Pain in the Pneumogastric Nerves as a Sign of Bronchial Adenopathy in Pulmonary Phthisis.

M. Michel Peter in a communication to the Clinical Society of Paris draws attention to the fact that in pulmonary phthisis, pain in the pneumogastric is a sign that the bronchial glands are affected. Pressure in the neck at the outer side of the carotid causes acute pain on the side affected or on both sides if both lungs are involved. Pain in chest on the side affected is complained of, and the epigastric region is tender on pressure. A clanging, violent, laryngeal cough, gastralgia, vomiting and distressing palpitations also point to irritation and inflammation of the pneumogastric by the pressure of enlarged bronchial glands. In a case referred in which the diagnosis of adenopathy of the right bronchial glands was fully confirmed by *post-mortem* appearances, great relief was derived from the hypodermic injection of morphia in the epigastric region morning and evening. Every distressing symptom was relieved, but the pulse was not reduced in frequency.—*La France Medicale.*

From *La Andalucia Medica.*

Crystals of Glycerine.

We were not hitherto aware that glycerine could assume the crystalline form. Mr. Van Hamel Roos has presented to the Chemical Society of London a magnificent sample of crystallized glycerine. This product possesses the advantage of serving to distinguish pure glycerine, since it has been found that, when it is pure and anhydrous, it crystallizes naturally when it is cooled to 26° if a crystal of glycerine be introduced into it. The crystal increases in size, and the impurities remain in the mother liquid.

Dr. Brown's Chlorodyne contains 5 parts of concentrated muriatic acid, and 10 parts each of ether, chloroform, tincture of cannabis indica, and tincture of capsicum, 2 parts each of morphia and hydrocyanic acid, 1 part oil of peppermint, 50 parts simple syrup, and 3 parts each of tincture of hyoscyamus and tincture of aconite.

Formularies.

Treatment of Prolapsus Ani.

Foucher and Dolbeau recommend subcutaneous injections of the following to facilitate the reduction of the prolapsed mucous membrane :—

℞ Water..... .....100 grammes.
Sulphate of Atropine 0·50 centigramme.

Dr. De Saint Germain recommends douching the parts night and morning for twenty or thirty days after reduction. The evaporation of ether sometimes facilitates the reduction. Bouchardat uses the following suppositories .—

1. ℞ Powdered rhatany 2 grammes.
Cocoa butter.....18 "
2. ℞ Powdered oak bark 20 "
Honey.....9.5 "
3. ℞ Tannin..... .. 1 "
Cocoa butter.....10 "

For prolapsus ani accompanied by relaxation of the sphincter, Schwarz prescribed as follows :—

Water..... ..... 8 grammes.
Nux vomica.....0.05 centigr.

Two to fifteen drops of this solution to be taken every four hours according to age. Duchaussoy employed 0·05 centigrammes of strychnia endermically, on a small blistered surface. Lorigiola uses hypodermically the following :—

℞ Strychniæ sulphat. 0·12 centigr.
Aq. destillat. ..... 12 grammes.

Four to twenty drops to be injected according to age.

Langenbeck recommends ergotine hypodermically.

Boudin prescribes—

℞ Ergot.....1·50 centigr.
Water..... ..... 50 grammes

To be taken in three doses.

Ergot has also been used as an injection.

Boyer & Duchenne advise electrization of the sphincter; cauterization, ligature, excision, partial or total, radiating incision and stretching of the sphincter, have all been recommended.—*La France Medicale.*