

treinely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a married young lady, who could never place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having some vomiting on the first day, she, when at last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Med. and Surg. Reporter.*

OXIDE OF ZINC IN THE TREATMENT OF DIARRHŒA.

Mr. William Berry, House Surgeon to the Lancaster Infirmary (*Practitioner*, Nov. 1873) having found oxide of zinc recommended by Dr. Brackenridge of Edinburgh, and Dr. Mackey of Birmingham, in the treatment of infantile diarrhœa, as may be seen in the *Medical Times and Gazette*, Feb. 15, and the *British Medical Journal*, July 12, resolved to give it a fair trial, not only in children, but also in the autumnal diarrhœa of adults. So far he has every reason to be satisfied with it as a remedy for diarrhœa in children, specially in those in which the cause appears to be some irritation of the nerve-centres presiding over the alimentary canal. In adults he has found it useful in cases of lienteric diarrhœa, but not so beneficial as the aromatic chalk powder of the Pharmacopœia, in ordinary cases.

He thinks with Dr. Brackenridge that in the majority of cases of diarrhœa in children—though not in all—the nervous system plays an important part; especially in those children who are teething, and in children of the poorer classes who are ill fed and badly clothed.

Whether we accept the theory of Dr. Brackenridge as to the cause of diarrhœa in children or not, there can be no doubt that the beneficial effects derived from the remedy are due to its tonic and astringent properties. Mr. Berry is inclined for his own part to think that its antispasmodic properties have little to do with its efficacy.

That infantile diarrhœa is in a great measure due to a debilitated state of the nervous system and to a hyperæmic condition of the mucous membrane of the bowels, is proved by the readiness with which it is relieved by oxide of zinc.

In the diarrhœa of teething children, and those whose digestion is at fault, the frequency of the evacuations is at once checked, and the character of the motions is altered.

The remedy produces nausea in some cases unless a little food be administered just before it; but in many cases no nausea is produced, although this point is not attended to.

He gives the notes of a few cases, in which the remedy was used with great benefit.

SULPHUR IN SCABIES.

Is sulphur a remedy for the itch? is a question which, accepting both the popular verdict and the dictum of Mr. Erasmus Wilson, we had long since come to regard as settled. It now appears however, that we were mistaken; for, according to Dr. Charles Roberts, one of the staff of St. George's Hospital, pure sulphur is perfectly inert, and its beneficial action due solely to the accidental presence of sulphurous and possibly sulphuric acids in the sulphur employed. Dr. Roberts says sulphur has little right to the position which it holds in the estimation of some surgeons and dermatologists as a therapeutical remedy. Made into an ointment, it is an effectual cure for scabies, but its smell and appearance almost exclude its employment; and as its virtues are due to the sulphurous acid it contains, and the grease of which it is composed, the old sulphur ointment may be cast aside for more elegant and equally effective preparations.—[*American Practitioner.*]

PRACTICAL MEDICINE.

ON THE CHOICE OF PURGATIVES.

Dr. Page Atkinson, in the *Edinburgh Medical Journal*, Nov. 1873, repeats a good many useful commonplaces on this subject. His views on the choice of purgatives, when necessary, are as follows. The nature of the purgatives must depend of course on the nature of the case; but in amenorrhœa, aloes and myrrh pills are the best; in dropsies, the compound jalap powder is of most service; in sciatica, the compound colocynth pill, or the compound decoction of aloes, may be recommended; in hæmorrhoids, the confection of senna; while in cases of biliousness, a blue pill, followed up by a dose of Epsom salts, appears to give the most ready relief (the blue pill acts on the duodenum, and hurries the bile downwards, while the Epsom salts cause the other part of the bowel to contract, and so evacuate the bile before it has a chance of being reabsorbed into the blood). It often happens that slight biliousness may be got rid of by exercise, a light diet, and a little effervescent saline. Supposing a necessity to exist for the administration of a purgative, it is often a matter of doubt how often the dose should be repeated: the rule I adopt is to repeat it once, and, if after this there be no action, to give a copious warm-water enema. This is a safe practice, and the desired result is almost always obtained at once. I recollect on one occasion being consulted by a fellow practitioner regarding a case where a succession of purgatives had been given without any effect, for a

supposed case of stoppage, and the patient was said to be sinking. I advised my friend to order fomentations to the stomach, and a full dose of laudanum. This he did, and the patient began to recover from that moment, and eventually got perfectly well. From all I can see, I would say the less we make use of purgatives the better. Nature knows her own work; and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in good sound health, and also for preserving a *mens sana in corpore sano.*

SHORT NOTES.

ADMINISTRATION OF ARSENIC TO PHTHISICAL SUFFERERS.

L'Union Médicale sums up Dr. Jaccoud's experience of the above, as related in the recent publication of his clinical lectures. "Arsenic powerfully ameliorates the nutritive process in chronic pulmonary phthisis. It abates nervous excitement and possesses a marked antifebrile action, which can combat efficaciously the evening intermittent attack. Dr. Jaccoud exclusively prescribes granules of arsenious acid containing one milligramme each of the substance (one sixty-sixth of a grain). They are taken at the beginning of the two principal meals. Dr. Jaccoud begins with two granules daily, and every eight days the dose is increased, until it attains from eight to ten a day, which is the maximum dose. This maximum dose is kept on as long as there is no production of acute symptoms, with pseudo-continued fever."

THE ADMINISTRATION OF PHOSPHORUS.

Mr. Bradley recommends (*British Medical Journal*, Oct. 18, p. 460), the following formula for the exhibition of phosphorus. Dissolve ten grains of phosphorus in two ounces of ether, shaking the bottle from time to time. Of this solution one minim, equal to one-hundredth of a grain, is administered in one ounce of water with half a drachm of glycerine. Mr. Bradley states that the glycerine suspends the phosphorus so perfectly that a transparent tasteless mixture is the result, and that the addition of a little bitter infusion entirely removes any *soupeçon* of lucifer matches that may hover about the medicine.

CASE OF PURULENT INFECTION AFTER EXTRACTION OF A TOOTH.

The case was that of a man of strong constitution, who had recourse to a horse farrier for the extraction of one of the last left molars. The gums were violently contused, and a fragment of the alveo-dental periosteum torn away. A few days after the following symptoms occurred:—Headache, insomnia, fever, horrible fetor of breath, inflammation of the left cheek and gums, with formation of an abscess. Notwithstanding energetic treatment, the patient died two or three days later. The author draws attention to the importance of not wounding the gum in extraction of teeth.—Recorded by Dr. Bouyon in *Courrier Médical.*