

about an acute anæmia sufficiently grave to produce speedy death; also in traumatic or operative shock. In the infections normal saline solutions may be employed hypodermatically or by rectal injections as soon as diminished vascular tension appears, the general condition is grave with enfeeblement of the organism, or in default of proper action of the emunctories. The quantity should be regulated carefully, and the action upon the heart and kidneys always kept in mind, lest, these being injured by the infection, the treatment may cause further damage. Those infections and toxæmias for which bleeding is applicable should be bled before resorting to this method. Aside from their stimulant and eliminant action, they nourish the patient and assist him as do no other excitants and stimulants ordinarily employed in the infections; but these solutions are not microbicides nor antitoxics.—*Bulletin Général de Thérapeutique*, 1898, T. cxxxvi. p. 778.

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**Gelatin Hæmostasis.**—DR. PAUL CARNOT reports upon its indications and contraindications. For local use the formula, gelatin, 5; calcium chloride, 1; water, 100, is useful. This may be sterilized by heat, but not at a temperature higher than 239° F., lest its solidification be interfered with. If the wound is septic, this treatment will suffice. The results are generally good. To increase the general coagulability of the blood, subcutaneous injections have been proposed. In practice these have been found to be dangerous. In ingestion of this preparation, or by hypodermatic injection of calcium chloride alone, we have a safe method which is equally useful in the treatment of hemorrhage at a distance or in certain hæmophilias.—*La Presse Médicale*, 1898, No. 94, p. 295.

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**Urotropin.**—DR. T. K. HOLMES reports that a patient suffering from cystitis resulting from prostatic hypertrophy was not relieved by tying the vas deferens nor by washing the bladder with a boric-acid solution. Seven grains of this remedy, twice daily, reduced the urgency of urination, cleared the urine of pus, and enabled him to remain in bed at night, rising only once to micturate.—*Dominion Medical Monthly*, 1898, No. 5, p. 186.

[A more complete report by the editor, covering the use of this substance in cystitis due to prostatic hypertrophy, pyelitis, phosphaturia, and cystitis consecutive to gonorrhœal urethritis, is to be found in the *Medical News*, 1898, vol. lxxiii. p. 609. At present observations are being conducted to determine its value in tuberculous cystitis. Thus far they encourage the hope that a remedy of real worth has been found.—R. W. W.]

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**The Abuse of Ergot in the Treatment of Hemorrhage.**—DR. FREDERICK A. PACKARD presents a timely paper, which points out that in medical hemorrhage our object should be to endeavor to favor the formation of a clot in the ruptured vessel by measures that increase the coagulability of the blood, by calcium chloride, or, where possible, by local applications (such as the topical use of such remedies as hamamelis in epistaxis, the gentle inhalation of turpentine or other hæmostatic vapor in hæmoptysis, the administration of tannic acid in hæmatemesis, of lead acetate in hemorrhage from the bowels), to prevent mechanical disturbance of the clot by producing

local rest (opium to check cough and to stop peristalsis), and to lessen blood-pressure (as by restriction of ingestion of liquids, by the use of saline laxatives where permissible, by the hot-foot bath, by ligature of the extremities, by veratrum viride, nitroglycerin, or venesection, according to circumstances); but, above all, to avoid any cause for increase in blood-tension, and especially to abstain from the use of ergot, which is, of all drugs, the most active in lessening the capacity of the arterial tree.—*University Medical Magazine*, 1898, No. 3, p. 134.

[For hæmoptysis, calcium chloride and tincture of aconite, given alternately, are generally efficient. In general, for this purpose aconite should be substituted for veratrum, because it is equally effective, more easily managed, and far less irritating to the stomach.—R. W. W.]

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**Animal vs. Vegetable Ferments.**—DR. A. E. AUSTIN has conducted laboratory experiments in order to determine the relative converting power of saliva, pancreatin, and taka-diastase upon starch. He finds that the last possesses a greater power in converting starches, in proportion to its weight, than does saliva or pancreatin. All these digestants are practically nullified in an acidity equivalent to that of gastric juice, so that practically no digestion can take place in the stomach from any of these. Further, these digestants are not destroyed by the acidity of the gastric juice, and there is no practical reason why their activity should not go on after they have passed into the intestines and alkalinity is re-established. Taka-diastase apparently carries the process of amylaceous digestion a step further than the other two, forming dextrose instead of maltose. In how far this is of value cannot be determined until more is known about the conditions attending the secretion of the succus entericus which contains the major part of the invertin and it is learned whether this substance is ever absent.—*Boston Medical and Surgical Journal*, 1898, vol. cxxxix. p. 567.

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**Apocynum Cannabinum ("The Vegetable Trocar").**—DR. T. S. DABNEY deplores the inaccuracy or absence of accounts in the various works on materia medica of Canadian hemp. After twenty years' use of the drug he finds that, contrary to the general teaching, it does not cause diaphoresis or expectoration. Emesis and catharsis follow only its improper use. It is its very great diuretic action that makes it invaluable. To apocynum he ascribes great invigorating power through increased keenness of appetite, while causing immediate resorption of albumin into the general system from the drop-sical body-cavities. Under the exhibition of this drug one to two gallons of urine may be passed daily. Thus the surplus fluid is excreted by natural channels. The albumin lost is recovered by the blood, and the weakness following the customary paracentesis for ascites is avoided. The withdrawal of apocynum from general use the writer attributes to the close structural relationship between this drug and *apocynum androse-mifolium*, which latter is wholly inert. Through conscious or unconscious substitution of this for Canadian hemp proper the great merits of the latter have been lost sight of. Thus the drug on the market is wholly unreliable, and so has fallen into disrepute. The writer, therefore, insists on using a pure preparation of the pure drug—either tincture, fluid extract, or infusion—in order to