

## A GARGLE IN QUINSY.

Dr. W. M. Beck, of Kensington, Kansas, writes: "I notice that Sajous recommends guaiac as a gargle for early stages of quinsy. Chloral hydrate has been far more efficient in my hands; in fact, nearer a specific than anything recommended in the text-books. Three or four grains to the ounce of glycerine may be used as a gargle. I mention this because no mention is made by Ringer or other therapeutists on this fact. Its efficiency and *modus operandi* are at once apparent when we consider that it is locally antiseptic, astringent and sedative."—*Medical Record*.

## THE ACTION OF OIL OF TURPENTINE IN IDIOPATHIC CROUP.

Lewentaner (*Centralbl. f. klin. Med.*) formerly reported his success with oil of turpentine in the treatment of croup, but there might possibly be a question raised about the correctness of his diagnosis, since no membrane was found expectorated. He now reports two other cases, both of them in *extremis* when the treatment was commenced, and both of which were saved, apparently by the use of turpentine.

The first case was a child of two years, who had exhibited signs of stenosis for several days, and who had reached about the seventh day of the disease. When first seen by the author the asphyxia was extreme, the cough entirely aphonic, the face pale and livid, and the pulse scarcely perceptible. No membrane had been expectorated. A teaspoonful of oil of turpentine was administered, and ice compresses put around the throat. The child slept more quietly during the night, received another dose of turpentine on the next morning, and during the day expectorated a portion of membrane of considerable size. Under continued administration of turpentine in smaller doses, improvement steadily progressed.

The second case was that of a child of four years, who had been attacked with symptoms of stenosis, and was in the eighth day of his illness when seen by the author. He then exhibited extreme dyspnoea, with pale skin, and filiform and scarcely perceptible pulse. There had been no membrane expectorated. A teaspoonful of oil of turpentine was given, and the continuous atomization of a mixture containing turpentine prescribed. Very soon after the ingestion of the drug there was a violent paroxysm of coughing, and a large piece of membrane three to four inches long was expectorated. As it, however, continued to form, the treatment was persisted in, a teaspoonful of the medicine being given twice a day. Membrane was coughed up in abundance, and in a few days the child was well. The author is fully convinced that turpentine has a specific action on the disease.—*Am. Jour. of Med. Science*.

## THE DENSITY OF THE BLOOD IN RENAL DISEASE.

Dr. Lloyd Jones, of St. Bartholomew's Hospital, who has devised a simple clinical method of estimating the specific gravity of the blood (*Journal of Physiology*, vol. viii.), contributes to the current issue of the *Practitioner* the results of some of his investigations in this direction. By comparison with several hæmocytometric numerations, he shows that, as might be expected, the specific gravity varies in proportion to the relative amount of corpuscles and plasma; and this being so, it suggests that in renal disease changes in the specific gravity would be prone to occur. He therefore made a number of observations on the blood of cases of acute nephritis, chronic parenchymatous nephritis, and chronic interstitial nephritis. In the first the specific gravity was variable, being either normal or below the normal; in the second it was diminished in every case but one. But as regards chronic interstitial nephritis, he found that in the cases accompanied by gout the rule was for the specific gravity to be below the normal (average about 1051) whilst in those in which gout did not occur it was above the normal (average about 1058). Among these latter, however, the interesting fact was shown that in those dying from cerebral hemorrhage the specific gravity was highest (average about 1060), and that the presence of such a condition in a case of chronic interstitial nephritis is an index of the liability of the patient to cerebral hemorrhage. Dr. Lloyd Jones argues that the tense pulse of acute renal disease is attributable to a non-excretion of water, causing an increase in the volume of blood, and further suggests that such an increase may occur in the early stages of granular kidney, and contribute to the cardiac hypertrophy and vascular changes, which in the latter stages suffice *per se* to explain the heightening of the blood-pressure.—*Lancet*.

## SEBORRHOEA.

In his Atlas of Venereal and Skin Diseases, Dr. P. A. Morrow recommends the following treatment for seborrhœa of the scalp: First loosen all crusts; then shampoo with spiritus saponis kalinus and warm water and dry. After this apply the following ointment:

R. Acidi tannici,	ʒi.
Glycerini puri,	ʒi.
Petrolati,	ʒii.
Ung. Aquæ Rosæ,	ʒj.

M.—Ft. ung.

To prevent the re-formation of crusts apply:

R. Sulfuris loti,	ʒi.
Adipis,	ʒi.

M.