

TREATMENT OF GASTRIC ULCER.

Donkin (*Wiener Medizinische Presse*, November 2, 1890) thinks that the best results in the treatment of gastric ulcer are obtained by giving the patient neither food nor medicine by the mouth, and relying upon rectal alimentation. He does not believe that gelatin suppositories and peptonized preparations have any advantages over beef-tea and milk in rectal feeding. The patient should receive at intervals varying in different cases $2\frac{1}{2}$ ounces of beef-tea and from $\frac{1}{2}$ to 1 ounce of brandy either with or without the yolk of an egg. An equal amount of milk may be substituted for the beef-tea, or the enema may consist of equal parts of each. It is necessary to wash out the rectum before each injection and if it becomes very irritable a few drops of laudanum may be given with each enema. By the mouth, the patient may be occasionally given a small piece of ice but absolutely nothing else. Morphine, given subcutaneously to allay the pain, the author considers the most useful drug that we have in the treatment of gastric ulcers.

In Donkin's experience this treatment causes the gastric symptoms to disappear in from ten to nineteen days, when in addition to the enemata small quantities of milk and bouillon may be given by the mouth. The author has also adopted this method in the treatment of many obstinate cases of dyspepsia.—*Med. News*.

SOMNAL.

As a result of several experiments upon animals and fifty-four administrations to man Dr. W. Gilman Thomson (*New York Medical Journal*, Nov. 29, 1890) comes to the following conclusions:

1. The effects of somnal are much more striking and certain than those of urethan, and far less depressing than those of chloral.

2. There is no vertigo or depression after taking somnal, such as may follow the use of sulphonal.

3. The action of somnal is usually very prompt, and doses of half a drachm disguised in a little syrup of tolu or whiskey are always well borne, easily taken, and entirely without deleterious effects.

4. The drug in doses of a drachm is not powerful enough to control decidedly delirium tremens, maniacal delirium, or severe pain.

5. In doses of from thirty to forty minims somnal is a safe and reliable hypnotic for ordinary insomnia.—*Medical News*.

TO REMOVE THE SMELL OF IODOFORM FROM THE HANDS.—For this purpose Bienert recommends (*Pharm. Zeitschr. Russl.*) washing the hands once or twice with flaxseed-meal in water. He states that the odor very quickly disappears.—*Medic. Bulletin*.

NATURE, ETIOLOGY, AND TREATMENT OF SCROFULA.

Scrofula was considered for a long time as a disease (Lugol) with a prodromal period which was designated the "scrofulous habitus." The course of the disease was divided into four periods: The first was characterized by the appearance of eczema, impetigo, nephritis, chronic coryza, otorrhœa, enlarged tonsils, and acute suppurating adenitis. The distinguishing characteristics of the second stage were various affections of the skin and mucous membranes, followed by exuberant ulcers, and chronic suppurating cervical adenitis, leaving fistulæ and depressed cicatrices. In the third period were grouped cold abscesses, glandular enlargements, periostitis, hyperostoses, caries, necrosis, and "white swellings." The fourth period comprised diseases of the viscera, bronchial, pulmonary, and pleural tuberculosis, scrofulous lesions of the prostate, bladder, kidneys, testicles, ovaries, vertebrae, and brain, together with amyloid degeneration.

This theory has been entirely abandoned, owing to the advance in bacteriology and pathology during the past thirty years. To-day we recognize the scrofulous diathesis, a condition which predisposes to certain affections, such as the dermatoses and catarrh of different organs, which, however, are not specific, as was formerly believed. These different diseases do not at first present anything peculiar in their symptoms and development, but at length it will be noticed that their progress is not as frank as it should be, the inflamed parts become hypertrophied and tumefied, resolution not being complete. The disease has a tendency to become chronic, in which state the least cause gives rise to a subacute condition. There is thus established a predisposition which renders more easy the development of scrofulous diseases, catarrhs, inflammations of the skin and mucous membranes, which by their repetition and chronic tendency, produce the so-called "scrofulous habitus." Associated with this diathesis there is thickening of the upper lip and alæ of the nose. There is, however, nothing specific in this condition. As to the causes of this diathesis: First, it is hereditary in the full meaning of this term—a scrofulous parent transmits the disease to his child. Second, the general condition of the parents at the time of the procreation of the child exerts an influence upon the nature of its tissues and their future nutrition. An aged, sick or syphilitic father may engender a scrofulous child, while sickness, persistent vomiting, or hæmorrhages in the mother during gestation may have the same influence upon her offspring.

Again, the scrofulous diathesis may be acquired during the first months of a child's life, through bad hygiene or sickness. It may also be induced by an artificial or incomplete lacta-