

such means we can aid the digestive act. Then at other times the indigestion is due to lithiasis, where the presence of uric acid impairs the efficiency of the gastric juice. In these cases all measures which do not entertain the casual relations of the dyspepsia are of little use. By the administration of potash in bitter infusion, well diluted, taken half an hour before a meal, this element of trouble is removed. In all cases of gouty persons suffering from dyspepsia, do not forget this cause of impairment of the gastric juice.—Dr. J. MILNER FOTHERGILL, in *Practitioner*.

### THE USE OF BROMINE IN CONTRACTION OF THE LIVER.

By J. S. JEWELL, M.D., Professor of Nervous and Mental Diseases, Chicago Medical College.

For a number of years I have met with certain cases which have been, as a rule, of long duration, and in which there is chronic diarrhoea, or decided tendency towards looseness of the bowels, more or less gastric catarrh, variable dyspeptic symptoms, emaciation, at times a sallow skin, but no yellowness of the conjunctiva, gastric uneasiness, habitual scarcity or even absence of bile in the discharges from the bowels, and, finally, evident contraction of the liver as determined by careful palpation and percussion. If in these cases there is actual contraction, and it may be atrophy of the liver, it is not difficult to account for the probable portal congestion, diarrhoea, etc., observed on the very natural supposition of embarrassment in the circulation of blood from the portal system of veins. Whatever the pathological conditions may be, it is not my purpose to enquire into them at present. The clinical picture, drawn above in outline, is at times met with and easily recognized, and my present purpose is to call attention to a point in its treatment.

In quite a number of such cases I have found the persistent use of bromine, internally, to lead to marked good results. Its action is slow, and its use must be continued for months if it is to do good. My usual plan has been to give the bromine in solution and distilled water, ten drops of the liquid bromine to one ounce of water. The dose of this mixture should be five drops in water three times a day to begin with. The dose may be increased one drop a day until it is plain the stomach will not easily tolerate a larger dose. If the stomach should become irritable, as a result of the use of the remedy, it may be necessary to reduce the dose to one or two drops, or even cease its use altogether for a time, to resume when the stomach will tolerate it again. It should be given in a considerable quantity of water, as it is likely otherwise to irritate the stomach. Of course the use of the bromine does not prevent the employment of most other remedies, such as the case may require from time to time.

Under the use of bromine I have usually seen,

after a time, less disturbance in the gastric zone, less diarrhoea, a reappearance of bile in the discharges from the bowels, and a slow but general improvement in the condition of the patient. I do not think it necessary to cite cases, and am not prepared to speculate as to the *modus operandi* of the drug. This note is written, as already intimated, with the design of calling the attention of the profession to what seems to me to be a practical observation of value in the treatment of a certain class of refractory cases.—*Chicago Med. Review*.

### CARBOLIC ACID IN FACIAL ERYSIPELAS.

Dr. Rothe observes (*Betz. Memorabilien*, 1880, No. 9) that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery. For some years past he has been in the habit of using the following application:—Acid. carbolic., sp. vini., aa, one part, ob. terbinth two parts, tinct. iod., one part, glycerin five parts; pencilling the inflamed skin and its vicinity with it every two hours. No pain or sense of burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The pencilled places should be covered by a very thin layer of wadding. When febrile action is present the ordinary internal measures must also be resorted to.—*Med. Times and Gaz., London, Dec., 1880*.

### TREATMENT OF PYROSIS.

M. Ory (*La France Méd.*, 1880, p. 700) prescribes, in connection with milk and vegetable diet, alkaline drinks. In addition, the following medicinal formula may be employed with advantage:

℞ Pulv. rhei, gr. clx;  
Sodii bicarb., gr. xxx;  
Syrupi simp., f 3 iss;  
Aq. menth. pip. ad f 3 viij.—M.

Sig.—Tablespoonful twice to four times daily.

M. Ory finds the following powder very useful:

℞ Magnesii calcinat.,  
Pulv. sacch. alb., aa 3 j;  
Bismuthi subnitrat., 3 j;  
Sodii bicarbonat., 3 ss.—M.

Fiat in chart. no. xl.

Sig.—One at the beginning of each meal.

Bouchardat regards the following powder as useful in pyrosis;

℞ Pulv. rhei, 3 iss;  
Pulv. opii, gr. ij;  
Pulv. magnesii calcinat., 3 iss.—M.

Fiat in chart. no. xv

Sig.—One before dinner.