

tococcus pyogenes, 1: 1000 for thirty minutes, 1: 500 for two minutes; bacillus anthracis and spores, 1: 100 for ten minutes; bacillus tuberculosis, 1: 200 for sixty minutes, 1: 100 for seven minutes; bacillus prodigiosus, 1: 100 for ten minutes.—*Journal of Surgery, Gynecology and Obstetrics*, 1905, No. 1, p. 1.

The Action of Digitalis upon the Healthy Organism.—DR. A. FRAENKEL states that it has been shown that this drug can cause the disappearance of œdema without increasing the blood pressure and that it is possible to obtain the therapeutic action of digitalis without change or even with a lowering of blood pressure. Unfortunately, conditions in pathological states are complicated and variable; consequently the author has studied the action of digitalis in health. He takes as an index of the action of the drug the lowering of the pulse to a certain rate, and in his experiments has used strophanthus, which acts in the same manner as digitalis and without disturbing the stomach. The action is best manifested in young persons. If the blood pressure is measured by the sphygmomanometer the systolic pressure in a healthy individual is seen not to be elevated by digitalis, but remains constant. This may be explained thus: If an animal is given atropine previous to the administration of digitalis the pulse is not slowed by the latter, but the blood pressure is markedly increased; consequently, it must be that the slowing of the pulse rate opposes the action upon the blood pressure. Likewise in man, if the slowing of the pulse is avoided the blood pressure will be increased by the digitalis. This may be done by injecting hypodermically $\frac{1}{100}$ of a grain of atropine. On the contrary, it is shown that the acceleration of the pulse caused by atropine does not affect the blood pressure in the healthy subject. In summing up, the author states that the action of digitalis (retardation of the pulse) may be effected in the normal subject by means of strophanthus. This action is not associated with increase of blood pressure; if the slowing of the pulse rate is counteracted by means of atropine, the blood pressure is raised above the normal. The slowing of the pulse, therefore, acts as an obstacle to an increase in blood pressure.—*Münchener med. Wochenschrift*, 1905, No. 32, p. 1537.

The Treatment of Yellow Fever.—DR. L. SEXTON believes that in sthenic cases a single dose of acetanilid or phenacetin may be given with benefit to relieve the initial pains of the disease. He also advocates a hot mustard foot-bath lasting an hour and to be given after the initial chill. The patient while taking the bath is covered with blankets, and following the procedure the action of the skin is stimulated by hot drinks and frictions. Ice may be used to relieve thirst or vomiting, and ice-bags may be applied to the head when the temperature is high and to the abdomen if hemorrhage is suspected. The bowels should be freely opened and kept clear throughout the disease. The initial administration of calomel followed by a saline is recommended, and frequent flushings by means of enemas are suggested to prevent any tendency to stagnation of feces. The patient should be allowed no food by mouth for the first three to five days, and should the stomach be full at the onset it should be emptied by lavage, a mild emetic, or titillating the pharynx. Vomiting may be controlled by cracked ice; sinapisms or

an ice-bag to the stomach may be applied if hemorrhage is present. Champagne, and cocaine in suppositories are useful in relieving the emesis. The tendency to anuria should be treated by giving large quantities of water to drink and by high rectal irrigations of hot water. Mineral waters or water to which lithia tablets have been added may be allowed. Heart weakness should be provided against by not allowing the patient to exert himself, even to turn in bed. Strychnine and caffeine may be given hypodermically as indicated. During the convalescence liquid food should be given in tablespoonful doses an hour apart until the convalescence is well established, but if untoward symptoms result, all articles of diet should be stopped.—*Journal of the American Medical Association*, 1905, No. 22, p. 1620.

Physiological Albuminuria.—DRS. A. E. WRIGHT and G. W. ROSS state that it is no longer justifiable for life insurance and other such examiners to take the serious view hitherto accepted by most clinicians of this condition. When it is found that the excretory function is being properly performed, that the substances normally gotten rid of through the kidneys are not being retained in the organism, and that the albumin in the urine may be diminished by lessening the hydrostatic pressure upon the renal capillaries by increasing the coagulability of the blood, there is every reason to conclude that the kidneys are free from organic disease, and that life is not in the least endangered. The author reports instances in which excellent results have been achieved by the administration of calcium chloride in doses of 20 grains three times a day. Calcium lactate in the same dosage is also useful. Both these substances exert a marked influence in increasing the coagulability of the blood.—*Lancet*, 1905, No. 4286, p. 1164.

Morphine as an Antidote for Cocaine.—M. VAILLARD discusses the various means advocated in the treatment of cocaine poisoning and reports a case in which morphine was employed, from which he draws the following conclusions: 1. We have no antidote for cocaine. 2. Narcotics are not generally suggested by authorities for the treatment of cocaine poisoning. 3. It does not appear that morphine is able to neutralize the effects of an overdose of cocaine, but, on the contrary, it would seem that the use of this drug is not only of doubtful benefit, but actually dangerous. 4. The exhibition of morphine in the case reported did not prevent death, but may have the effect of mitigating the terminal convulsions.—*Archives de médecine et de pharmacie militaires*, 1905, No. 9, p. 177.

Prolonged Use of Veronal Ending Fatally.—DR. H. KRESS reports the case of an hysterical patient for whom he ordered a daily dose of $7\frac{1}{2}$ grains of veronal for nervous insomnia; after three days the symptoms of accumulation being observed, the drug was stopped; after this little by little obscure symptoms appeared, which could not be ascribed to the hysteria and which consisted of malaise, progressive wasting, staggering gait, disturbance in writing, anorexia, nausea, constipation, vertigo, impairment of memory, and mental confusion. Epileptiform seizures finally appeared, resulting in a condition which ended in death in a state