DISAPPEARANCE OF FIBROID TUMOUR UNDER THE ADMINISTRATION OF CHLORIDE OF AMMONIUM.

Dr. F. W. Hatch relates (*Pacific Med. and Surg. Journ.*)

The case of a woman æt. 39, who had a tumour in the abdomen, "extending from the pelvis upwards and to the left side, above the umbilicus," and with neuralgia in the supra-orbital and temporal regions of one side. For the latter affection chloride of ammonium was given to the extent of 60 to 80 grains daily in divided doses. The relief to the neuralgia was very marked and at the same time the abdominal tumour which Dr. H., regarded as a uterine fibroid diminished, and before the end of the year had disappeared.

BROMIDE OF POTASSIUM IN THE TREATMENT OF EPILEPSY.

Dr. Thomas Hayden, in a paper on this subject, read before the Med. Soc. College of Phys. (Ireland,) related three cases of epilepsy treated by the above article, and made the following remarks in regard to them :—

"None of these cases would warrant the assertion that a cure of epilepsy had been effected, although in all three the condition of the patient has been greatly ameliorated, and in two of them, after an interval of three and sixth months respectively, there has been no return of the fits, whereas, previously to treatment, they were in one case of monthly, and in the other of fortnightly recurrence. Some examples of alleged permanent cure have been recorded, but in none of them had sufficient time elapsed after the suspension of treatment. to warrant their being so regarded. So much granted, it is, nevertheless, quite-indisputable that bromide of potassium is capable of controlling epilepsy in a marvellous manner, considering the hitherto intractable character of that disease. Though its agency the fits are mitigated in severity, the interval between them is protracted, and the nutrition of the nerve-centres is promoted, as judged by the improvement of memory, and of self-confidence, and the cessation of muscular tremor on the part of the patient.

"Dr. Anstie and Jackson are of opinion that its efficacy is limited to a reduction in the number of the fits, and a mitigation of their severity ; with the exception of a single case observed by Dr. Anstie, they have not witnessed an example of cure, in the sense of long absence of well-pronounced fits, without the continued use of the medicine at short intervals.

"This is likewise my experience ; but surely, even if no more can be claimed for the bromide than this, it will not be argued that in the treatment of so formidable a disease as epilepsy, the inconvenience arising from the occasional use of a medical agent by which it can be controlled, and, with more or less of certainty, averted, is a penalty in excess of the advantage gained."

Dr. H. rarely exceeds 30 grs. thrice daily for the dose of bromide, as he thinks that the full effect of the remedy may be obtained without exceeding that quantity.—*Dublin Journ. Med. Sci.*, Feb., 1874.

USE OF SWEET-OIL AS A DRESSING FOR WOUNDS.

Dr. Jos. W. Howe has recently introduced at Trinity hospital, New-York, ordinary sweet-oil for the treatment of all kinds of wounds. It has several advantages over any of the other dressings in use, and apparently yields better results. The advantages are, that it keeps the air from the wound, and at the same time is a grateful dressing to the patient. It also promotes healthy granulations.

The mode of application varies with the variety of wounds for which it was intended.

In necrosis, after the sequestrum is removed, the cavity is filled with the oil, and a lint tent introduced. Every day the oil is renewed. In one case of necrosis of the lower jaw this procedure was had recourse to, and, shortly after, the patient was attacked with facial erysipelas, but, strange to say, the side of the face which had been operated on was not affected.

In incised wounds, the edges are brought together, and lint soaked in oil used as an external dressing.

CHANCROIDS.

Iodoform is used as a dressing for chancroids in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

PAINLESS METHOD OF CAUTERISING WITH NITRIC ACID.

It is found that chancroids can be cauterized with nitric acid without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain which is not easily borne by the patient.—*New-York Medical Journal.*

A story is related of a Chicago physician, who is also an extensive real estate operator, that recently he prescribed some pills for a lady, at a time when he was very much absorbed in one of his land transactions. She asked how they were to be taken: "A quarter down," said the doctor, "and the balance in one, two, and three years."

ARTIFICIAL REST IN PLEURISY

Dr. Roberts says, in the *Practitioner*:—In the *early* stage of the disease I would strongly recommend that a trial should be given to the plan of *mechanically fixing the entire side* by one of the methods to be now described. In order to be of any use it should be done effectually, so as to restrain the movements as much as possible, and the sooner the application is made, the more likely is it to be of service. The plan I originally adopted was the following :—Strips of adhesive plaster, from four to five inches wide, were fixed at one end, close to the spine, and then drawn tightly round the side, as far as the middle line in front, the patient being directed to expire deeply. In this manner the whole side was included, commencing from below and proceeding