

**PATHOLOGICAL ANATOMY OF ESSENTIAL EPILEPSY.**

The exact pathological anatomy of idiopathic or essential epilepsy is still very obscure, so that some recent statements by M. Chaslin before the Biological Society of Paris, at its meeting on March 2, are interesting and may perhaps throw new light on the subject. According to the *Bulletin Medical*, March 6, 1889, M. Chaslin has had occasion to study the brains of several epileptics, and his study has led him to the conclusion that certain lesions, described under the name "cerebral sclerosis," are due to a proliferation of the cells of the neuroglia. He proposes for this process the name "neuroglial sclerosis." Further he believes the induration at certain points, especially in the horns of the hippocampi majores or in the olivary bodies—which has been long noted in cases of epilepsy—is the external sign of the hidden proliferation of the neuroglia.

According to this view, idiopathic epilepsy would in some cases be due to an excess of development of the connective tissue of the nerve fibres, which Chaslin thinks should be attributed to a lesion received during embryonic life. *Med. Surg. Reporter.*

**TREATMENT OF ENDOMETRITIS.**

At the Académie de Médecine, M. Dumont Pallier read a paper on the treatment of endometritis by chloride of zinc paste. He had the experience of 120 cases of chronic endometritis treated by placing à demeure a piece of this caustic, and each case terminated successfully. When the endometritis was accompanied with hamorrhage the presence of the caustic agent arrested it almost immediately. The pain which this treatment gives rise to is variable in its intensity and its duration, and affects the form of uterine colic, but at the end of 24 hours all suffering disappeared. The slough becomes detached at variable periods, between the fourth and thirteenth day, and two days subsequently the cure may be considered definitive. The menses return at the usual periods and cause no pain. In operating, M. Dumont Pallier washes first the vagina out with an antiseptic solution, and then introduces the sound in order to measure the cavity of the uterus; that known, he places a piece of the caustic pencil à demeure of such a length that one end touches the fundus of the organ while the other appears just at the external orifice. Another antiseptic washing is made, and iodoformed gauze keeps the caustic *in situ.*—*Medical Press.*

**BICARBONATE OF SODIUM AND BICHLORIDE OF MERCURY IN THE TREATMENT OF YELLOW FEVER.**

In the *Therapeutic Gazette*, August 15, 1888,

Dr. George M. Sternberg suggested the use of bicarbonate of sodium and bichloride of mercury in the treatment of yellow fever. At Decatur, Florida, in the following October, the yellow fever prevailing was of a most malignant type: of 10 physicians practising in the infected area, 9 had yellow fever and 5 died. The treatment referred to was then tried. In the *Gazette* for May 15, Dr. Sternberg states that 32 white and 32 colored patients were subjected to the treatment by four physicians; of this number, only 4 died—all white. Dr. Mitchell writes from Jacksonville that he treated in all 216 cases of yellow fever, and that the mercury and soda gave the best results. As the result of experience with the bichloride and alkaline treatment, Dr. Sternberg suggests for further trial the following formula, which is a modification of the one first suggested:

Sodii bicarb..... ʒ iv  
Hydrarg. chlor. corr..... gr. ss  
Aque puræ ..... Oii

M. Sig. One and three-fourths ounces every hour; to be given *ice cold.*

**THE TREATMENT OF DIARRHŒA IN PHTHISIS.**

Dr. Polyak, of Gorbersdorf, gives in the *Orvosi Hetilap* the results of some trials he has made of two recently suggested remedies in the diarrhœa of phthisis,—viz., silicate of magnesia in the form of talc which has been recommended by Debove, and lactic acid recommended by Drs. Sezary and Aune. About eight ounces of talc were well shaken up in a pint of milk, and this, or even a larger quantity, was given daily. As a rule, it arrested the diarrhœa after having been used for a couple of days, but if it was left off the diarrhœa returned. It was found, however, that patients liked the milk mixed with talc even better than ordinary milk, but it could not be taken for more than six or seven days, as after that time complaint was made of a troublesome feeling of oppression in the stomach and bowels. Dr. Polyak thinks it quite impossible that long-continued use of talc can heal intestinal ulcers. Lactic acid proved in his hands a much more satisfactory remedy. The initial dose employed was 30 grains per diem in four ounces of water; this was increased subsequently, but not more than 75 grains per diem were given. On the third day the diarrhœa and the pain were generally arrested, and during the next day or two the stools assumed their ordinary character. It was found advisable to continue to give small doses for some time longer. The patients bore the treatment well; it produced no diminution of appetite, and, unless continued for a long time, gave rise to no disagreeable symptoms. Dr. Polyak thinks it possible that even ulcers of the intestines may be healed by this means.—*Lancet.*