

can expel the whole mass of destroyed polypus, in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burning pain, no unpleasant effects seem to follow the use of this method.—*Ibid.*

USES OF MURIATE OF AMMONIA.—The *Med. Record* says: It increase the secretion of mucous from the alimentary canal, and is supposed to render the blood less plastic and coagulable, without impairing the structure of the corpuscles. Its habitual use causes emaciation, renders all the secretions freer and more abundant, and exerts an alterative and absorbent action, especially on the connective tissues, in hyperplasia and cirrhosis of many organs. It has even exerted some beneficial influence upon fibrous tumors of the uterus, and much more upon chronic engorgement of that organ. Its slow but steady modification of the nutrition of the connective tissues has been seen in chronic enlargements of the liver, spleen, prostate, thyroid and other enlargements. It cures many cases of gleet and if any internal remedy will relieve strictures of the urethra, this is the one most apt to do it. It cures some cases of neuralgia depending upon thickening of the neuilemma, and is one of the best remedies in fibrous phthisis. If other remedies fail, it should be tried in sclerosis of the cord and brain depending upon thickening and induration of the neuroglia.

MEMBRANOUS CROUP.—Dr. Jacobi says (*Med. News*) the mercurial treatment of membranous croup promises good results. The bichloride appears to be the best preparation for this purpose. The remedy should be given early and frequently repeated. The bichloride should be well diluted (about 1 to 3000). To babies about half a grain should be given in twenty-four hours, and, as a rule, its administration could be kept up for many days, if necessary, without bad effects. Stomatitis or salivation is very rarely observed, and gastrointestinal disturbances are not frequent under its use. If any unpleasant consequences result from the bichloride, inunction by the oleate of mercury is advised in its place. If the treatment of the diphtheritic disease be undertaken in time, the croup may often be prevented, as this is believed to be due to descending pharyngeal diphtheria.

HYSTERIA WITH UNILATERAL SWELLING.—Dr. S. Weir Mitchell records in the July number of *The Amer. Journal of the Medical Sciences* three cases of hysteria in which there was unilateral in-

crease in bulk at or near the menstrual period, and also at other seasons after emotional excitement, and he has been unable to find elsewhere any narration of similar cases. The writer cannot explain the causes of this phenomenon further than to say that they are under the influence of the nervous system, and vary with the causes which also increase or lessen the analgesia or give rise to chronic spasm. Most probably, he thinks, in many unilateral hysteric palsies a like phenomenon exists, and has merely escaped attention because of being the least prominent in a group of symptoms. At all events it adds another to the large group of resemblances which so closely relate organic to hysteric hemipalsy.—*Boston Med. Journal.*

BLISTERS AND SALICYLIC ACID IN RHEUMATISM.—The following are a couple of brief extracts from a clinical lecture delivered by Prof. Draper at the New York Hospital (*Med. & Surg. Rep.*):

Now a word about the use of blisters in the treatment of inflammatory rheumatism. We do not very often resort to them in acute cases of inflammatory rheumatism where there is a high temperature and great tenderness and swelling of the joints. And in my experience, they are not nearly so valuable here as in cases of sub-acute rheumatism. But where they are used in the very acute cases, it is almost invariably in connection with some other anti-rheumatic treatment, so that we do not get, I think, a true estimate of their value. But in those sub-acute cases where there is a moderate amount of infusion into the synovial cavities and some thickening of the tissues surrounding the joints, I believe that rest of the part and the local application of a blister are very valuable—while in cases of acute inflammation of the joints, I do not believe that blood-letting and counter-irritation are of much value.

There is one remark I wish to make about the salicylic acid treatment of rheumatism. I have told you before that of all the remedies which have been suggested for the cure of rheumatism, and their name is legion, none have given such satisfactory results or proven so valuable as salicylic acid. Now the history of the treatment of rheumatism constitutes a very remarkable chapter in the history of therapeutics.

There is no disease for which a greater diversity of remedies has been proposed. At one time acids were in favor, and at another time alkalies; at one time purgation was practised, and at another opium was used; and salts of every variety have at different times been supposed to have some superiority in the treatment of this disease. As a result, skeptics have arisen who doubt the efficacy of any treatment at all in rheumatism. So about fifteen years ago, at the time of the introduction of Fuller's alkaline treatment, Drs. Gull and Sutton treated a number of cases with simple mint-water, and their