

with success in combination with powdered charcoal in chronic forms of diarrhoea, particularly in children, proving especially useful when there were intestinal parasites. The favorable action of naphthaline when fetid urine exists is shown by the writer of this thesis, and he advises its use in the powdered form, given in doses of one-half up to one gramme. As high as five grammes per day may be given, in doses of ten to twenty centigrammes of the drug mixed with equal parts of sugar and perfumed with a little mint. Naphthaline has also been employed lately made up in capsules of keratin, which would digest only in the intestines. The author sums up its virtues as follows:

1st. From our experiences with the lower forms of vegetations and parasites, naphthaline possesses the power of arresting the development of the inferior organisms.

2nd. In the powdered form it is sixteen times less toxic than iodoform, and it is a much more powerful antiseptic.

3rd. Taken internally, it possesses all the advantages of charcoal powder without any of its inconveniences.

4th. It has given most remarkable results in patients who suffered with fetid urine.

5th. It not only destroyed the microbes, but also the larger forms of intestinal parasites. It finally has a good use in agriculture.—*Phil. Med. Times*.

HAY'S METHOD OF TREATMENT OF SEROUS EFFUSIONS.—In *The Medical News*, Dec. 11, we find a lecture by Prof. Wm. Osler, in which, after citing a number of cases of pleurisy with effusion, he calls attention to the use of concentrated solutions of saline cathartics in the treatment of these cases, as advocated by Prof. Mathew Hay, of Aberdeen.

The treatment is based upon facts observed by Dr. Hay when studying the physiological actions of the salines. He found that when administered in concentrated solution, when the intestines contained very little fluid, the rapid extraction of serum from the blood to form the intestinal secretion, produced marked and rapid concentration of the blood, the number of blood corpuscles per cubic millimetre being increased in one case from five million to nearly seven

million. In a few hours this increase was no longer apparent, as the blood had so rapidly abstracted the tissue fluids and replaced the amount lost by the free purgation.

When administered therapeutically in cases of pleurisy, etc., the plan advised is to administer, an hour or so before breakfast, four to six drams of the salt in an ounce or two of water. Prof. Osler prefers the sulphate of magnesia to the sulphate of soda, as being the more soluble salt. The patient must not drink after taking the salts. Usually four to eight watery stools follow without pain or discomfort. It rarely disagrees, though rarely nausea and vomiting may be produced. The salt produces a diuretic as well as cathartic action.

Prof. Osler strongly recommends this treatment, not only for cases of pleurisy, but for general dropsy, renal or cardiac, in all of which excellent results have been obtained.—*St. Louis Courier of Medicine*.

DIAGNOSIS OF CANCER OF THE STOMACH.—Professor Debove, speaking recently at the *Société médicale des hôpitaux*, on the question of cancer of the stomach, said that it was very often extremely difficult to make the diagnosis, and he called attention to the fact that the German writers had written a good deal of late years to show that the absence of hydrochloric acid in the stomach liquids was a very important sign of cancer of that organ. Dr. Debove himself has been making a long series of experiments to see if this is of any value, and all his cases seem to prove that the fact is certain—so much so that he does not hesitate to declare now that it is an absolute rule in all patients attacked with cancer of the stomach that there will be found not the slightest trace of hydrochloric acid in the stomach juices. He presented to the society a patient who was a fresh example of the sign he wished to prove. Early in 1886 this man, who was about forty years of age, began to have some digestive troubles, accompanied with vomiting, and in August last he suffered with sharp pains in the epigastric region, and then came into Dr. Debove's wards. At first he was taken for a simple dyspeptic patient, but the gastric juice was examined, with the result of constantly finding