

**Marked Poisoning from Five Grains of Quinine.**—DR. FRANKLIN W. BOCK reports that a patient received five one-grain quinine pills, one to be taken every hour. In three hours there was a very marked roaring in the ears, and deafness followed, with intense headache and grippy pains in the bones. Two days later extensive erythema of the face followed, somewhat resembling erysipelas, and, later, symptoms of collapse appeared. At times there was muttering delirium. Convalescence was slow, and at the end of four weeks it was found that the patient's hearing was reduced about one-half.—*Merck's Archives*, 1900, No. 8, p. 315.

---

**An Improved Method of Using Gelatin in Hemorrhage.**—DOTT. F. S. RACCHI believes that ten drachms of a warm 2 per cent. solution of gelatin in normal serum injected into the rectum is more rapidly absorbed than if given hypodermatically. Its action is manifest in from five to ten minutes and lasts about six hours.—*Gazetta degli Ospedali e delle Cliniche*, 1900, No. 114, p. 1199.

---

**Ichthoform.**—DR. HUGO GOLDMAN reports upon this remedy, which is a combination of ichthyol and formaldehyde. This occurs as a dark-brown powder, smelling and tasting of ichthyol, completely insoluble in water, hardly soluble in ether and chloroform, and forming an emulsion with glycerin. It inhibits the development of the colon bacterium, typhoid bacillus, and staphylococcus pyogenes aureus. Internally, as an antibacterial, antifermentative, and deodorizing remedy in various disorders of the alimentary tract, its use has been successful. Generally as much as can be placed upon the point of a knife with an equal quantity of sodium bicarbonate taken after meals, three times daily, has been sufficient. Even in intestinal tuberculosis it is beneficial. It is apparently a safe remedy, inasmuch as it has no effect upon the nervous system and does not irritate the kidneys. The amount of indican excreted in the urine is sensibly decreased. The results of its use in external wounds demonstrates its antiseptic properties.—*Centralblatt für die gesammte Therapie*, 1900, Heft 9, S. 513.

---

**The Treatment of Whooping-cough.**—DR. J. W. WILTEE recommends quinine as an acidulated solution. An application to the glottis, following Moncorvo, of a one-third of 1 per cent. solution of resorcin every four hours during the day, and when possible once or twice during the night, is often useful. The original method called for the application of a 10 per cent. solution of cocaine previous to the use of resorcin, but this should be omitted, because it often gives rise to spasm of the glottis (Roskam).—*Albany Medical Annals*, 1900, vol. xxi, p. 535.

---

**The Continuous Use of Digitalis.**—DR. J. GRÆDEL believes that there is no more difficult question to determine than the advisability or non-advisability of permitting digitalis to be taken for a considerable period without interruption. Many years' practice of the giving of digitalis uninterruptedly has very often resulted in great benefit. In the majority of heart diseases there comes a time when we can no longer succeed in producing lasting compensation by means of repose and dietetic rules, baths, and gymnastics, or

even by a short course of medicine. At ever-decreasing intervals we must have recourse to the various acknowledged remedies, and, above all, to digitalis. Some patients lead a comfortable and endurable life for only a few days after the completion of the digitalis course; then it quickly passes off, and we are obliged again to resort to digitalis, eventually combined with other drugs, to save life. By thus giving digitalis intermittently, and if possible anticipating these periods of heart weakness, the patient may be kept in a comfortable condition. Sometimes the interval between these periods may be lengthened by replacing this drug by continuous doses of other heart remedies, as strophanthus or caffeine. Should these fail, the continuous digitalis treatment should be instituted. Objections to this plan are cited as follows: (1) Cumulative effects. Of these the author admits the existence, but states that he has only rarely seen instances of violent toxic symptoms resulting from cumulative effects, which, however, never lasted long and did no permanent harm. These can be guarded against by omitting the remedy, or avoiding the danger by observing the diuresis and stopping the remedy so soon as there is a marked diminution in the amount of urine. (2) A continuous use of digitalis is said to produce a rapid decline in strength, wasting, and destruction of tissue. This is emphatically contradicted by the author. (3) The body becomes inured to the remedy, which gradually loses its effect. This is believed to be erroneous. Nor, indeed, can the digitalis habit be formed. As to the forms of cardiac disease in which this method may be recommended, mitral insufficiency is first mentioned. In heart diseases the result of overexertion, when small doses cease to have a satisfactory effect, a slight increase may be advantageous. If this fails some other remedy should be substituted, and on returning to digitalis large doses may now prove efficient. In the last stage only of arterio-sclerosis, when the high vascular tension has passed away, the small, continuous doses may be decidedly useful. In conclusion, when physical and dietetic means of treatment fail, recourse is had to digitalis, using it with care, very sparingly, and at as long intervals as is possible. When this method becomes a comparative failure the continuous digitalis treatment is resorted to, which, when all other treatment was useless, has produced in many cases a satisfactory result.—*The Practitioner*, 1900, No. 382, p. 380.

---

**Formalin in Ophthalmology.**—DR. EDWARD S. LANDER prefers the solution of the strength of one to two thousand. This is very useful in mucopurulent and follicular inflammation of the conjunctiva. For purulent conjunctivitis (ophthalmia neonatorum) a stronger solution may be used at first until the discharge begins to decrease in amount. In blennorrhoea of the lachrymal sac formalin is more satisfactory than silver nitrate. For infected ulcerations or abrasions of the cornea the wound may be touched once daily with a solution as strong as one to five hundred or even two hundred. All solutions of a strength under one to four thousand cause smarting, but this is less intense and of shorter duration than that caused by silver nitrate. In a solution of one to two or three thousand it is used to disinfect the skin of the lids and eye-lashes prior to operation; for clearing the conjunctiva one to four thousand is preferable.—*Cleveland Medical Gazette*, 1900, vol. xv., p. 619.