

to learn what he had used. I have not forgotten the way the kind old gentleman answered me: "My boy, it is evident that you want to be a doctor. We call this preparation yellow wash. It is poisonous; you must not drink it, and must keep it out of your eyes." This was the germ of what medical knowledge I have since gained.

I have frequently dropped my yellow wash for some new remedy for rhus poisoning which was recommended, but have as often returned to my first love. It is the *Lotio Hydrargyri Flava* of the B. P., which I use in full strength, continuously applied by means of a cloth wet with the lotion, as soon as irritation is recognized. In my own case it seldom prevents vesication, nor have I succeeded in finding anything which would. It is cooling and germicidal. (Notwithstanding the fact that the germ has not been found, I cannot help giving in this case the Scotch verdict of "not proven," and await developments.) It will certainly arrest the formation of a new crop of vesicles, and keep down much of the inflammation.

After the specific symptoms of rhus poisoning subside, there sometimes remains an inflammatory or excoriated condition, which is best allayed by some emollient application, like the carbolyzed ointment, or if something astringent as well seems indicated, the alum ointment of Sir Astley Cooper made up with eucalyptus, which has recently become so popular among us.

There are generally some constitutional symptoms, which are best met by treating them as they appear. Aconite or gelsemium for the febrile condition and quinine are often required.—DR. J. H. HUNT, in *Brooklyn Medical Journal*.

ORTHOFORM (HOECHST).

BY PROFESSOR EINHORN AND DR. HEINZ.

A LOCAL anesthetic, in order to relieve the pain of wounds, ulcers, burns, excoriations and the like, must possess the following properties: It must be absolutely non-poisonous, and it must be slowly absorbed. Cocaine salts do not fulfil either of these conditions. Their toxicity limits their employment, and as they are readily soluble they are quickly absorbed, so that at the end of a quarter of an hour, or, at most, one hour, the anesthesia has disappeared.

After several years' research we have at length succeeded in finding a non-poisonous substance which produces complete and lasting local anesthesia. Like iodoform, it is very slightly soluble, and therefore remains on the surface and maintains a constant action.

Transplantations.—The first trial, and a very instructive one, made on a human patient with orthoform, was in a case of transplantation. The patient, affected with lupus, had already borne four transplantations, and on every occasion experienced extremely