

calomel sometimes proves fatal. We think we have seen more than one case, which has been irretrievably prostrated under these circumstances, under the false impression that calomel is an innocent purgative to a child.

6. The too common practice of giving calomel as an ordinary purge, on all occasions, is certainly unjustifiable. From the facility with which it may be given, it is unquestionably resorted to in a great number of cases, where it is certainly unnecessary, and in a great number where it positively does harm. The misfortune is, that its use is not limited to an occasional dose, but it is too often given in every slight indisposition of the child. Now, in this way, there can be no question that the use of it has laid the foundation for the ruin of the constitutions of thousands. It ought to be a rule laid down and rigidly followed, that in very young children, mercury ought never to be used as a cathartic, unless there is a special reason for resorting to it. In a great majority of cases, milder cathartics are decidedly to be preferred.

In concluding these observations, I trust, it may not be supposed, that my intention has been to undervalue the importance of mercury as a remedy in the diseases of children. On the contrary, no one appreciates it more highly than myself. In many cases, nothing can supply its place, and its judicious use has been, and is, the instrument of saving multitudes of lives. Notwithstanding, however, the many cautions to the contrary, it is to be feared that its use is still too general and indiscriminate. Indeed, the amount of it which is taken by the human race in one way or other, is incalculable. What is given by regular physicians, is perhaps the smallest quantity. If the public really knew how much of this article is swallowed unknown to themselves, in the shape of bilious pills, worm lozenges, and the white powders of the Homœopaths, they would be amazed at their credulity in deserting their old medical advisers, because they have the boldness to give them an occasional dose, and the honesty to tell them so.—*N. Y. Analyst.*

DIAGNOSIS OF NEURALGIA AND NEURITIS.

Although in some cases the symptoms of these two affections of the nerve are so nearly similar, that it is difficult to distinguish at first sight the one from the other, the confusion will cease in general, if, instead of inquiring into the actual condition of the patient, our inquiries are directed to the prior history of the attack, its progress, and exciting cause. While, in fact, *neuralgia* is a very common affection, arising without appreciable cause, or from causes the most opposite in character, *neuritis* is a rare affection, and is determined by causes which are readily appreciated. In analyzing the best authenticated cases of neuritis, it will be found that, with the exception of some few cases, in which it followed parturition, *neuritis* has almost constantly been produced by physical lesions of the nerve,—such as wounds, punctures, contusions, ligature, compression by a tumour, &c.; in fact, neuritis is always, or nearly always, the result of mechanical injury, while *neuralgia* originates spontaneously, and depends upon a particular, and little understood, condition of the economy. But if it is sometimes possible and useful to establish this distinction in practice, especially in neuralgia and neuritis of recent date, it cannot be denied, that in a certain number of cases of chronic neuritis, the distinction becomes impossible; for although it has been ascertained that neuralgia of very old standing (thirty or forty years for example), may have preserved its original character throughout, and yet left no traces of disease after death, it happens in the majority of cases, that under the influence of the repetition of the paroxysms, the texture of the nerve eventually becomes altered to such a degree, as to render it quite impossible to decide whether the inflammation has been secondary, or has depended upon an original neuritis. These cases shew the inutility of attempting a diagnosis in the chronic forms of the affections.—*Gazette Médicale de Paris, No. 40, 1846.*

THE URINE IN ASCITES.

In ascites, dependent on lesion of the liver, the urine is always more or less deeply coloured; whilst in renal ascites, (Bright's disease or otherwise), the urine is white and colourless—(Rayer.) This characteristic condition of urine in ascites was perfectly known to the Arabian physicians.—*Monthly Journal of Medical Science, December, 1846.*

SURGERY.

TREATMENT OF SPRAINS.

The means which Dr. Poullain and some other authorities recommended in lieu of leeching and cataplasms is the *immediate and continued application of cold by immersing the part in water.* The cure is not only prompt but complete, inasmuch as there is no remaining *engorgement* to lay the foundation of future mischief, and the patient is enabled to employ the joint as actively as heretofore. This would be a great point gained, even if the time consumed in the treatment were as great in the one plan as the other, which it is not. Many cases of its success are related in the paper, and although, of course, in the great majority of instances, the ankle is the joint affected, sprains of other joints may be treated in just the same manner, except that in those, such as the knee, in which immersion may be difficult, the application of wet compresses or irrigation may be sustained. The treatment, indeed, is not novel, for it was recommended by Boyer, and more recently by M. Begin.

"Of 90 patients whom I have treated by the aid of cold and resolvents, 23 were cured in 6 days, 10 in 8 days, 22 in 11 days, 28 in from 11 to 15 days, 4 in 20 to 25 days, and 3 at the end of a month. None of these persons have continued lame. Seven felt the effects of their accident for several months, without, however, being prevented attending to their duties, and becoming quite cured. * * * * * If this mode of treatment has incurred blame at the hands of some surgeons, it is because it has not been sufficiently, promptly, and freely employed, and it is therefore necessary to lay down some rules upon this point.

"The immersion should be resorted to as soon after the accident as possible. Recourse may be had to it also three, four, five, six, or even 12 hours after, but then its sedative effect is less prompt and the cure more tedious. The foot should remain at least *two hours* in the bath, and oftentimes much longer. It may sometimes be left in for entire days; and as a general rule the part should not be removed until it becomes completely cooled, the water being renewed as often as it becomes warm. This prolongation is easily obtained, for, after the first hour or so (during which the pain is sometimes almost insupportable) the immersion becomes bearable, and the patient is himself very desirous for its continuance. Iced water does not possess any superior efficacy to that of a temperature of 37° or 39°, provided this be equally maintained. As soon as the limb is removed from the bath it must be surrounded by a roller previously moistened with Goulard water or camphorated spirits, some of which must afterwards be applied to it from time to time. So effectually are congestion and swelling in this way diminished, that the bandage usually becomes loose within 24 hours. It must be re-applied until all swelling and pain have disappeared, which is generally the case in from three to six days. The patient may now be allowed to walk, continuing however the use of a bandage for ten or twelve days.

"If 14, or even six or twelve, hours after the application of the wet bandage, pain still continues, or throbbing is felt by the patient it must be taken off, and the limb again immersed in the water for a longer period than at first, even for a whole day if requisite. This second immersion is sometimes unsuccessful, but fortunately it is very rarely required, as the first almost always suffices.

"If the sprain is several days old, the limb swollen and painful, while nothing has been done for it, a free local bleeding is a necessary preliminary, after which the bandage and cold lotions, or perhaps immersion itself, should at once be resorted to. These means are, however, now of far less service than when employed soon after the occurrence of the accident."

When the sprain has been badly treated the joint may become the seat of a chronic enlargement, which is dissipated with difficulty and only after the persevering use of compression. MM. Begin and Velpeau, indeed, employ this in the earliest stage of sprain as a powerful means of preventing inflammatory swelling. Dr. Poullain employs to this end a starched many-tailed bandage. Whatever means are used, the case is tedious and may also require the aid of stimulating liniments, or, if very obstinate, of the *douche* as employed at the mineral springs, and even this does not always dissipate the enlargement.—*Rev. of Poullain, in the Brit. & F. Rev., July, 1846.*