

administered with benefit in the former, would prove toxic in the latter. Other preparations of iodine are also useful. Extract of malt is another useful remedy in scrofuloderma; it seems to act favorably in building up the system. Preparations of iron may be employed with benefit. They may be administered for a few weeks or a month at a time, and may then be intermitted for a while. In fact, you should follow the same plan with the cod-liver oil,—stop it for a while from time to time, and then begin it again. Thus, by careful watching and judicious change of treatment from time to time, you can treat your patient through the year, and may hope for gradual amelioration and final cure.

The local treatment is very important, although, as a rule, less so than the constitutional. Stimulating ointments, as the ung. hydrarg., or ung. hydrarg. nitrat., or ung. hydrarg. ox. rub., are rarely borne well in sensitive skins; they often cause the tissues to break down. When used at all they should be weakened. In many cases I myself prefer lotions to ointments; at times, both lotions and ointments together. The liq. sodii chlorinat. I find very useful. It should not be applied in full strength,—certainly not at first,—but in the proportion of one to four or six of water, gradually making it stronger until you get the full strength. The ulcers should be bathed well with this lotion, and may then be dressed with some bland oil or ointment, as vaseline or cosmoline.—*Philadelphia Medical Times*, May 24th, 1879.

#### SUPRA-ORBITAL "TIC" CURED BY INJECTION OF CHLOROFORM.

In a case reported in *La France Médicale*, from six to twelve drops were injected into the upper eyelid, the point of the needle being directed towards the supra-orbital foramen. At first there was severe pain and some tumefaction, but a single injection gave relief for several months.

#### JABORANDI IN MUMPS.

Dr. Testa has treated five cases, four of which belonged to a single family. In two of these the œdema of the parotid region was very marked; the skin was red and shining; the fever intense. Jaborandi was given about 9 a.m. By evening the patients, after having experienced free transpiration and salivation, showed marked amelioration, and desired food. At his visit the following morning, Dr. Testa found the swelling in the parotid region much reduced. Two days later the cure was complete. Dr. Testa concludes that jaborandi is valuable in parotitis, on account of its hydragogue properties. Administered in good time, it sometimes cuts the disease short. It may prevent metastasis.—*Jour. des Sci. Méd.*, 1879, No. 3.

#### RETENTION OF URINE RELIEVED BY CHLORAL.

Dr. Tidd reports the case of a young woman, in the ninth month of pregnancy, who had not urinated for twenty-four hours, as a result of which the bladder was enormously distended. Catheterization was tried but failed, in consequence of the swelling and of the deviation of the urethra. Puncture of the bladder was proposed, but the patient refused to consent to it. Ten grains of chloral were then ordered every half-hour; it produced a deep sleep, during which the patient passed unconsciously an enormous quantity of urine. The evacuation commenced five minutes after the second dose of the solution. The retention did not return, and seven days later the patient was delivered of a healthy child.—*Jour. de Med. de Bordeaux*.

#### TREATMENT OF HEAT APOPLEXY WITH ERGOT.

Dr. Dedrickson has successfully treated several cases of sun stroke by means of ergot. The treatment consisted in the application of ice to the nape of the neck, and the administration of fifteen grains of liquid extract of ergot, and three minims of tincture of aconite every hour. The ordinary remedy of the East in cases of this kind is twenty grains of quinine. This was ineffectual in one of the cases in which the ergot proved beneficial. If the coma has advanced so far that the patient can not be made to swallow, Dr. Dedrickson suggests that ergotine may be injected subcutaneously. The aconite is to be omitted if the action of the heart is weak.—*Dublin Journal of Med. Science*.

#### HOW TO STOP A COLD.

Horace Dobell, in his little work on "Coughs, Colds and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: (1) Give five grains of sescarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. (2) At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. (3) In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. (4) Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. (5) At bed time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*Mich. Med. News*.