

held for a few days at that point and then gradually increased. As the inflammatory condition subsides, the organ gains strength, and the diet may be increased and made to include a greater variety of food. It is doubtful if anyone who has ever had a chronic gastritis should be allowed to eat mince-pies, tarts, plum-puddings, or other culinary abominations. Bismuth, cerium oxalate, nuxvomica, and the bitter tonics are useful adjuvants in treatment.

I do not think that pepsin is of any value in the treatment of chronic catarrhal gastritis. I do not wish to be understood as decrying the value of pepsin in certain stomach disorders, notably those attended by atrophy of the gastric tubules, or other structural alterations. Pepsin is also useful in the cases of catarrhal gastritis dependent upon anæmia, nephritis, and other disorders in which the primary trouble is due to failure of gastric secretion from a deficient or poor blood-supply. In these cases the agent may prove invaluable, but, in my judgment, the dose usually employed is much too small. It is in the uncomplicated inflammations that I regard pepsin as valueless; the indigestion is dependent on an entirely different set of conditions.

Relapses are exceedingly common; in fact, they occurred in every one of my cases. They are to be met by a return to the treatment, if it has been suspended, or to a stricter and lessened quantity of food. In the course of the treatment the relapses will occur less frequently; they will be less severe, and will yield more readily to the remedies employed.

The results in the seventeen cases were excellent: eight of them recovered, remaining well at least six months after suspending treatment. Of the remaining nine cases, all were improved, and some of them could be considered recovered, as they passed from under observation completely relieved, but I had no opportunity of learning their condition some months after suspending treatment. In no case was the treatment persisted in for some weeks without marked improvement being noted.

In conclusion, allow me to say that the method of treatment here outlined is of little or no value in cases of tumor, stricture, atrophy of the gastric tubules, or other gross alteration in the structure of the stomach, or when there is marked dilatation. In cases complicated by heart, lung, kidney, or liver diseases, or by anæmia and neurasthenia, the method may be a useful adjunct, but we can hardly expect a cure. It is claimed that it meets the indications in simple catarrhal gastritis quite as well as lavage, that it is much less trying to the patient, that it is adapted to the poorer classes and to dispensary patients, who in many instances are unable to afford even the small expense of a stomach-tube. —Dr. Moyer in *Med. News*.

## MEDICAL NOTES.

Prof. Hare said sulphide of calcium is one of the best remedies for the treatment of *Acne*.

Prof. Hare said that a very useful and efficient application to *abort felons* is to make a poultice with bread crumbs and lead water.

For a case of *Anæmia with Amenorrhœa* in a young girl, Prof. Hare prescribed:—

R.—Ferri redact. . . . . gr.  $\frac{1}{2}$   
In pill three times a day.

For the constipation the following mild laxative:—

R.—Ext. cascariæ sagradæ fluid . . . gtt. xx.  
Three times a day.

Prof. Hare said that in the treatment of *Gout* and *Rheumatism* the combination of the iodides with colchicum increases the activity and efficiency of both drugs.

Prof. Hare said that it is of no use to give cod-liver oil after there are *Tubercular Deposits in the Lungs*. It is absolutely harmful in the majority of cases, as it disorders the stomach, and very frequently gives rise to an oily diarrhœa.

For *Headache*, Prof. Hare recommended the following:

R.—Caffein, . . . . . gr. ij.  
Phenacetin, . . . . . gr. iij.  
Sodii bromid., . . . . . gr. x.—M.

Dr. A. P. Brubaker recommended the following prescription for *Chronic Gastric Catarrh*:

R.—Strychninæ sulphat., . . . . . gr. j.  
Liq. potassii arsenitis, . . . . . f 3 j.  
Acid. hydrochloric. dilut., . . . . . f 3 j.—M.

Sig.—Ten or fifteen drops in water after meals.

Prof. Hare recommended the following for *Fermentative Indigestion*:

R.—Sodii bicarb., . . . . . 3 j.  
Tinct. gentianæ, . . . . . f 3 iij.—M.

Sig.—A teaspoonful three times a day.

For a case of *Chronic Bright's Disease (Contracted Kidney)* in a woman forty-two years of age, Prof. Da Costa prescribed five grains of potassii iodidum three times a day; and that the patient be placed upon the usual diet for the disease, and also be given mild diuretics.

Prof. Hare said that ichthyol is the best local application in *Acute Articular Rheumatism*, in the strength of 3j-ij to vaseline 3j. It is also an excellent local application in the same strength in dry, scaly *Eczema* and *Seborrhœa*. The objections