

Notes.

"Many a man is to-day worrying over a case or two of pneumonia, pleurisy or capillary bronchitis, whose troubles would flit away like mist did he but know enough to put his patient into a jacket of Antiphlogistine."—*Medical Summary*, Nov., 1902.

THE TREATMENT OF NASAL CATARRH.—Mannon (*Cincinnati Lancet-Clinic*) finds no danger whatever from the use of the nasal douche provided ordinary care is taken and a proper solution is employed. The charge that post-nasal douching is prone to excite inflammation of the middle ear he does not find sustained. All leading specialists employ this method of treatment in the posterior as well as the anterior nares with equally good results. The doctor has had chronic nasal catarrh of many months duration yield to douching when heroically employed. Listerine, to which a small quantity of bicarbonate of soda has been added, is his main stand-by. If hemorrhage is a controlling feature he uses instead a saturated solution of tannic acid to each ounce of which ten grains of carbolic acid has been added. When the tendency to bleed ceases he returns to the listerine solution. Treated in this way the most pronounced cases yield in three or four weeks and are not prolonged by complications or sequelæ.

RHEUMATIC PAIN AND FEVER.—In *The Medical and Surgical Bulletin* we find the following under the caption of "Acute Articular Rheumatism" by Dr. E. G. Evans: "Salol is the best intestinal antiseptic we have, and antikamnia as a pain reliever is, without doubt, unsurpassed; therefore, the combination of these two remedies in the form of the well known 'Antikamnia and Salol Tablets' afford us the ideal medicament for pain and fever in rheumatic conditions. Patients appreciate the fact that when administering antikamnia, you relieve the pain without giving them morphia, while the salol acts as a germicide and antiseptic, tending to ameliorate generally, the symptoms of the disease. Antikamnia and Salol Tablets (each tablet contains $2\frac{1}{2}$ grains antikamnia and $2\frac{1}{2}$ grains salol) are best given in doses of two tablets every three hours until ten or twelve tablets are taken during twenty-four hours. The patient's bowels must be kept open and the diet should be light. Alcohol is contra-indicated and water should be freely and frequently given. The bed covering should not be too heavy, but warm. Cold water packs, as well as hot fomentations, are very beneficial."

Gude's Pepto-Mangan, if we look over the field of preparations launched upon the market, claiming to be "just as good," "just the same," etc., and now relegated into oblivion, we will find their name is legion. Since its introduction to the medical profession of America, many manufacturers, through their representatives, have heralded competing products as possessing wonderful medicinal properties. They were tried, found wanting, withdrawn from the market, and to-day find a resting place in some upper loft labeled, Deadstock. "Gude's" has stood the test of clinical investigation in both private and hospital practice; moreover, it has been before the profession during the last 12 years, and during this period has steadily grown in favor.—*Editorial Medical Examiner and Practitioner*, Dec., 1903.

Dr. Colin Campbell, Southport, Eng., L. C. P. R., M. C. R. S., writes in the *Medical Press and Circular*, London, Eng., Oct. 7, 1903:—

PLEURISY.—Dr. B. was under my care last winter suffering from a pulmonary cavity. He had had previously two or three intercurrent attacks of pleurisy, which I again found present on Dec. 7th, 1902, accompanied by severe pain over the cavity and a temperature of 103° . His previous attacks had occurred at his home, where careful poulticing was practicable, but in apartments this was unsatisfactory, and so it occurred to me to try Antiphlogistine.

The material was warmed and "trowelled" on for many inches around the pleuritic centre, then covered with non-absorbent lint and jaconet.

The result was remarkable; the pain disappeared within an hour and the high temperature within two days.

Many advantages over poulticing were noticed by the patient; facility of application, no unendurable heat, rapid relief from pain, its adhesiveness rendered movement possible without tight bandaging or the alternative sudden influx of cold air which follows the separation of a poultice from the skin.

Chilblains to many will appear a trifling matter, but as one whose school days in winter were rendered miserable by them, I can assert that they are most maddening. Last winter my daughter, age 11, suffered from them severely. Each time Antiphlogistine was applied, the redness and intolerable itching disappeared in a night. I have tried remedies innumerable with no such result.