

DANGEROUS PRESCRIPTIONS.

Some cases are mentioned in our exchanges in which corrosive sublimate has been dispensed for calomel in consequence of either prescriber or dispenser being unable to follow the changes which have been made in the nomenclature of these two chlorides. We have always doubted the propriety of a Pharmacopœia attempting to follow the shifting views of chemical theory. A name for a drug need not be chemically correct. A worse case is reported in which *hyd. chlor.* was written by a physician who intended it for hydrate of chloral. Corrosive sublimate was dispensed, and the patient nearly killed, life being saved by vomiting occurring immediately on swallowing the poison, and timely aid. A critic who pronounces the physician's act a blunder, and the dispenser's worse, says the rule should be religiously observed never to abbreviate those words, but write in full, *hydratis chlorali*, or else put it in English. Now the word *chloral* is not declinable in Latin, and should, moreover, precede *hydratis*. Its proper position would render such another blunder less likely, and should, therefore, be assigned to it.—*N. Y. Medical Record*.

CHROMIC ACID IN THE TREATMENT OF ULCERATING GRANULATIONS OF THE OS UTERI.

In the *Annales de la Société de Médecine de Gand*, M. Kœberle prefers chromic as a cauterising agent to the other remedies usually used, as pernitrate of mercury, iodine, nitrate of silver, and the actual cautery. He uses it in the crystalloid condition. It is a very anhydrous substance, and readily absorbs the moisture from the tissues which it may touch. M. Kœberle applies it through an India-rubber speculum on a tampon of cotton-wool. Vomiting often supervenes within fifteen or twenty minutes from the application of the acid. When the tissues are seriously altered, it is necessary to repeat the cauterisation, but M. Kœberle has hitherto found three applications to suffice. After the application he applies a tampon, and advises the patient to use two soap-and-water injections daily. He treats all ulcerations of the os in this way, as in epithelioma.—*London Med. Rec.*, March 15, 1877.

CHROMIC ACID FOR WARTS.

Three or four applications of this acid will cause the disappearance of warts, however hard, large, or dense these may be. The application gives rise to neither pain, suppuration, nor cicatrices, the sole inconvenience being the production of a dark brown color.—*L'Union Médicale*, April 22, 1876.

The use of iodine is sometimes objected to on account of its staining the skin. It is not generally known that a very small quantity of carbolic acid will render this agent colourless without destroying its therapeutic properties.

RECOVERY AFTER TAKING EIGHTY GRAINS OF TARTAR-EMETIC.

Mr. F. Mason, Bath, England, reports, in the *Brit. Med. Jour.*, a case of a laboring man who took, by the mistake of a prescribing druggist, eighty grains of tartar-emetie. No very serious results followed, but the use of tannin and emetics was resorted to, followed by decoctions of cinchona. The patient had been suffering with diarrhoea for several weeks, and seems really to have been benefited rather than made worse by the rough treatment he experienced.

MIGRAINE.

In order to alleviate pain in the course of an attack of migraine, or to cut it short at the commencement Delieux recommends the juice of lemon to be squeezed into a cup of coffee without milk or sugar, and drunk off at a draught.—*Med. Times and Gaz.*, Aug. 25, 1877.

THE STRUCTURE AND GENESIS OF CHALAZION.

Dr. Vincentis, of Naples, (abstract in *Annales d'Oculistique*, Nov.-Dec., 1876, finds that chalazion is composed of giant-cells and an enveloping capsule. The capsule is not simple, but formed of two parts, of which one envelopes the greater part of the tumour, and the other is accessory to the cartilage. The tumour also is composed of two parts, a central, homogeneous in character, and an external, consisting of small masses separated from one another by connective tissue. The origin of a chalazion lies in the inflammation of a Meibomian follicle, and the giant-cells spring from the epithelium of the Meibomian gland.—*London Med. Rec.*, March 15, 1877.

DRY DRESSING.

THE days of water dressing have been numbered by antiseptics, and these latter are now threatened just as ointments were by water. Mr. Robert Hamilton, of Leeds, has contributed an interesting paper to the *Lancet* (5th May) on the advantages of the "anhydrous dressing of wounds," in which he endeavours to show that water should not be permitted to come near any wound, and that the exclusion of this agent is the real cause of much of the success which has attended Lister's method, and the almost equally good results obtained by the use of our old friend "Friar's balsam." Mr. Hamilton believes that in so far as we can keep an abraded surface free from all external agencies, just so far shall we succeed in facilitating the healing process. He holds, too, that amongst the external agencies which are injurious water is worse than the atmosphere. His hope for the future is in the avoidance of heat and moisture. Certainly the results that in so many cases follow the use of dry lint or cotton wool on small wounds, especially scalp wounds, support the idea, which will further be acceptable to those who have witnessed the success of the popular applications of some nap from a silk hat,