

any of his colleagues the opportunity of disturbing his equanimity by such an announcement.

The best plan to pursue in such cases is undoubtedly to discharge the responsibility of the knowledge so obtained on to the shoulders of a near and trustworthy relation or friend. Simple silence is apt to lead subsequently to the imputation of ignorance; and, for the sakes of both the practitioner and the patient, it is desirable that cognisance should be taken of the actual condition of the latter, even when no immediate bad results are to be anticipated.—*Brit. Med. Jour.*

#### CONGENITAL HEREDITARY ATONIC DYSPESIA.—

During a practice of twenty years, I have prescribed Lactopeptine to patients of all ages, and have never been disappointed in its action when indicated. But I desire to speak in particular of its action in a case of congenital hereditary atonic dyspepsia: in an infant, to whom I began to administer this remedy on the third day after birth. Mrs. H. L. S., Langside, Miss., was delivered of a male child in whom there was manifested well marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother.

The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by exhaustion. Other articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day, I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet-nurse) and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk, to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), boiled bread (pap), were, after a while, substituted for breast milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No untoward diarrhoea or intestinal disturbance characterized this period, and, at ten months the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do) that Lactopeptine saved their infant.

In cholera infantum, in diarrhoea, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopeptine an ever-effective and reliable remedy. In adult

dyspepsia, all are now familiar with its beneficial effects: but I should be glad if the profession would be induced to try it in the vomitings, diarrhoeas and dyspepsias of infancy. I recall several babies whose lives I believe I could have saved, had I known, ten years ago, what I do now of the ready adaptability of Lactopeptine to infants ailments.—R. W. Beers, M.D., *Medical Brief.*

#### POSOLGY AND USE OF SOME NEW REMEDIES.—

*Osmic acid*: Best administered in pill form (made up with Armenian bole). The dose is  $\frac{1}{10}$  grain, which may be repeated several times a day. Used in epilepsy and sciatica. *Agaricine*: Best administered in combination with Dover's powder. Dose  $\frac{1}{12}$  to  $\frac{1}{8}$  grain. Used for night-sweats. *Aloin*: From  $\frac{1}{4}$  of a grain to  $3\frac{1}{2}$  grains, in pill form. *Antipyrine*: Dose from 75 to 90 grains, divided into three portions, one of which is to be taken every hour. *Bismuth salicylate*: Dose from 5 to 7 grains, in pill form. In typhoid this dose may be doubled and repeated every hour, up to 10 or 12 times. *Canabinone*: From  $\frac{3}{4}$  to  $1\frac{1}{2}$  grain. Best administered mixed with finely ground roasted coffee. Sedative and hypnotic. *Colocynthin*: Used subcutaneously. The dose is from  $\frac{1}{8}$  to  $\frac{1}{2}$  grain. It may also be administered in pill form, by the mouth, the requisite dose being from  $\frac{1}{4}$  to 1 grain. *Convallamine*: Internally, in pill form. The dose is from  $\frac{3}{4}$  to  $1\frac{1}{4}$  grain. *Euonymin*: Best given in pill form, combined with extract of belladonna or hyoscyamus. The dose is from 3 to 10 grains. *Nitroglycerin* is best given in alcoholic solution. The dose is from  $\frac{1}{100}$  to  $\frac{1}{50}$  grain, repeated several times a day. Rossbach prefers ether as a solvent. His formula for its use is as follows: Dissolve  $1\frac{1}{2}$  grains of nitroglycerin in sufficient ether, and add the solution to a mixture consisting of two ounces of powdered chocolate and one ounce of powdered gum-arabic. Mix very thoroughly and divide into 200 pastilles. Each pastille will thus contain  $\frac{3}{100}$  grain of nitroglycerin. Used in angina pectoris, and as a diuretic. *Picrotoxine*: In aqueous solution. Dose from  $\frac{1}{8}$  to  $\frac{1}{4}$  grain. Used in epilepsy. *Sulphate of thalline* may be given dissolved in wine or water (with some corrigent). The dose is from 4 to 8 grains, or 1 grain every hour. The above is taken in part from the *Rundschau Leitmeritz*.

**TREATMENT OF CHRONIC ULCERS.**—Dr. A. Heidenhain, of Coeslin, has arrived at the conclusion that by far the best method of dealing with old chronic ulcers, especially of the leg, is to dress them with a considerable thickness of absorbent cotton. Volkman has long since practised this method, which, we believe, was original with Guerin, the French surgeon. The absorbent cotton is pressed upon the ulcer by a roller bandage, and is allowed to remain undisturbed until, after the