

A mixture treatment like the following is recommended by Ball and Hanfield Jones :

1. Ammon. bromid.
- Sodii bromid. aa ̄ ijss
- Infus. valerianæ ̄ x.

M. Sig.—̄ ij daily, increasing until ̄ ijss of the bromides are taken daily.

2. At the same take a pill :
Ext. belladonnæ gr. ̄.
- Zinci oxidi grs. iij.

M. Sig.—One, morning and night.

3. A drastic purge weekly.

An acid mixture for epileptics, which he found efficient in two cases which resisted other forms of medicine, was :

- Acid. hydrobromic. dil, 10 per cent. ̄ j.
- Atropinæ hydrobrom. grs. 1-200.
- Zinci citrat. grs. iv.

M. Sig.—Take this t. i. d., and gradually double the dose.

A mixture alleged to be very efficient is :

- Potass. bromid. grs. xv.
- Sodii arsenit. grs. 1-120.
- Picrotoxin grs. 1-180.

M. Gradually increase—*Alienist & Neurologist*.

SCHEDE'S METHOD OF DRESSING WOUNDS.—Prof. Mikulicz communicates to the *Przeglad Lekarski* an account of fifty cases of surgical operations which were treated by the method recommended by Dr. Schede at the last surgical congress in Berlin, viz., to allow blood to fill the wound and to lie between the lips after they were brought together, any deficiency in the quantity of blood being remedied by the use of the knife, the idea being that the blood either actually becomes organized or serves as a protection for the granulations as they are formed. The wound is covered with protective, to prevent evaporation. Prof. Mikulicz's observations included six resections of joints, four amputations, six dissections, two ligatures of arteries, seven extirpations of large tumors, etc. In thirty-six of the fifty cases union took place without suppuration, in four there was extensive formation of pus, in five superficial suppuration starting from the points of suture, and in the remaining cases pus had existed previously to the operation, and the disinfection at the time not having been complete, it continued subsequently. The general condition of the patients was highly satisfactory, even in those cases where suppuration occurred, the temperature in no case rising much beyond normal. The dressings were not removed or changed for at least a fortnight, sometimes not for a month. This appears to be of great advantage in the case of bone and joint operations where complete immobility of the parts is a desideratum. Other specified advantages attributed to this plan

are that wounds attended with a loss of substance rapidly fill up, and the cicatrices that form are peculiarly soft and smooth. Prof. Mikulicz does not find, as Schede did, that the existence of silver sutures in osseous lesions has any unfavorable influence on the cicatrization of the wound. He remarks that it is important not to bind the external dressings to tightly to the wound.—*Lancet*.

PLEURISY ONLY A SYMPTOM.—Dr. Frederick C. Shattuck of Boston (*Boston Med. and Surg. Jour.*) in his report on thoracic disease says : Those of our readers who have studied in Germany must have all been struck with the doctrine there so generally held, that simple primary pleurisy is a very rare affection. This view is not so widespread in France, but has there adherents. Germain See, for instance, classes pleurisy among the infectious diseases. Landouzy reports two cases confirmatory of this view, and formulates his opinion on the question as follows :

(1) "All demonstration is wanting of the dependence of acute primary pleurisy with effusion on exposure to cold, as is so commonly held.

(2) "Pleurisy attributed to exposure to cold is not a disease, like pneumonia, by the side of which nosographers persist in placing it, but simply a morbid, and always secondary condition.

(3) "Pleurisy, whether acute in onset and characterized by large effusion, or local, subacute, or chronic, is a symptom of disease.

(4) "Without absolutely denying the occurrence of pleurisy as due simply to exposure to cold, I believe it to be most exceptional, as rare as it is thought to be common.

(5) "The part played by exposure to cold is, in pleurisy, as in erysipelas, pneumonia and zoster, quite subordinate : the true etiological factor lies in a cause which was latent until the day when the exposure took place.

(6) "This genuine etiological factor, this determining cause is tuberculosis, often masked by the pleural effusion, and thus escaping recognition."

He goes on to say, further : "Any patient with pleuritic effusion is tuberculous, let him be vigorous, young, robust, and fat as you please ; let him declare himself otherwise perfectly well and quite free from hereditary or acquired predisposition, unless the pleurisy can be attributed to an infection, (scarlet fever, puerperal fever, etc.), a dyscrasia (rheumatism), or a trauma (fractured rib, infarction)."

If this doctrine be true, all we can say is that tuberculosis is recovered from more frequently than has been supposed.—*Epitome*.

DISINFECTION OF DWELLINGS AND OF INHABITED ROOMS.—Drs. Guttman and Merke, of the City Hospital Moabit, in Berlin, have made an investigation as to the relative value of various methods