

**GENERAL GRANT'S CASE.**—Latest reports in regard to the condition of Gen. Grant, would seem to indicate an improvement, but there is no evidence that the case is not hopeless. General Grant is able from his past military experience "to put himself in the place" of his medical attendants to good purpose. His reported remark to his physicians savors of true wisdom: "The doctors outside I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentlemen do; but it is like a time of war, when the men at home think they know more about it, and how to do it, than the generals who are in the field fighting."

**URIC ACID CALCULUS OF ENORMOUS SIZE.**—The *Lancet* for May 2nd, 1885, gives the following particulars of one of the most remarkable calculi that the records of surgery furnish. It was removed by the high operation by Sir Henry Thompson, from a man aged sixty-two. The stone was of an oval form, of pure uric acid without any phosphatic incrustation whatever. It weighed 14 oz. avoirdupois (405 grammes), and measured  $4\frac{1}{2}$  in. long,  $3\frac{1}{4}$  in. wide, and  $2\frac{1}{8}$  in. thick. The operation was rapid, and performed without difficulty, and the patient's present condition is unusually good and promising.

**PEPTIC SALT.**—Dr. Prosser James describes, in the *Brit. Med. Journal* for May 16, 1885, a preparation of pepsin and chloride of sodium, which he calls "peptic salt," to be used as a condiment. The pepsin and salt are combined in such a way as to form a pepto-chloride, which prevents decomposition. He says: It may be ordered in prescriptions, if preferred, as sal-pepticus, or as pepto-chloride of sodium. Ten grains of the peptic salt will dissolve nearly 200 grains of hard boiled albumen, or two ounces of lean cooked meat. It may take the place of table-salt in the dyspeptic's dietary.

**NITRITE OF AMYL IN GOUT.**—A very important question has been recently raised by Dr. A. McDonald, of Liverpool, in the *Brit. Med. Journal*, regarding the elimination of uric acid by nitrite of amyl. He noticed that on several occasions the acidity of the urine was markedly increased after the administration of nitrite of amyl, and a deposit of uric acid crystals took place in the urine. It

was given in a case of puerperal eclampsia, in gout, and also by way of experiment, and in all the result was the same. The drug was given by inhalation, in four minim doses, every two hours.

**BURIED CATGUT SUTURES.**—In the *Brit. Med. Journal*, May 2nd, 1885, will be found a paper by Mr. Kelly in which he advocates "buried sutures" in wounds, that is, suturing separately periosteum to periosteum, muscle to muscle, nerve to nerve, fascia to fascia, skin to skin, etc. The advantages claimed are that drainage is not then required, no spaces or pockets are left where blood or serum can collect, and that cicatrization is rapid, complete and perfect. He refers to a number of operations in all of which he says "the results have been all that sanguine hopes could expect."

**WHOOPIING COUGH.**—The following has been found of great service in the treatment of this affection, especially to prevent the night spasms.

R Pot. bromidi	3 j
Chloral hydrati	9 ij
Tr. belladonnæ	3 ss
Syr. Aurantii	3 j
Aq. Cinnan	ad 3 iij—M.

SIG.—A teaspoonful at bed time for a child one year old and increase according to age.

**USE OF THE MEMBRANES IN LABOR.**—In an article in the *Med. Jour. and Examiner*, Dr. Byford of Chicago, makes a strong plea for non-interference with the membranes during labor, or until they protrude through the vulva. The presence of the bag of waters he maintains favors gradual dilatation, serves to protect the parts from laceration, and prevents irregular contraction of the uterus. He regards it as strange that obstetric science should teach the deliberate breaking up of the simple process of nature and substitute an unnatural and artificial one.

**MUSTARD SPONGE.**—The latest method of applying a mustard poultice is by means of a sponge. The plaster is prepared in the usual way, the sponge is dipped into it, then wrapped in a soft handkerchief, and applied to the part. By simply warming the sponge again and moistening it afresh, it may be reapplied, the strength being perfectly preserved.

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