

tion formerly assumed by them is no longer tenable, that duty to their patients require them to become physicians in the broadest sense, and not blind followers of a creed nor worshippers of a man. That honesty, learning and ability, possess many representatives in their ranks is unquestioned, and we welcome the resolutions as a desire on their part to return to the ranks of a catholic profession, broad enough, as its earlier records show, to embrace and give trial to any views, when presented in a spirit of scientific moderation, and when not accompanied by too great dependence upon ordinary credulity.—*N. Y. Med. Record.*

TREATMENT OF HÆMOPTYSIS FROM LUNG CAVITIES.

Dr. R. Douglas Powell, Physician to Brompton Hospital for consumption, makes the following remarks on the treatment of hemorrhage from phthical cavities (*Lancet*, Dec. 1, 1877).

The treatment is such as would be dictated by common sense. The most absolute rest in bed is imperative. Beware of the brandy-bottle. The first thing the friends of the patient naturally do when they find him faint from hemorrhage is to give him brandy. But this moment of faintness is just the period at which there is the opportunity for the hemorrhage to become staunched by the formation of a coagulum, and so long as the pulse does not absolutely fail, we should withhold stimulants, and avoid them throughout the treatment of the case. We can scarcely expect drugs to do much in such cases as these. Ergot in full doses and turpentine have been found most useful at this hospital. The momentary application of an ice-bag to the chest or between the shoulders appears sometimes to be useful. When the shock is great, opium will best relieve it. After a day or two, if the exhaustion and anæmia be great, an astringent form of iron is often of great value, as the iron alum or the perntrate of iron, but the effect of these remedies must be closely watched. In cases in which there is a tendency to recurrence of the hæmoptysis, such patients usually making blood fast, the diet should be carefully restricted, principally to fish and farinaceous food, without stimulants.

SUBCUTANEOUS INJECTION OF ERGOTIN IN NEURALGIA.

In an article on this subject in the *Gazette Clinica de Palermo* for June, 1876, Dr. S. S. Marino sums up the following conclusions.

1. In sunstroke and tic-douleureux, local hypodermic injections of ergotin have rapid and certain effects, superior to those obtained by all other remedies, including quinine.

2. The results are equally good in hemicrania.

3. In sciatica, ergotin may also give ready and brilliant results, but sometimes, from reasons which we do not yet know, it may completely fail, even in individuals in whom its use appeared at first quite successful. It is necessary to enlist new facts, in

order to pronounce a definitive judgment on its value in this troublesome and obstinate malady.

4. It would also be useful to try the effect of the hypodermic injection of the fluid extract of ergot in other neuralgiæ, especially those dependent on blood-infection and cachexy. It is well known that, in diseases of the nervous system, it is not reasonable to trust to any one remedy; often, after remedies of the highest repute have been tried and failed, relief has been obtained from one of which little was expected. Even when the disease recurs in the same form, the same remedy does not always give useful results.

5. When injected under the skin, ergotin does not cause abscess, except in very rare cases, nor erysipelas, nor any other inconvenience. The injection is usually followed by more or less intense burning, sometimes pain; but both disappear in half an hour, if the seat of the puncture be dressed with small compresses dipped in cold water.

6. Sometimes after one, more frequently after two injections, the pain entirely ceases, but, in order to secure the advantage gained, it is advisable to continue the injection, in number from two to six after and first two, according to the severity of the neuralgia, the length of time during which it has lasted.

7. Dr. Marino has not found it necessary to inject more than 20 centigrammes (3 grains) of the remedy. For adults, 15 centigrammes are ordinarily sufficient. He dissolves it in either water or glycerine.—*London Med. Record*, Nov. 15, 1877.

CALOMEL AS A MEDICINE.

Dr. Lanchester, in the Southeastern Branch, East Surrey District, Medical Society, in some remarks on calomel as a medicine, after stating that fashion had been against calomel of late, remarked that its evils had been exaggerated, and, in attempting to do without it, we were depriving ourselves of an useful medicine. Calomel was spoken of as an alternative, but its known effect was purgative. As a cholagogue, there was no increase of bile or stimulation of the liver; and the bile, after its use, was due to rapid action preventing the ordinary changes of bile in the colon. As an antiphlogistic, he contrasted Sir T. Watson's "sheet anchor in inflammations" with Mr. Holmes's "no power to resist inflammation, but induces cachexia, which prevents adhesive formations." Calomel was diaphoretic, diuretic, and sedative, useful as a purgative in children from small dose and freedom from color or smell. He found it very useful in gastric catarrh, with rapid pulse and rise of temperature; in dentition, with confined bowels; convulsions; with throbbing fontanelle; and in croup; and, with other aperients, in worms. In adult life it gave great relief in sluggish liver, and gouty persons, in cases stimulating puerperal fever, urgent sickness in peritonitis, in red and oedematous throat. In congestion of the liver he advocated its use as a convenient purgative, not continued. In acute gout and