

it so often excites, and in the profound anæmia which it induces. The anæmia which is so common a sequence of constitutional syphilis in infants is no doubt often a result of too long-continued mercurial treatment.—*Med. Times and Gaz.*, April 12, 1873.

THE TREATMENT OF GALL-STONE.

By S. O. HABERSHON, M.D., F.R.C.P., Physician to and Lecturer at Guy's Hospital.

(*On the Pathology and Treatment of some Diseases of the Liver*, pp. 91, London, 1872.)

The treatment of gall-stone Dr. Habershon divides into that which is calculated to relieve the paroxysm; that which lessens the jaundice; and thirdly, that which is designed to prevent the recurrence of the attack. As to the first, the intensity of the pain calls for immediate attention, and by means of the hypodermic injection of morphia and the inhalation of chloroform we are enabled to afford considerable relief; these means are much more effective and better than the internal use of opium, which is with difficulty absorbed, and has sometimes been given in such large doses as to endanger the life of the patient. Externally hot fomentations may be applied, or, what is more effectual, the mixed chloroform liniment, belladonna liniment, and aconite liniment—half an ounce of the two first, and a drachm of the latter. If the bowels are confined, they should be acted upon by a free mercurial purgative and warm saline draught, or by an enema.

In hastening the removal of the jaundice, an unstimulating diet and gentle action on the bowels are the best means to employ; and the saline mineral waters are often of great assistance, but must be administered with caution. Alkalies may be used with advantage, not only in facilitating the discharge of inspissated bile, but in lessening duodenal irritation. It is of great importance also where other calculi are retained, and also where there much irritation to the pyloric region of the stomach and the first portion of the duodenum. Bismuth with alkalies is of some value in diminishing this gastric sensibility; but, whilst anæsthetics and anodynes afford immediate relief, and alkalies promote recovery, a great amount of patience is required by the medical attendant, as well as by the patient, lest the disease be aggravated by over-active treatment.

NEURALGIC PAIN IN THE LIVER.

By S. O. HABERSHON, M.D., F.R.C.P.

(*On the Pathology and Treatment of some Diseases of the Liver*, pp. 91, London, 1872.)

Neuralgic pain in the liver may, it is stated, arise from at least three different causes:—

"First, it may be a sensation of fulness and throbbing, and of distress at the scrobiculus cordis, which is due to distension of the right side of the heart. This state is relieved by mercurials with squill and digitalis; by purgatives and by diuretics; and in fact,

by any of those means which lessen the vascular strain on the right side of the heart.

"Secondly, the pain may be situated across the epigastric region, and is due to the gastric catarrh; the food is imperfectly digested, and becomes coated with a thick envelope of mucus; and flatulent distension is the result. The pain thus produced is often most distressing to the patient; the distension of the stomach impedes the action of the diaphragm, and embarrasses to a greater degree the crippled heart. Hemorrhagic erosion may also be induced, coffee-ground vomit. This symptom—pain—is lessened by the remedies already indicated, and also by the use of mineral acids, by nuxvomica, by carbolio acid, etc., the diet being meanwhile carefully regulated.

"A third kind of pain is evidently of a neuralgic character; it is not angina pectoris, but it is abdominal; and I have noticed its locality as situated deeply behind the first part of the duodenum—severe, almost like gall-stone, but without jaundice or its other symptoms; it is not connected with the stomach, for it is not affected by food, but paroxysmal, and recurring sometimes with great regularity. The remedies we have mentioned may be used to their full extent; mercury even to the verge of salivation, digitalis till it can no longer be borne, purgatives may be used freely, and the anasarca removed by puncturing the legs; but still this severe neurosis continues; it appears to be due to exhausted nerve-function, and of those nerves of which we have already spoken. Narcotics and anodynes afford the only means we possess of palliating this distressing symptom."

SCARIFICATION OF THE GUMS.

By J. LEWIS SMITH.

(*Treatise on the Diseases of Infancy and Childhood*.)

Dr. Smith says that the gum-lancet is now much less frequently employed than formerly. It is used more by the ignorant practitioner, who is deficient in the ability to diagnosticate obscure diseases, than by one of intelligence, who can discern more clearly the true pathological state. Its use is more frequent in some countries as England, under the teaching of great names, than in others, as France, where the highest authorities, as Rilliet and Barthez, discountenance it. It is well to bear in mind the remark of Trousseau, that the tooth is not released by lancing the gum over the advancing crown. The gum is not rendered tense by pressure of the tooth, as many seem to think; for if so, the incision would not remain linear, and the edges of the wound would not unite as they ordinarily do by first intention within a day or two. If there be no symptoms except such as occur directly from the swelling and congestion of the gum, the lancet should seldom be used. The pathological state of the gum which would without doubt require its use, is an abscess over the tooth. As to symptoms which are general or referable to other organs as fever and diarrhoea, the lancet should not be used if the symptoms can be controlled by other safe measures. All co-operating causes should