

as he thinks, that Dr. Schmidt had deceived himself, by washing out the coloring matter with ether, and thus rendering the bacillus invisible.

Prof. Wood also declares that the specific and contagious nature of tubercle is opposed to clinical experience, while Prof. Janeway reports a group of cases which tend to support the doctrine of Koch. A man, suffering from tuberculosis, communicated the disease to a pet dog who habitually slept with him, and the dog died. A second dog, which he substituted for the first, shared the same fate, and a third bid fair to succumb in like manner, but fortunately saved by the timely death of his master. It is not said that in the case of the dogs the existence of tuberculosis was verified by the medical attendant or by an autopsy, but no doubt Prof. Janeway is well assured of the correctness of the report as made by him.

Meanwhile, the disciples of the two schools are arranging themselves under their appropriate banners. In most cases the younger members of the profession, who never miss a chance for a seat in the car of progress, arrange themselves as disciples of the German school. They hold to the bacillus. While the older and more conservative members, as a rule, are to be classed among the doubters, if, indeed, they be not properly classed sometimes as open scoffers.—*We will see.*—*Med. Gazette.*

#### THE TREATMENT OF PRURITUS VULVÆ.

Professor N. F. Tolochinoff describes (*Vracheb. Vedom.*, No. 18, 1882.) the treatment he successfully adopts in endlessly varying cases of pruritus of the female external genitals. In all cases he recommends washing of the latter two or three times daily with a weak solution of bicarbonate of soda (half a tablespoonful in a basin of water with a tablespoonful of eau de cologne). When irritation, redness, and tumefaction are only moderate, powdering with oxide of zinc and starch (1 to 6), or smearing with zinc ointment (3 ij to 3 j of spermaceti ointment) are sufficient. When irritation is more considerable, and erosions and excoriations are present, he applies in addition 2 per cent. carbolic solution, or  $\frac{1}{2}$  per cent. (R Plumbi acetatis, 3 j; tincture opii., 3 ij; aquæ destill. lb. j). In cases of simple eczema there are indicated Hebra's diachylon ointment, green soap, and other similar remedies. Pubic lice are best killed by the gray mercurial ointment. When pruritus is very severe, but the changes on the external genital parts are only slight, the best results are obtained from ice-dressing, smearing with carbolized oil (1 to 1), hypodermic injections of morphine, and the internal use of bromide of sodium (3 j) daily. In cases of diabetic pruritus, the best means is the administration of alkaline mineral waters and salicylate of soda; the latter being useful, too, in pruritus accompanying chronic cystitis. In itching from gonorrhœal urethritis, the author cauterises the urethral walls with 10 per cent. of silver solution (by means of a silver or platine probe). In cases of pruritus from col-

pititis, the latter is treated by the introduction every third day, through a speculum, into the vagina of a teaspoonful of silver solution (1 to 30), with subsequent plugging; the tampons (and solution) being left for twenty-four hours. Their removal is followed by an injection of tepid weak solutions of lead or borax. Very useful, too, is the introduction of a powder consisting of crude alum and starch (1 to 5), the powder being retained in the vagina by cotton-wool tampons. In cases of cervicitis and endometritis, itching disappears on dilatation of the cervix and an intra-uterine injection of tincture of iodine or solution of nitrate of silver. A good palliative means, in cases of pruritus from uterine and vaginal catarrh, is plugging of the vagina with hygroscopic cotton-wool (changed twice in a day), as first recommended by Dr. Gaillard Thomas.—*London Med. Record.*

#### TREATMENT OF PUERPERAL MAS- TITIS BY IODIDE OF LEAD OINTMENT.

In the *American Journal of Obstetrics*, Dr. Thomas T. Gaunt expresses his disappointment at the ill success of belladonna in checking the secretion of milk, but reports good effects from iodide of lead. He says: "The breast being dried and carefully cleansed, we smear its surface with the official ointment of the iodide of lead, and then gently rub it in until a considerable quantity is absorbed. Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution: Acetate of lead, from 3 ij to 3 ss to the pint, of one to four solution of alcohol. If we desire a more elegant preparation, eau de cologne may be substituted. If there be much pain it is often well apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves: First, a cessation of pain, fullness and uneasy feeling of distention, which is so annoying. It is common for the patient, who has been exhausted by pain and consequent loss of sleep, to fall into a refreshing slumber even after the application is made. In the course of three or four hours the breast may be completely emptied by an experienced hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will be gone in less than one week, as a rule. The pivotal point in the treatment is the use of this ointment, the evaporating lotion and cold being only adjuncts. I have proved by repeated trials that, when applied alone, it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anæsthesia it is capable of inducing, which thus enables us to empty the glands, where before, even slight pressure was badly borne. Its action, without doubt, extends to the epithelial cells and inhibits their secretory activity, as is seen in its action, in cases like the above, in causing the drying up of the secretion."—*Boston Med. and Surg. Journal.*