

The New York Pharmaceutical Conference has done excellent work for the pharmacist in arranging with the United States food administration for supplies of this necessary ingredient.—*New York Medical Journal*.

PARAFFIN AND BISMUTH FOR GASTRIC ULCER.

Dr. L. J. Pieton, writing in the *British Medical Journal*, remarks that he has found a mixture of bismuth subnitrate and liquid paraffin of use in the treatment of gastric ulcer. The bismuth salt may be rubbed up with ordinary liquid paraffin to form a smooth cream. It is taken thus without producing much nausea, and with increasing tolerance.

The liquid paraffin is a good vehicle for bismuth, undoing its constipating effect. The patient is more comfortable, and less flatulent than when taking bismuth alone.

The action of the combination may be supposed to resemble that of bipp in the treatment of external wounds. The special electrical effects of paraffin on wounds, mentioned in your issue of October 20th, are unfamiliar ground to me. Apart from that, the combination deserves a trial.

SYPHILIS AND CARDIAC DISEASE.

Gaucher (*Bulletin de l'Académie de médecine*, October 2, 1917) asserts that all lesions of the aortic valve or root of the aorta which do not follow the acute endocarditis of rheumatic fever are of syphilitic origin. Careful examination of aortic cases with vague pains supposed to be rheumatic often reveals signs of tabes, in particular loss of the patellar reflex. Some cases of hemiplegia ascribed to syphilitic cerebral arteritis are in reality due to embolism arising in an incorrectly interpreted or undiscovered aortic lesion. Sudden death is nearly always due to syphilis, whether taking place through aortitis and embolism, perforating myocarditis, or angina pectoris. The latter, when due to inflammatory changes and atresia of the coronaries, is regularly of syphilitic origin, a statement proved by the anamnesis, the serum reaction, and especially by the often very effective action of treatment with mercury and iodides. Cardiac rupture with sudden death is due to gumma of the myocardium. Lesions of the bundle of His and the permanently slow pulse are of syphilitic nature, as are also, as a rule, hypertrophic myocardial nephritis. From clinical observations Gaucher is likewise convinced that some instances of mitral insufficiency are due to syphilis, vague, so called rheumatic pains are of no etiological significance and often upon inquiry a former syphilitic infection will be admitted. In the absence of acquired syphilis, congenital syphilis may also be a cause of obscure or overlooked heart lesions.—*New York Medical Journal*.