundance in South America; but he was unable to give its botanical characters. From what he had heard he supposed it to belong to the genus *Wintersonia*. In its native country it was extensively used as a substitute for cinchona bark in intermittents. It was found to contain an intensely bitter extractive matter, to yield on distillation two distinct essen-