

## SOME USEFUL REMEDIES FOR SLEEP-LESSNESS.

The following useful formulæ for the administration of hypnotics were given in a recent number of the *Deutsche med. Wochenschrift*.

R Amylen. hydrat., grs. cv.  
Aquæ destil., f 3 ii.  
Ext. Glycyrrhizæ, 3 iiss.

M. Sig. Half to be taken in the evening before going to sleep.

R Amylen. hydrat., m lxxv.  
Mucil. Acaciæ, f 3 v.  
Aquæ destil., f 3 iss.

M. Sig. For a clyster.

R Chloralis, 3i.  
Aquæ destil.,  
Syr. cort. Aurant. āā f 3 x.

M. Sig. Dose, one to two tablespoonfuls.

R Chloralis, gr. xlv.  
Potass. brom., gr. lxxv.  
Aquæ destil., f 3 iii.  
Syr. Aurantii, f 3 iss.

M. Sig. The third part to be taken once, in the evening.

R Lactucarii, gr. ix.  
Gum. Acaciæ, 3i.  
Aquæ destil. q.s. fiat emulsio, f 3 vi.  
Adde:  
Syr. Aurantii, f 3 i.

M. Sig. A tablespoonful every hour.

R Paraldehyde, f 3 i—f 3 iss.  
Aquæ destil., f 3 iii.  
Syr. simplicis, f 3 iss.

M. Sig. Half to be taken once.

R Phenacetin, gr. viiss—xxiii.

M. Dispense doses tales No. VI.

Sig. One powder in the evening.

R Sulphonal, gr. xv—xxx.

Divide in 5 equal parts.

Sig. One powder in *cachets* in evening.

R Urethan, f 3 i.  
Aquæ destil., f 3 x.  
Syr. Aurantii, f 3 v.

M. Sig. To be given in tablespoonful doses at intervals of one-half to one hour, according to desired effect.

—Wiener med. Presse.

## TREATMENT OF BRIGHT'S DISEASE.

Among the various methods proposed for the treatment of Bright's disease, one of the most recent is that of a prolonged stay in a room with a very high temperature. This method, which was proposed by Dr. Luton of Rheims, in

August of this year, appears to be rational, and it certainly gave a good result in a case in which he watched its effects. It takes advantage of the intimate relation which exists between the skin and the kidneys in the function of excreting water. If patients with albuminuria, dropsy and a disposition to uremia are kept in a room with a temperature of 95° Fahr., a condition is provided appropriate to their sensitiveness to cold, while their defective excretion of urine is made up for by perspiration, the kidneys diminish their functional activity, and, under the influences of this relative rest, gradually return to their normal condition.

A small room, a quiet bed, a stove and a thermometer are all that is necessary. The degree of warmth must be such that the patient will be kept always on the border between perspiration and moisture of the skin. The principal part of the treatment is the constant staying in moderately warm and dry air. The method entails some discomforts in attendance upon the patient which, for the most part, can be obviated by having a window in the door.

Dr. Luton learned this method of treatment by accident. A woman who was affected with Bright's disease passed through different methods of treatment unsuccessfully, and then went to the Hotel Dieu. Dr. Luton was always astonished when he entered her room to find how extraordinary warm it was—at a temperature of 95° Fahr. While he himself felt very uncomfortable, the patient was very well and was scarcely noticed to sweat. There was no occasion to change the treatment; the patient recovered, the œdema subsided, and the albumin disappeared from her urine. After a month the temperature of the room was gradually lowered, and after a second month the woman left the room cured. Since more than a year the patient has returned to her usual manner of life and has enjoyed the most complete health.

This case is reported in the *Deutsche Medizinische Zeitung*, May 23, 1889, and it would be interesting to know if another patient, subjected to such a temperature intentionally, would bear it as patiently, and secure as good results from it.—*Editorial in Med. and Surg. Reporter.*

## A NEW SIGN OF PERICARDITIS.

The diagnosis of pericardial effusion in some cases is extremely difficult, and a symptom, first noted by Bamberger, is said to be a constant one and a material aid in correct diagnosis. E. Pins describes again (*Wiener Med. Wochen.*) this sign. On percussing the patient in a sitting position, over the left back, the percussion sound will be dull, tympanitic, or wholly hollow from the angle of the scapula downward. This hollow percussion sound extends downwards into the splenic dulness and laterally to the