

[In spite of the argument which is advanced to show that the ethyl bromide was not responsible for the fatal termination, we are of the opinion that the verdict of death from ether should have been, in this case, at least the Scotch one, not proven.—R. W. W.]

THE DANGER OF NECROSIS IN DIABETICS.

DR. ERNST BECKER believes with König, that operations should be carried out with particular attention being paid to two facts: 1. Absolute local antiseptic procedure. 2. Preliminary anti-diabetic diet. In all cases the attention should be called to the probability of diabetic coma following the narcosis. Two fatal cases are reported in which the death could not be attributed to the operation.—*Deutsche medicinische Wochenschrift*, 1894, No. 16, S. 359.

[Not only should the warning be published as to the possibility of a fatal result following operative interference, but as well the fact, first pointed out by Verneuil, be borne in mind that a latent glycosuria may be roused to activity by surgical intervention.—R. W. W.]

THE TREATMENT OF MULTIPLE NEURITIS.

DR. E. LEYDEN believes that the prophylactic treatment consists in avoiding too early getting out and too great muscular exercise after convalescence from acute diseases; the abstinence from alcohol, the avoidance of lead-poisoning, and the importance of an anti-diabetic diet. For specific treatment mercury has been used, but it fails, as in the case cited. Occasionally, the salicylic preparations yield good results, and this also can be said of potassium iodide. Of more importance are anodyne remedies, the salicylates, antipyrine, phenacetin, exalgin, euphorin, and of late methylene-blue has been recommended. In more severe pain morphine, chloral, and sulphonal are required the first, finally subcutaneously. Other drugs must be used according to the symptoms, as stomachics, analeptics, roborants. Massage and baths—the latter in the later stages of the disease—are a useful addition to the treatment. A remedy—strychnine—formerly considered of importance in peripheral, hysterical and anæsthetic paralyses, may be valuable when used in these cases. This should be given subcutaneously in doses of one, two, or three sixty-fourths of a grain twice daily. Rest is of great importance, in order that the pain may be lessened. Exercise for the unaffected parts of the body is necessary. The diet should be generous in order to put the atrophied and degenerated muscles in the best possible condition. It is necessary at all times to encourage the patient in order that he may not become discouraged on account of the long duration of his illness and his slow progress toward recovery.—*Berliner klinische Wochenschrift*, 1894, Nos. 19, S. 439; 20, S. 472.

THE TREATMENT OF THE URIC ACID DIATHESIS.

DR. JOHN F. BARBOUR points out the chemistry and physiology of this condition, quoting from well-known writers upon the subject. The relations of this condition to gout, articular rheumatism, migraine, cutaneous affec-