

the cause of the increased falling of the hair explained to him.

It is not necessary, though more convenient, to cut the hair short during the treatment.

When the alopecia has lasted so long that the hair bulbs have become atrophied, nothing will restore the hair on those spots. Our endeavors must be directed to saving what remains. A prognosis favorable to the restoration of the hair must, therefore, be given with caution.

USE OF SALICYLIC ACID.

Dr. WILLIAM SQUIRE, in a communication to the *British Medical Journal* (April 26th, 1879) on the two independent effects of salicylic acid, the germicide and antipyretic, says: there are many conditions of disease where it would be well to make use of both these actions, and some where the antipyretic is distinctly aided by the germicide effects of the acid, so that fever is lowered more certainly and quickly by its use than when the more easily administered soluble salt is prescribed. This is well seen in scarlatina aginosa, and sometimes in diphtheria, whether the acid be conveyed to the throat directly, or be suspended in mucilage, or by means of glycerine, its most convenient solvent. Half an ounce of glycerine, when hot, will dissolve half a drachm of salicylic acid. This is stronger than necessary, and, when cold, will either deposit some of the acid or may become solid; in either case, it will re-dissolve when heated, and can be mixed in a warm spoon with an equal quantity of hot water, and given in small quantities with or without any drink afterwards; or, a solution of five grains of salicylic acid to the drachm of glycerine can be used, either alone or given with a little cream. In this way, not only are the mouth and throat cleansed, but the fever is soon lessened; it is only while the fever is high that the strong doses need be continued. In cases of moderate severity, it suffices to prescribe this weaker glycerine solution, and to order half a drachm or a drachm to be mixed with an ounce of water at the time of administration. The latter is quite strong enough for an adult, and is better followed by a drink of water. Or half an ounce of the glycerine in half a pint of water forms a suitable mixture; this sipped frequently, or given as a drink every two or three hours, diminishes fever and improves the throat. Such a solution of two grains to the ounce is efficient as an antiseptic, and can be used in spray. Where a general antipyretic effect is desired, salicylate of soda may be given at the same time, fifteen grains being equivalent for this purpose to ten grains of the acid. It is contra-indicated where there is renal congestion or any albuminuria, as most of the acid is excreted by the kidneys. This method of administration is

more suitable to scarlet fever than to diphtheria, where the necessity for giving iron restricts the use of salicylic acid to the intervals when the stronger form can be applied in small quantities frequently. In erysipelas, no form of salicylic acid is advisable; not only would it interfere with the use of iron, which is then essential, but there is no febrile condition over which it has so little control as erysipelas. In typhoid fever, the use of salicylic acid presents some advantages over that of salicylate of soda. The glycerine solution is suitable for administration in diabetes, salicylic acid having a power of checking the formation of sugar not possessed by salicylate of soda. For this purpose the acid is required in full doses; it might take the place of carbolic acid in rendering diabetics more tolerant of operation and less liable to suffer from boils and from suppuration. In catarrhal sore-throat, or at the commencement of a common cold, the weak solution of salicylic acid is beneficial. For checking the febrile reactions in phthisis it is also preferable. It also acts as a sedative to the pneumogastric, and the weaker glycerine solution in water relieves cough. As a remedy in whooping-cough, this solution may be found as effective and more convenient than the laryngeal insufflation of the powder. Hay-fever is checked by dropping a grain to the ounce solution into the nares. The great obstacle to the freer use of salicylic acid is its sparing solubility in water; this difficulty has been overrated. Solutions of one or two grains to the ounce keep clear or deposit a few flocculi only, when theoretically all but one-fifteenth of a grain should separate.—*British Med. Journal*, April 26th, 1879.

ANTISEPTIC MIDWIFERY, ADVANTAGES OF.

Perhaps the most interesting communication made to any of our societies lately is that of Dr. Matthews Duncan to the Medical Society on *Antiseptic Midwifery*. So important was it, and listened to with every attention by a distinguished audience, that an abstract of it may be acceptable to your readers. Being a great personal friend of Prof. Lister's, having left the northern metropolis at nearly the exact time Prof. Lister turned his steps southward, it might *a priori* be surmised that Dr. Duncan would be an advocate of the antiseptic plan of treatment. Consequently a large number of practitioners came to hear, and also to learn how antiseptics are applied to every-day midwifery. Dr. Duncan commenced by saying that there is no subject which excites more professional interest or more interest among the general public than that of puerperal deaths. A wife, the mistress of a household, the solace of her husband, the proud mother of a number of happy children, is suddenly snatched away after an auspicious event. There is some thing so sad about such deaths that all would welcome with heartfelt joy any plan which promises to lessen such disastrous