

ishing the excess of acid and increasing the motor functions. (5) It in a great measure replaces the saliva when this secretion is diminished or absent. It then not only digests the starches in the stomach, but serves the other functions of the saliva in stimulating the gastric secretion, and therefore promoting the proteid digestion.—*New York Medical Journal*, 1897, No. 965, p. 731.

The Use of Scopolamin among the Insane.—DR. S. TOMASINI has employed the hydrobromate and sulphate with equal results. They are injected subcutaneously in dose of from one two-hundred and fiftieth to one-sixty-fourth of a grain. Sleep was readily induced, especially in women, in from two to three minutes. The injections are not painful, nor do they give rise to local reaction nor to general excitation. The pulse is regular, but more frequent. There is marked dilatation of the pupils. The sleep is quiet, resembling the physiological. There are no disturbances nor unpleasant symptoms, as nausea. In maniacal cases and periodical insanity it is a remarkable sedative. Habituation is easily obtained, and the dose must be rapidly increased.—*Riforma Medica*, 1897, No. 12, p. 135.

Treatment of Acute Rheumatism in Children.—DR. W. B. CHEADLE believes that full doses of sodium salicylate are not required; these may be harmful from their depressant effects. If the joint-trouble and pyrexia are marked, the salicylate may be given in appropriate doses at short intervals until they subside. The milder drug, salicin, may be substituted in most cases, given in doses of 5 to 20 grains, or quinine in doses of 1 to 3 grains every four hours. In each case an alkali, sodium or potassium citrate, should be combined and given in doses of 5 to 20 grains, according to age. The use of depressant drugs, as antipyrin, antifebrin, acetonite, with a view of lowering temperature, cannot be too strongly deprecated.—*Treatment*, 1897, No. 5, p. 97.

The Chemistry of Gout.—DR. ARTHUR P. LUFF presents the following conclusions of interest to the therapist: (1) The solubility of uric acid in the blood is not affected by a diminished alkalinity of the blood produced by the addition of organic acids. (2) The deposition of sodium biurate is not accelerated by a diminution of the alkalinity of the blood. (3) An increased alkalinity of the blood does not increase the solubility of deposit of sodium biurate. (4) The saline constituents of vegetables exercise a remarkable inhibitory power over the decomposition of sodium quadriurate. (5) The solubility of sodium biurate in the blood is increased by the presence of the saline constituents of vegetables. (6) The solubility of sodium biurate in the blood is diminished by the presence of the saline constituents of meat. (7) The gout-inducing properties of certain wines are not due to their acidity. Probably they owe their gout-inducing action to the effect they exercise on the metabolism of the liver.—*British Medical Journal*, 1897, No. 1893, p. 904.

Treatment of Malarial Hæmaturia.—DR. J. W. MEEK does not believe in the use of quinine in this condition. His treatment is as follows: (1) Sodium hyposulphite in drachm doses every two hours until the patient is thoroughly

purged; then continue in smaller doses until the system is saturated with it. This is a stimulant to the hepatic secretion, causing in large doses an abundant biliary secretion, and is also a valuable intestinal antiseptic. He believes that free sulphurous acid is disengaged in the blood, and that this agent is an antizymotic to such an extent that it destroys the micro-organism which is the real cause of the disease, and thus arrests the process of corpuscular disintegration. (2) Morphine and atropine hypodermatically, sufficient to quiet stomach; also blister the epigastrium if necessary. (3) An abundance of water to wash out the coagula that must necessarily accumulate in the urinary tubules after a hemorrhage. Hot water or hot lemonade is frequently better borne by the stomach than cold. Cupping over the loins is also to be recommended. (4) A mild diet; fresh buttermilk is usually well borne, and this is also a mild diuretic. (5) The patient should remain in a strictly recumbent position.—*Therapeutic Gazette*, 1897, No. 5, p. 294.

The Wet Pack in the Insomnia of Neurasthenics.—DR. G. RICHARD makes use of strips of flannel, six or eight inches wide, and five yards long, which are rolled and wet in water at 95° F. for four minutes. These bandages are now wrung out and applied to the patient. A double spica is made over the chest, neck, and shoulders, continued as a simple envelope over the chest and abdomen and terminated as a double spica of the thighs. The patient is dressed in a flannel shirt, not only to preserve warmth, but as well to absorb excess of moisture. The bed is protected by rubber sheeting. The wet pack is retained for two, three, or four hours for from two to four days until the patient sleeps satisfactorily and free from nightmares. The inconveniences of this treatment are: (1) that it cannot be readily applied by the patient, and (2) that the bandages shall be too tightly or loosely applied. Patients should be particularly enjoined not to sleep during the day nor after meals, to arise early, and particularly to leave the bed on awakening.—*Revue de Thérapeutique*, 1897, No. 6, p. 182.

Treatment of Infectious Diseases.—DR. ALBERT ROBIN calls attention to the influence of cold baths. While these diminish the heat produced by physiological reactions of infection, they also favor oxidation. Through the energetic nervous reaction which they bring about there is an increase of combustion and as well an augmentation of the products of hydration and decomposition, which are slightly soluble, but when oxidized are easily eliminated. Further, these determine an abundant diuresis which relieves the circulation. Baths, or at least cool sponging, are important measures in the treatment of infectious diseases, as typhoid fever, malaria, infectious pneumonia, scarlet fever, or measles. Under their use the amount of oxygen absorbed increases, carbon dioxide elimination is greater in amount, and the temperature falls. The urea increases about 20 per cent. after the bath. Inhalations of oxygen or the dissemination of this gas near the mouth of the patient have also proved to be serviceable.—*Bulletin Générale de Thérapeutique*, 1897, 4e liv. p. 162.

Lavage in Chronic Gastritis.—DR. LOUIS BEHRENS believes that the advantages derived from lavage are: mucus and mucous plaques are worked