

### NEW TREATMENT OF PERNICIOUS VOMITING.

It is both interesting and important to know that in some cases vomiting, which has proved intractable to internal medicine, may be promptly relieved by the hypodermic injection of cocaine hydrochlorate in the epigastric region. This practice is accredited to Pozzi, who has lately recorded five cases of the kind in gynecologic work. In all of these cocaine given internally proved useless, while its effects by hypodermic administration were promptly beneficial. The amount used was approximately one-sixth of a grain once or twice daily immediately before feeding.

### TRAINING THE SIGHT.

Mr. R. Brudenell Carter, F.R.C.S., in a lecture before the London Society of Arts (Medical Times, May), directs attention to the fact that acuteness of vision may be increased by training. He suggests that the average acuter vision of country over town children is due to the fact that the latter see chiefly large objects and under large visual angles, while the former are habitually attending to smaller and more distant objects, seen at smaller angles. He suggests, therefore, that school teachers should be instructed to test the vision of new pupils and record the same in a register, informing the parents of any defects observed.

### SPECIALISTS AND PRACTITIONERS.

The Journal of Eye, Ear and Throat Diseases for April quotes from the *Archives internationales de laryngologie, d'otologie et de rhinologie* the following regulations that have been adopted by the Medical Society of the Ninth District of Vienna: 1. The specialist is a physician who renounces the exercise of every other branch, with the exception of a very limited portion. 2. The specialist should not undertake any treatment without coming to an understanding with the ordinary physician of the family. 3. The ordinary physician should be informed of the diagnosis and his advice taken upon important interven-

tions. 4. It is impossible for the ordinary physician to direct the treatment to be followed; the specialist should let him take part according to his ability. 5. The patient should not be referred by the specialist to a third physician, except with the assent of the ordinary physician.

### THE RELATION OF THROAT AND NOSE AFFECTIONS TO GENERAL MEDICINE.

Dr. W. F. Chappell (Laryngoscope, March; Denver Medical Times, April) calls attention to the common dependence of throat and nose affections on the state of the general system. Atrophic rhinitis, enchondroma, perforation of the nasal septum, recurring epistaxis, etc., are often secondary to contagious affections; marked redness of surrounding tissues, to latent gout or rheumatism; primary syphilitic lesions of the upper air-passages have been mistaken for diphtheria, and congenital syphilitic ulcerations of the nasal septum, soft palate, and larynx for tuberculosis and malignant disease. Acute rhinitis and laryngitis often spread downward to the trachea and bronchi, and conversely, though laryngeal tuberculosis is nearly always secondary to that of the chest. Gastro-intestinal disorders play their part by causing venous congestion, especially round the base of the tongue, with glandular swelling there and on the posterior pharyngeal wall. Lithaemia is also responsible for much glandular-tissue increase. Hysteria is a factor in the production of aphonia, oesophagismus, and dysphagia; nasal headaches are often due to improper drainage or disease of the accessory sinuses. In all these conditions, full scope must be given to internal medication and topical treatment not allowed to usurp exclusive dominion.

Professor De Dominicis has been forced to the conclusion that the mysterious cause which transforms inoffensive bacteria passing harmlessly through the organism into virulent pathogenic germs is the failure of the digestive apparatus to dispose normally of the food. Even the simplest, scantiest diet will produce putrid de-