

DANGER OF SULPHONAL.—Says *The Lancet*, although sulphonal is probably one of the safest, as it is one of the most efficacious, among the hypnotics recently introduced, the series of cases published by Bresslauer of Vienna shows clearly that it has certain dangers. The degree of peril is difficult to estimate, as the patients were lunatics, and were also apparently feeble; but the fact is significant that out of seventy-seven patients who were treated with the drug, no less than seven showed serious symptoms, and in five of these there was a fatal termination. It ought to be mentioned that the patients had been taking the drug for a considerable time in good doses, and had borne it well until symptoms of disturbance set in, these being great constipation, dark brown urine, slow, or in some cases rapid but feeble pulse, discolored patches resembling purpura on the limbs, and great prostration. In the cases which ended fatally the cause of death was heart failure, with œdema of the lungs.

CHROMIC ACID IN HYPERIDROSIS PEDUM.—(*Jour. de Méd.*) In 1889 the Prussian minister of war ordered experiments to be made with pure chromic acid for the cure of sweat-foot. The results were satisfactory. A cure often resulted from a single application made in this manner: The sole of the foot and the space between the toes were bandaged after applying a layer of absorbent cotton soaked in a five per cent. solution of chromic acid. The parts thus treated became hard and dry, and the comfort of marching was much increased thereby. If there are lesions of the foot, it is best not to begin the treatment with chromic acid until these are cured. There are no evil after-effects, and of course no ill effects from the suppression of perspiration.

TREATMENT OF CONDYLOMATA may be summed up as follows, *Internat. Jour. of Surg.*:

1. Many disappear when kept dry by the application of powders, the best being either calomel or boracic acid.

2. In some cases an astringent, such as tannic acid, will effect a cure; but many cases require more radical measures.

3. In the more severe cases, all treatment should have as its object the destruction of the base of the growth. In ordinary cases, electrolysis is the best

treatment. In very severe cases, the galvano-cautery is the very best treatment, as there is no hæmorrhage, and little pain. The Paquelin cautery and escharotics almost invariably leave a painful wound, confining patient to bed.

4. After removing condylomata, the condition that caused them should be treated, otherwise they are apt to re-develop.

TREATMENT OF RHUS POISONING WITH IPECAC.—Dr. W. S. Gilmore, of Sorgho, Ky. (*Country Doctor*) recommends the following with confidence, having used it for six years without a failure:

R—Ipecac. pulv., 3 iij
Aqua, O j.

M. Sig.—Apply freely to the affected part every two hours.

The heat, itching and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking or blistering of the skin when the solution was too strong. That, however, is easily obviated, as the weaker solutions seem as efficient as the stronger. He thinks it as near a specific as we have in medicine.

SALICYLIC ACID FOR THE PREVENTION OF SCARLET FEVER.—Sticker reports the observations of G. de Rosa (*Centralblatt f. klin. Med.*) who administered salicylic acid, in doses of one to five grains daily, to sixty-six children exposed to infection during an epidemic of scarlet fever. Twenty-seven cases of the disease existed in the building, when administration of the drug was commenced. Only three of the sixty-six contracted the disease, the failure in these being ascribed to a longer exposure to infection.

DIPHThERITIC MEMBRANE.—Caldwell recommends the following solution for dissolving diphtheritic membranes (*Med. News*):

R—Papain, 3 ijas.
Hydronaphthol, gr. ij.
Acid muriatic, gtt. xv.
Aq. destillat, 3 iij.
Glycerini, 3 ij.—M.

Sig.—Apply to the affected part every half hour by means of an atomizer.