

potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

We need hardly say that before treating the amenorrhœa care should be taken to see that the patient is not pregnant, although we are satisfied that the permanganate given in the dose we recommend has no power to produce abortion either in the early or late stages of pregnancy. We find that manganese fails to induce the flow when the amenorrhœa is due to advanced phthisis. But in some cases of arrested phthisis the treatment was successful, and the patient after a time, under the influence of the permanganate, menstruated freely and at regular intervals. In several instances patients informed us that the pills had proved of value in curing 'whites' of long standing. As a rule the permanganate is taken without difficulty, but patients much prefer the pills to the solution. The solution is peculiarly disagreeable to take, and in some cases produces nausea and even vomiting. Patients frequently complained after taking the pills of a heavy persistent pain over the upper part of the sternum, 'as if something had stuck there and would not go down.' This was not due to the drug being given in the form of a pill, for the same complaint was made when the same dose was given in solution. One patient said the pain was of a burning character, and another said it was like heartburn. A girl of sixteen, to whom two two-grain permanganate of potash pills were given four times a day, said the pain, 'like a lump at the chest,' came on immediately after each dose, and was so intense that she had to go to bed for two hours. That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binocide of manganese are equally efficacious in the treatment of amenorrhœa. The manganate of soda was given in two-grain pills, two four times a day; and the binocide in four-grain pills, one four times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally well in the plethoric and in the anæmic. Given in cases of chlorosis, the permanganate not infrequently brings on the period without in any way improving the anæmia."—*Lancet*.

Concentrated solutions of saline cathartics are recommended by Dr. Matthew Hay in the treatment of dropsy (*London Lancet*). He has succeeded in demonstrating, from experiments on man and dogs, that saline solutions, given in a concentrated form when the alimentary canal contains little or no fluid, produce an almost immediate and very decided concentration of the blood, by depriving it of a large amount of its water through the intestinal secretion which the salt excites. This concentration of the blood reaches

its maximum in about half an hour, and is so marked that he found in the case of a man, to whom he gave three-fourths of an ounce of sulphate of soda in three ounces of water, that the number of blood-corpuscles in each cubic millimetre of his blood rose from about 5,000,000 to 6,790,000. This degree of concentration does not last long, but in from one to one and a half hours begins to decline, and at the end of about four hours is reduced to normal. This reduction is effected by the abstraction of lymph and other fluids from the tissues, but the alternations in the volume of the blood seem to have no effect on the blood-pressure. A second concentration takes place some hours after, owing to the diuretic effect of the absorbed salt. Based on these considerations, he made several trials of the concentrated salt in cases of dropsy, with very satisfactory results in most of them. He says, that he has found it more useful in general dropsies than in local ones, and of the general dropsies most beneficial in those dependent upon a stasis of the circulation, as cardiac dropsy. He particularly recommends the sulphate of magnesia as the most suitable saline cathartic for this purpose, owing to its ready solubility, being soluble in less than its own weight of water.—*Chicago Weekly Med. Review*.

For a day or two antecedent to the actual commencement of the catamenial flux (*Virginia Medical Monthly*) women not unfrequently suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this I have found no treatment give such satisfactory results as the following:  $\mathcal{R}$  Codeiæ Sulphatis, gr. j.; Chloral Hydratis, Ammonii Bromidi, aa grs. xx; Aquæ Camphoræ,  $\mathfrak{z}$  j. M. Sig.—For one dose. Take at bedtime. A repetition of the dose at that period is rarely necessary. In some cases a warm sitz bath of fifteen minutes duration before retiring is a valuable adjunct.

#### REMOVAL OF WARTS AND CORNS.

Warts and corns are so frequently a source of discomfort or pain to those unfortunate enough to possess them that any remedy which promises to remove them, short of the knife, caustic, or actual cautery will doubtless be warmly welcomed by the profession. At the last meeting of the American Dermatological Association (*Med. Chronicle*, October, 1882), Dr. Jas. C. White gave an account of a very successful experience with the following remedy:

$\mathcal{R}$  Acidi salicylic . . . . . 3 ss.  
Ext. cannabis . . . . . grs. x.  
Collodii . . . . .  $\mathfrak{z}$  i M.

This is painted on the corn or wart in successive coats at short intervals until three or four lay-