

DERMATOLOGY

THE EFFECT OF THE X-RAYS ON THE
SECRETION AND THE SECRETING
CELLS OF THE ANAL GLAND
OF THE DUCK.

(Margaret Stern and L. Halberstædter.
Arch. Derm., 85, 149, 1907.)

It has been shown that marked change is produced by the application of X-rays. At first the secretion was diminished, but later the final result was a complete atrophy of the gland.—(J. M. K.)

COAL-TAR IN CHRONIC ECZEMA.

(*Jour. A. M. A.*, p. 497, Aug. 8, '08, R. L. Sutton.)

He recommends its use in the pure state to the chronic, dry, cracked and scaly lesions with considerable hypertrophy of the papillary layer and thickening of the epidermis, such lesions as are often developed on the knuckles, shins and forearms.

Apply on smooth piece of cotton cloth and fasten with bandage. After 24 or 72 hours there is an exfoliation of the superficial strata of the corneum. If the reaction is very marked omit the tar and apply plain or carbolyzed zinc oil (carbolic acid, 5.0, zinc oxide, 55.0, olive oil, 40.0.) until inflammation subsides; then reapply tar. The author finds tar superior to salicylic acid or other like keratolytics in these cases.—(J. M. K.)

ECZEMA AND ASTHMA.

(Berlin K. Woch. by L. Langstein, June 29, '08, xlv. No. 26.)

The author refers to the connection between asthma and eczema, and gives four cases to show that the "exudative diathesis" is the basis for the two affections. He urges the

use of salt-free diet in eczema, but the same has no effect upon asthma. Salt-free diet, according to the method of Finkelstein, is very effective in eczema.—(J. M. K.)

PREPARATION OF CALOMEL SALICY-
LATE, YELLOW OXIDE OF
MERCURY

for injections, according to the Gray Oil of Lang (*Bul. de La Societe, Fran. Derm. et de Syph.*, by M. Juan De Azua, Madrid, Feb., 1908).

M. Azua, after conducting for several years the most important dermo-syphilitic clinic in Madrid, concludes that gray oil, 50 p. 100, possesses many advantages over other formulas.

Recognizing the frequent disturbances following injections of calomel and salicylate of mercury (0.05 to 0.10 gr.) in vaseline (1 c.c.), he determined to ascertain the cause and finally decided that it was the large dose that caused the pain and disturbance, and it occurred to him to prepare these remedies like the gray oil, 50 p. 100. Since 1897 he has used the following formula: Calomel (sublimed) or salicylate, or yellow oxide, 2 parts; lanoline, very pure, 1 part; oil of vaseline, 1 part. Any reliable syringe may be used, and to get the exact dose, first weigh the syringe, fill and weigh again. Divide the weight of the contents by the number of divisions of the syringe.

Since 1900 he has employed injections in the following order of frequency: Gray oil, salicylate of mercury, calomel. Many thousands of injections were made with the first two, while 500 to 600 of calomel were given.

Cleanse the skin on the buttock with bi-chloride in ether (1 to 1,000) and close the puncture with collodion. Much less pain, tumefaction, duration of indurations and tendency to pseudo-abscess when the calomel is given by the above formula. He has not been

able to render the injections of calomel as bearable as those of gray oil and the salicylate. Of the 500 or 600 injections above mentioned he observed: One abscess, 4 to 6 pseudo-abscesses, 3 symptoms of intense sciatica existing about a month.

N. B.—All these manifestations, but a greater number and with more intensity, were produced when the injections of calomel in vaseline were given.

The author would not use calomel injections in all cases and reserves two groups for it. 1. Those cases which do not yield, although well treated with gray oil and salicylate. 2. Those cases which demand the highest antisyphilitic treatment. He subdivides the second group into: 1. All syphilitics who present traces of lesions of the nervous system. 2. All those who have constitutional lesions of the nervous system. 3. All those who have sclerous lesions especially of the tongue and liver. 4. Those who have mediastinal glands. 5. The deafness and advanced

interstitial keratitis in hereditary syphilis. 6. The syphilides of the palms and soles and of the cornea. 7. The tertiary syphilides in large atrophied erythematous plaques.

When the method of condensed injections becomes more general the treatment of syphilis with calomel will spread for it is without doubt the most efficacious. But the treatment should be given by the specialist.

(Fournier estimates the average dose of calomel for injection to be 5 centigrammes or 5-7 of a grain to be given once a week.)—(J. M. K.)

(Same bulletin, p. 52.)

M. M. H. Hallopeau and Railliet report 5 cases of syphilis treatment by injecting atoxyl in the male at the root of the penis, and in the female just beyond the labia majora. The injections were begun as soon as the chancre was observed and one patient received 79. The secondary eruption was retarded 100 days. The report was discussed by A. Fournier, but not favorably.—(J. M. K.)

PEDIATRICS

CONGENITAL PYLORIC SPASMS AND CONGENITAL HYPERTROPHIC STENOSIS OF THE PYLORUS IN INFANCY.

HENRY KOPLIK, M. D.

(*The American Journal of the Medical Sciences*, July, 1908.)

This condition is very much more frequently recognized than formerly. Probably due to new methods of diagnosis and a better knowledge of the subject.

Much of the confusing and disquieting observations in the past can be explained by difference in material. The condition can no longer be considered rare. The symptomatology is very varied. In spasm or congenital stenosis the children are usually born perfectly well, two-thirds are breast fed. Vomiting begins in some cases from the first to the

fourth day, in other cases seventh day, and in a great many during the third week of life, and in still others the eighth week. It may be seen in some cases upon the attempt at mixed or artificial feeding. The vomiting is at first intermittent, later becomes persistent. When the child rejects more than is taken at a feeding, showing that some of the previous feeding was retained in the stomach, it is quite characteristic. The weight is stationary or declining. Pain is often present at each feeding, as is indicated by crying at such times. Constipation is the rule. Physical examination of the abdomen often reveals a most characteristic condition. Peristalsis begins underneath the left costal border, passes forward to Traube's triangle, and there seems to stop, being interrupted by a sort of groove, and is taken up again by a second wave of peristalsis which passes on beyond the ensiform cartilage,