

tion of chloride of tin, the immersion being continued long enough to insure a good coating of metallic tin.

I present this to the *Brief* readers as a good thing. I published it in another journal, but it was botched up so badly by the printer as to be intelligible.—Joseph Adolphus, M.D.—*Med. Brief*

DELIRIUM IN PNEUMONIA.—A recent observation by Castelain (*Archives Médicales Be ges*) seems worthy of some attention. His observations relate to the delirium which commences just before the crisis and lasts for several days thereafter. While not ignoring general conditions, alcoholism, debility, the condition of the heart and circulation, of the brain and nervous system, of the kidneys and other organs, he has directed especial attention to the condition in the lungs. During the period of complete hepatization the lung is impermeable to air; the exudation is abundant, but coagulated and compact; the alveoli are filled with fibrine and young cells mixed with red corpuscles. Next comes the period of liquefaction, and absorption of the great mass of the liquefied products.

Castelain's observations at this period of the disease lead him to the following conclusions:

1. The appearance of the delirium coincides with the beginning of the period of liquefaction, and is its first indication.

2. The curve of the delirium is parallel with the curve of liquefaction and of the abundance of the exudation. The delirium increases during and after defervescence of the fever, in proportion as the râles become more moist and more numerous, and as they extend over a greater area. The delirium diminishes and disappears, little by little, in proportion as the fine râles become less numerous, occupy a less extensive area, and give place to coarser râles and finally to dry râles.

3. The duration of the delirium is in relation with that of the liquefaction of the great mass of the exudate. If the latter is liquefied rapidly and disappears immediately from the alveoli, the delirium is of short duration, but is more violent than when resolution occurs slowly or in different regions in succession. Delirium may even be entirely absent when liquefaction is slow or the exudation slight.—*Jour. Am. Med. Assoc.*

HOW TO LAUGH AT THE MOSQUITO.—I notice that some one recommends the use of camphor against the mosquito nuisance. I have used camphor for this purpose for some time, though I have not found it necessary to burn it. I take a piece of camphor fully an inch square and half an inch thick; this I lay on the bureau—always exposed—in daytime, and on or near the pillow at night. This is the only remedy I ever tried that afforded thorough relief. Even a mosquito bar lets the mosquitos in and bars the air out.

Have two windows and door of the room wide open, no bars, and draft through. Have not been annoyed by mosquitoes since using the camphor, except to a very light extent for a night or two in case of storm and unusual draft through the room. I think then an additional piece or two of camphor would have prevented that. The mosquito has been a great annoyance to me, but I feel that I can now laugh at him. If others find the remedy as effectual as I have it will be a boon.—*Exchange.*

SULPHATE OF MAGNESIUM IN EPITHELIOMA.—The treatment of warts by the internal administration of small doses of sulphate of magnesium is said to have been attended with a considerable amount of success, even large growths disappearing under the remedy when persisted in for a sufficient length of time. It is now claimed, according to the *Medical Press and Circular*, that epitheliomatous warts may be dispersed by the same means, a paper on this subject having been read before the New Hampshire Medical Society, by Graves. Three drachms of the salt are added to a pint of water, and a teaspoonful of the mixture taken four times a day. The author gave an account of eight cases in which the treatment had been adopted with success; but he admitted that the possibility of erroneous diagnosis had to be considered. It was, however, a fact that growths of an elevated character with round or oval bases and ulcerated summits discharging an ichorous fluid were transformed by the treatment into perfectly healthy spots, which exhibited no signs of diseased structure, and his conclusion was that the result was obtained by the remedy employed.—*St. Louis Med. and Surg. Jour.*

A NEW ALBUMEN TEST.—In *Fresenius' Zeitschrift für Angewandte Chemie*, Dr. A. Jolles gives the following test for albumen in urine, which he claims to be sensitive to within one one-hundredth of one per cent. of albumen. To 10 cm. of the suspected urine add an equal amount of strong hydrochloric acid. Do not agitate the mixture, but immediately add with a pipette two or three drops of liquor calcis chlorinatae. If albumen is present, a white turbidity will at once show itself in the upper part of the tube.—*Med. add Sur. Rep.*

CARBOLIC ACID is removed from the hands by bathing them for a sufficient time in alcohol and then anointing them with lanolin (*Pharmac. Central*, in *Med. Record*, Nov. 7, 1891). After the use of corrosive sublimate solution the hands should be bathed in a solution of common salt, one to fifty, then washed with soap and water, and finally rubbed with lanolin.—*Coll. and Clin. Record.*