

or the practice of the profession at the present time, and that I shall be criticised for holding this view. If rubefacients will contribute to the reduction of pain, vesicants will more surely reduce the pleuritic inflammation, and thus help to arrest and limit the amount of pulmonic engorgement, and not add to it, as we are taught to believe. One distinguished writer on the practice of medicine objects to the early use of blisters in pneumonia, in part because it interferes with the physical exploration of the chest, rendering it difficult to follow the progress of the exudation,—as though the object of the blister was not, with the other remedial measures, to help to arrest and limit that exudation.

In pleuritis I am positive that we withhold one of the most potent measures for its arrest and reduction if we do not at once resort to liberal vesication.

Even in the progress of tubercular phthisis I believe that we may protract the lives of some patients, and add to their comfort by attacking the local pleurisies that occur from time to time in the progress of the case by small blisters, thus arresting the inflammatory condition beneath, and preventing the early softening and breaking down of tubercular deposits at the seat of pain. I am sure that in several instances I have thus postponed the inevitable, and that without debilitating the patient.

I hope that in all that I have said (and much more in the same line might with profit be said) no one will infer that I do not appreciate the many valuable recent additions to our materia medica and to our therapeutic measures. My object has been rather to call attention to the partly-forgotten remedies and measures which are still worthy of our notice and regard, and also to call attention to the tendency to push new remedies to extremes, and then, if they fail to accomplish all that they at first promised, to abandon them, so to speak, as fossils of a former art buried deeply under the succeeding accumulations, which must also wait their turn for historic extinction unless a better medical philosophy shall assert itself. Hold fast that which is good.

I am aware that the tendency of advanced life is to conservatism; but then there need be no bigotry if the individual has continued to cultivate his art and its literature during his accumulation of years. He will, however, be better able to point out that which is of permanent value in former views and practices, but which in the rush of new discoveries and inventions is liable to be forgotten or neglected.—*Phil. Medical Times*.

#### DANGER IN SANTONIN.

Danger in santonin, even when given in moderate doses, was reported some weeks since in the *Lyon Medical* to have been observed so frequently that the matter has been inquired into by the *Rép. de Pharm.*, with the following results: The

white santonin was found more toxic than that which had become yellow through exposure to sunlight, though the latter did not show any diminution in its therapeutic properties. Lawre thinks that the dose for a child of less than two years should not exceed three-fourths of a grain. In all cases it should be associated with a purgative—calomel, for example—to facilitate its elimination. "Santonin is innocuous or toxic," he says, "in proportion to the rapidity with which it may be eliminated, and this varies in individuals." Lewin and Caspari recommend that it be administered in oily solution. In this form it is absorbed by the intestines slowly enough to permit a direct and prolonged contact with the worms.—*Journal of Pharmacy*, June, 1887.

#### PERFUMERY AS A SEDATIVE.

Dr. Watson Smith, London, reports the case of his own boy, critically sick with dysentery, and the stomach so sensitive that vomiting was excited immediately any attempt was made to administer anything. The doctor then thought of the sedative effect of perfumery, and argued that if he could so deceive the patient as to cause the imagination to attribute to the article administered the delicate flavor of the perfumery, the effect upon the olfactory nerves would be soothing upon the nerves of the palate and stomach.

Some simple diet was given in a spoon held with a handkerchief, upon which a delicate perfume was sprinkled. The effect was excellent, and after a short time medicines could be given in the same way, and were retained without further disturbance of the stomach and the patient rapidly recovered.

This plan of masking the sense of taste through the influence of perfumery upon the olfactory nerves may be equally pleasant to adults.

#### STROPHANTHUS IN HEART-DISEASE.

Dr. J. Hutchinson, of Glasgow, writes as follows to the *British Medical Journal*:

"As the influence and value of strophanthus in heart-disease is at present attracting a good deal of attention, my experience may be of interest. I have administered the drug in twelve cases of heart-disease: nine were functional and three organic, and I have much reason to be pleased with the success of the treatment, and with the amount of relief I gave my patients.

"On looking over my notes I find two cases of mitral disease, in one of which there was a loud murmur, both obstructive and regurgitant. The patient was a woman, aged 45, in whom the prominent symptoms were harsh, hacking cough, occurring in paroxysms, dyspnoea, and at times orthopnoea; palpitation and oedema of feet and legs. The pulse was intermittent, with a regular irregularity, and beating 90 to the minute. Strophanthus was given in half-drop doses at first, and was gradually increased until she was taking 2 minims three times a day. Almost from the first