

TREATMENT OF SYPHILIS DURING PREGNANCY.

This problem is one which not infrequently presents itself to the practitioner of medicine. A man infects his wife and she becomes pregnant and is menaced with all the dangers incident to conception under such circumstances. Besnier says that the treatment should be energetic and should consist of tonic and specific remedies. 1°. Tonic medication: good food, syrup of iodide of iron, preparations of cinchona. 2°. Specific medication: give one of the following pills daily:

R Hydrarg. bichlorid,	gr. 1-6
Ext. opii	gr. 1-12
Ext gentian	gr. 1-12
Glycerini	q. s.

M. ft. tal. pil. q.s.

3°. Iodide of potassium should be prescribed at the same time in doses of eight to fifteen grains. This treatment should be continued during the entire period of pregnancy and the increase in weight of the patient will prove the efficacy of the measure. It may appear to some that the dose of bichloride is not very large, but it must not be forgotten that the treatment is continuous and moreover, women are more susceptible to its action than men.—*St. Louis Med. and Surg. Jour.*

TREATMENT OF SYPHILIS.

The principles involved in the treatment of syphilis are far from being settled and it is a question yet as to which method is the most advantageous—the immediate or the expectant plan. Dr. Henry Beates, Jr., in speaking of the latter (*Medical and Surgical Reporter*), gives some reasons which are so nearly in accord with my own that they are reproduced here. He says: What are some of the advantages gained by waiting until secondaries appear? 1°. We have some chances not followed by constitutional phenomena at all; just as some people experience a sore throat in a scarlatinous room yet enjoy immunity from constitutional involvement. 2°. A rash occurring within seven weeks indicates severity and places the physician on guard. 3°. The rash occurring on time, its profuseness and type indicate a greater or lesser dyscrasia or tertiary future, and his experience demonstrates the necessity of early instituting those remedies which we usually employ in the tertiary stage. 4°. A late appearing rash is indicative of a mild after-course, this, like the preceding, being greater or less according to profuseness and type. He advocates the cauterization of the chancre, but I must confess my opposition to this course. He states that it satisfies the patient and reduces the chances of further infection. The first reason is none at all and as to the latter, it is a question whether such a result is obtained or not.

TREATMENT OF ALOPECIA AREATA.

Radcliffe Crocker has contributed an article to the *Lancet* in which he details his method of treating alopecia areata. He very pertinently calls attention to the fact that there are two varieties of the disease—the tropho-neurotic and the parasitic, the latter of which forms the largest proportion of cases. The treatment he recommends is as follows: The early patches are blistered, painting on the liquor epispasticus in three coats, allowing each to dry before the other is applied. Then apply the following:

R Hydrarg. bichlorid,	g. ij gr. v.
Spts. vini rectific	3j.
Ol. terebenthin	3vij.

M.

The weaker preparation should first be tried. It should be rubbed in with the finger, not only on, but around the patch, night and morning. It naturally produces some burning and stinging of the skin, but this is inevitable if we desire to have an efficacious remedy. So far as internal medication is concerned he looks upon it as effective only when the dormant vitality of the injured hair follicles requires awakening and for this purpose he recommends pilocarpine, in solution, in the strength of one-sixth of a grain at bed-time.—*St. Louis Med. and Surg. Jour.*

INTERTRIGO.

The following ointment is given in one of our exchanges as a good application in chafe.

R Acid borici	gr. viij.
Lanolini	3xij.
Vaselini	3ij.

M

This ointment is to be applied to the diseased area, which is first cleaned by the use of a mild soap.

IPECAC IN RHUS POISONING.

Dr. W. S. Clymer states in the *Country Doctor* that the following has never failed in his hands, he having used it for six years:

R Pulv. ipecac	3 iij.
Aquæ	3 xvj.

M.

Sig. Apply freely to the affected part every two hours.

The heat, itching, and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking or blistering of the skin when the solution was too strong. That, however, is easily obviated, as the weaker solutions seem as efficient as the stronger. He thinks it as near a specific as we have in medicine.—*St. Louis Med. and Surg. Jour.*