skin, with the formation of vesicles containing blood. On this account L. warns against injections in the face.—*Deutsche mediz. Zeit.*

THE TREATMENT OF OPIUM ADDICTION (*St. Louis Courier of Medicine*, Dec., 1884).—In a very elaborate and positive article, Dr. J. B. Mattison returns to the treatment of the opium habit. He speaks strongly and positively against the sudden withdrawal of the drug, declaring such a method to be unnecessary, that it entails horrible suffering, is barbarous, inexcusable, mal-practice, etc. M.'s method is the one he has advocated before, namely, the gradual withdrawal of opium, combined with "preliminary sedation," by means of bromide of sodium, to diminish reflex irritation. His plan is to keep the system continually under the bromide influence from the beginning. The bromide must be given in full doses. The initial dose is 60 grains twice daily at twelve hours' intervals, increasing the amount 20 grains each day, *i. e.*, 70, 80, 90 grains per dose, and continuing it five to seven days, reaching a maximum dose of 100 to 120 grains twice in twenty-four hours. During this time of bromide medication, the usual opiate is gradually reduced, so that from the eighth to the tenth day it is entirely abandoned. A decrease of one quarter or one third the usual daily quantity is made at the outset, experience having shown that habitués are almost always using an amount in excess of their natural need, and this reduction occasions little or no discomfort. Subsequently the opiate withdrawal is more or less rapid according to increasing sedation, the object being to meet and overcome the rising nervous disturbance by the growing effect of the sedative; in other words, mixiumum sedation at the time of maximum irritation. Each case must be treated according to its individual peculiarities, as regards amount of bromide given and rate of decrease of opium, the guide being the effect produced. Elaborate details are given for the treatment of after-effects, etc. Coca, Indian hemp, hot baths, and electricity are recommended as adjuvants for restlessness and insomnia. He insists that Indian hemp must be given in full doses of 60 minims of the fluid extract. M. recommends the administration of opium by the mouth instead of subcutaneously. It is not necessary to put the patient under surveillance or restriction of any kind. M. speaks strongly against the method advocated by Levinstein, and gives a rose-colored account of the results obtained by his own measures.

ERGOT OF RYE—AN INVESTICATION INTO ITS ACTIVE PRINCIPLES (*Practitioner*, Dec., 1884).—Dr. R. Kobert publishes the result of his investigations. Ergot contains ergotinic acid, sphacelinic acid and cornutin. 1. The ergotinic acid is the active principle of Bonjean's extract, of Wernich's dialysed ergotine, and of the sclerotinic acid of Dragendorff and Podwyssotzki. It does not cause uterine contractions nor gangrene, but paralysis, commen-