

from forty to sixty grains of salol through the day I order my patients to have four doses of from ten to fifteen grains each, taken immediately on rising in the morning, at 11 o'clock a.m., 4 o'clock p.m. and the last thing on retiring to bed at night. This I ordered in a powder or compressed tablets. Having known that many of these tablets passed through the intestinal canal without being absorbed and in the form they were administered, I am now using the drug in a powder form. It is tasteless and is not complained of by patients. The dose is begun, unless the patient shows that the drug disagrees with him, with sixty grains a day continued until the discharge has become very meagre. Then it is gradually lessened. The author claims that better results follow this method than any other.

HINTS ON COUGHS.—Dr. Walter F. Chappell (*New York Med. Jour.*) divides coughs into six classes, according to their frequency. The first class is the catarrhal cough, sometimes so called, to remove accumulations of mucus from the nasopharynx or due to enlargement of vessels or gland tissue of the pharynx or base of the tongue. Second class: From a common cold, acute rhinitis, extending later into trachea and bronchi. Third class: Different forms of cough occurring in the various stages of phthisis. Fourth class: Winter cough from bronchial catarrh, chronic bronchitis, and quiescent or arrested phthisis. Cough worse at night and in early morning. Expectoration, white and frothy. Fifth class: Nervous coughs, generally of a reflex origin, paroxysmal, sometimes violent, characterized by short, dry hacks. Sixth class: Alcoholic or gastric. The patient shows symptoms of digestive disturbance; fauces and pharynx are of a deep red, often bluish color. The condition is due to over-indulgence in food and alcoholic beverages. In persons of a rheumatic or gouty tendency very little will produce this result. His directions for treatment contain nothing new.

VIVISECTION.—The subject of vivisection has recently been brought up again in England (*Boston Med. and Sur. Jour.*), the occasion being the meeting of the Church Congress. The principal speakers in favor were Drs. Wilks and Ruffer, and Mr. Victor Horsley. Mr. Lawson Tait, who has

announced himself on previous occasions as an anti-vivisectionist, did not appear. The bishops appear to have been divided, two of them being the principal advocates of the anti-vivisection party. The argument appears to have been very much in favor of the vivisectionists, although no definite conclusions were reached.

Mr. Lawson Tait's challenge to the vivisection party to point to a single instance in which valuable knowledge has been acquired by the aid of experiments on living animals, has been met by a refusal on the part of Sir Andrew Clark, Sir James Paget, Dr. Wilks, and Sir George Humphry to discuss the matter in public. They claim that no important progress has been made in medicine, surgery or midwifery which has not been promoted by this method of inquiry.

HAS CANCER A SPECIFIC ORGANISM?—Dr. Ohlmacher (*Chicago Med. Rec.*) says regarding the above question:—1. That the microbic origin of cancer is wholly unsupported by experimental evidence. 2. That a characteristic and pathogenic animal micro-organism has not yet been found. 3. That inoculation and cultivation experiments have thus far been negative. 4. That most of the peculiar inclusions of carcinoma are the results of cell degeneration or cell metamorphosis, and are not characteristic of carcinoma. 5. That the hyperchromatosis and fertilization theories of Klebs and Macallum are too full of speculation.

TREATMENT OF GONORRHOEA.—Reverdin recommends (*Rev. de Chir.*) permanganate of potash irrigation in the treatment of gonorrhœa in all its stages. No other treatment is used, no untoward complications have been observed, and complete cures have been made in three days, the average being fifteen days. The urethra is cleaned by having the patient urinate, and washed out by syringing with permanganate solution. A soft catheter is introduced, not beyond the bulb, of course, attached to a fountain syringe, and three or four pints allowed to run out of the urethra. The strength of the solution varies with the tolerance of the mucous membrane, one to five thousand being used at first, and its temperature should be about 110° F. The discharge practically ceases after the first two or three washings, but the treat-