

(strong), 0.1 (medium), 0.01 (weak); morphine, 0.025 (strong and medium), 0.005 (weak); sterilized sodium chloride, 0.2; distilled water to 100.0.—*Pediatrics*, 1898, No. 8, p. 335.

[Evidently the morphine has some effect in producing anaesthesia. Further than this the observations of Halsted, which showed that pure water, when injected hypodermatically, produced anaesthesia, have not been considered.—R. W. W.]

Eucaïne-B.—M. RECLUS sums up the advantages of this over other local anaesthetics as follows: (1) Its solutions can be heated even to boiling. This permits sterilization by heat. (2) Its solutions are stable and permanent, and (3) it is much less toxic (1 to 3.75) than cocaine. As for cocaine, the author employs a 1 per cent. solution, but with the precaution that the patient shall remain in a horizontal position for an hour or two after the operation, to avoid vertigo, tendency to syncope, pains in the stomach, and vomiting. This precaution is unnecessary when the former is employed, and, therefore, it is to be preferred when the patient is to walk immediately after the operation. If the field of operation is large or a considerable quantity of the anaesthetic is required, the safer should be chosen.—*Le Bulletin Médical*, 1898, No. 26, p. 300.

Treatment of Gonorrhœa.—DR. BEHREND reports that of twelve instances of this disease in males (first attack), after one or two days the gonococci disappeared under the use of $\frac{1}{2}$ to 1 per cent. solutions of protargol. Upon the clinical symptoms this remedy had no influence; the discharge continued. Better results were obtained by the use of other astringents, as the alum injection, although the latter does not destroy the gonococci. He treats the disease, while the followers of Neisser treat only the gonococci. The disadvantage of protargol lies in the fact that it acts only on the gonococci which it can reach; those which it cannot it leaves in peace, for it does not penetrate into the tissues.

This provoked a vigorous reply from Frank and Meissner, the former basing his argument upon five months' use of the remedy (133 patients), and quoting Fenger (110 patients), who had lauded the new remedy.—*Klinisch-therapeutische Wochenschrift*, 1898, No. 12, S. 414.

Yellow Palms as a Sign of Typhoid Fever.—FIŁOPOWICZ (*Centralblatt für die med. Wiss.*, 1898, No. 11) calls attention [for the second time] to a symptom of typhoid fever not generally looked for. The palms and soles acquire a yellow color, which is more marked in proportion as the skin is thickened by toil, but present even when the skin is thin. This change comes on in the early days of the disease, and lasts until the end, disappearing in convalescence. The author thinks the sign due to the changes in the circulation, especially to anæmia of the skin, as the result of which the subcutaneous fat shows through.

Recent Improvements in the Treatment of Chronic Heart-diseases by Exercises and Carbonated Brine Baths.—DR. THOMAS E. SATTERTHWAITE presents a valuable paper. He makes use of the resisted movements almost

exclusively, meaning that the patient makes regular voluntary movements, which are resisted by the physician or operator. These movements are fully illustrated by a series of thirty-seven plates. For the baths, which must be given in wooden or porcelain tubs, ordinary American sea-salt is preferred, because benefit is obtained from the iodides and bromides which it contains. To each pound of this, one and one-half ounces of calcium chloride are added. The carbon dioxide gas, which is added after two or three baths have been taken, is obtained from the action of sodium bisulphate, commonly known as the acid sulphate, upon sodium bicarbonate, such a quantity being employed that $\frac{1}{4}$ to 1 per cent. gas solution is obtained. The duration of the immersion is from four to twenty minutes, but no longer. The temperature should not exceed 95°, nor go below 85°; indeed, rarely below 90° F. At first the baths are given with an intermission every second day, then every third, later every fourth day, and still later every fifth day. The course of baths lasts from four to six weeks. After the bath the patient should be rubbed dry with towels, remain indoors, and rest for an hour at least.—*The Post-Graduate*, 1898, No. 6, p. 437.

[We recommend the perusal of this paper in its entirety. The author has given the essentials freed from the superfluous details, which have been added for various reasons, and has avoided the extravagances of the earlier writers.—R. W. W.]

MEDICINE.

UNDER THE CHARGE OF

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The Length of the Incubation Stage in Typhoid Fever.—E. JANCKEN (*Wiener klinische Wochenschrift*, 1898, No. 27) had an opportunity of making an important observation. Certain troops marching through two small villages in which were a number of cases of typhoid fever, drank copiously of water given by the villagers. That infection was acquired in this way follows from the absence of other exposure. Moreover, other troops passing through without pausing to drink remained free from infection. Of the thirty-six cases the symptoms appeared suddenly in all, with headache, chill, fever, severe diarrhœa, abdominal pain, and weakness. The course was mild, and defervescence occurred in the third week. The beginning of the disease was noted in three men on the second day (*i. e.*, two days after infection), in seven on the third day, in six on the fourth, four on the sixth, five on the seventh, in the other seven between the ninth and fourteenth days. This shows that under favorable conditions the typhoid bacilli can