

consequences of this influence on the circulation of the brain, I am convinced that venesection is a remedy which cannot be dispensed with in the treatment of eclampsia. I can say with truth that all my cases in which it was resorted to early, freely, and judiciously, have recovered with a single exception. In this case, after modern depletion, anæsthetics were used too freely, to the exclusion of other remedies. One of the earliest and most manifest effects of venesection is that of unloading the engorged venous system, the lungs, the right cavities of the heart, and the cerebral circulation. If the combined influence of inordinate action of the heart and excessive engorgement of the venous sinuses of the brain, be permitted to continue, the delicate structures of that organ must suffer irreparable injury from pressure, and profound coma result. In these cases of profound coma with stertorous breathing, frequent and bounding pulse, increased temperature, when the scene is varied by repeated paroxysms of spasms, let us not be misled in our treatment by any false theories in the pursuit of a vacillating policy. There is absolute safety in the lancet judiciously and timely applied under these circumstances. The state of pregnancy, above all other conditions, is the most tolerant of depletion. The enormous quantity of blood often lost during labor without serious results sustains this opinion. The measure must not only be resorted to early to avert impending danger to the cerebral structures, but copiously, to break down permanently arterial pressure. From sixteen to twenty four ounces will probably suffice to cause a decided amelioration of the symptoms. As a usual result, the action of the heart will be slowed, the pulse will become soft. The impulse of the organ will be diminished, temperature will decline, coma will be partially relieved, consciousness will return temporarily, and cyanosis will diminish. But depletion cannot accomplish everything. There may be a return of trouble. But when these desirable objects have been obtained even temporarily, we have a favorable basis for the application of our eliminative, anæsthetic, and sedative remedies.—BEDFORD BROWN, M. D., *Journal of American Medical Association*.

Phosphate of lime is strongly recommended by Dr. Reborn for the night-sweats of phthisis. M. Potain, and after him Dr. Reborn, employ the tricalcic phosphate in doses of four grammes, often necessarily increased to eight and fifteen grammes. The excellent results obtained are attributed by Dr. Reborn to some special action of the medicine upon the perspiratory apparatus. It would seem more likely that the general improvement in the condition of the patient brought about by the phosphate should be the reason for the diminution of the night-sweats, one of the symptoms most indicative of the great debility of persons subject to phthisis.—*Phil. Med. Times*.

PERMANGANATE OF POTASSIUM IN THE TREATMENT OF ECZEMA.

The first case was that of a child, two years of age, who was covered with eczema and impetigo. Various treatments had been tried in vain, and he was ordered a daily bath of permanganate of potassium, of the strength of 15 grains to the bath of water, the child to remain in it till the water turned brown. Since then Dr. Hullman has used the remedy both in adults and children, and mostly with good effect. When the skin is much covered with scales or scabs it should first be well brushed with soap and water. In another case of very chronic eczema of the back of the hand, where the usual remedies had been tried without success, a solution of 10 grains of the salt to an ounce of water was applied freely with a brush. The disease disappeared in about ten days. A third case of eczema of the face in a young lady also yielded to the treatment in fifteen.—*London Medical Record*.

ON NOTCHES IN THE UPPER CENTRAL INCISOR TEETH WHICH RESEMBLE THOSE OF SYPHILIS.

There is a state of notching of the upper incisor teeth which affects the two central ones of the permanent set, and produces a condition very deceptively like that of syphilis. The notches are central, and very conspicuous. A chief point of difference from the syphilitic tooth is that the tooth is usually wide instead of narrow at its free edge. Syphilitic teeth almost always show narrowing, like a screw-driver, as well as notching. Another point of difference is that the teeth, when looked at carefully, are seen to be craggy and very hard, not worn as the syphilitic tooth. In a very marked example of the pseudo-syphilitic notching, the father of the patient told me that the condition was hereditary, and the youth's mother had teeth of the same kind. In this instance, there was no history of fits in infancy or of the use of mercury or teething powders. Nor, indeed, were the conditions those of stomatitis, or mercurial teeth. The defects occurred in pairs of teeth, and did not damage the whole row. Nor were the first permanent molars—the test teeth of the mercurial set—involved. I have in several other examples of craggy teeth been assured that the peculiarity was in the family. I feel certain, therefore, that we must admit inheritance as an occasional explanation of peculiarities in the form of the teeth. I was once shown, in one of the Paris hospitals, a pair of teeth such as those which I have above described, and great surprise was expressed that I could not admit that the were characteristically syphilitic.—*Jonathan Hutchinson, in the British Medical Journal*.