

have been equally good. There have been failures, to one of which I have already referred, and I have on several occasions heard complaints of nausea following the strong and bitter solution. In another case last summer, the patient, a young man, thought the daily purgation and a rather dry diet terrible hardships, and he escaped from the hospital.

The essence of the method lies in getting the strong salt into the intestine at a time when the fluid contents are scanty. The concentrated bitter solution excites a copious secretion from the intestinal glands, which distends the intestine and induces rapid peristalsis. Saline, as well as other purgatives, have long been employed in the treatment of dropsies, but this plan of Hay's is so simple, produces so little irritation, and at the same time acts powerfully, and as you have seen, effectually, that with us it has superseded other methods in cases in which we wish the action of a powerful and prompt cathartic.—*Medical News*.

THE DIURETIC ACTION OF MERCURIAL PREPARATIONS.

The diuretic action of calomel, known to the older physicians, has been, as the readers of the *GAZETTE* are familiar, again brought to the attention of practitioners, and we have published testimony from a number of different observers which indicates that under certain circumstances calomel is one of the most active diuretics that we possess.

That this diuretic action is not peculiar to calomel, as has been claimed by a number of writers, but is also, though perhaps to a less degree, possessed by other mercurial preparations, has been brought into prominence by Dr. Rosenheim in a paper read before a recent meeting of the Verein für Innere Medicin of Berlin (*Therapeutische Monatshefte*, April, 1887).

The author employed corrosive sublimate, yellow iodide of mercury, and the amidato bichloride in amounts of from $1\frac{1}{2}$ to 2 grains given daily. These preparations of mercury also proved themselves active diuretics in these large doses, but they produced more irritation in the intestinal canal than calomel, and also fell behind calomel in the degree of diuresis. On the other hand, the stomatitis produced by these mercurial preparations was but slight. Diuresis only follows when large doses of some mercurial preparation are rapidly absorbed, seemingly indicating that the production of diuresis is due to the acute mercurialization of the organism. The correctness of this view is rendered more probable by the large amounts of mercury which are excreted through the urine.

Dr. Rosenheim's experiments with calomel still further strengthen its position as a diuretic. He employed it in sixteen cases of heart-disease complicated by dropsies, in several of which kidney complications were also present. In nine of these cases a prompt diuresis and disappearance of the oedema followed the use of calomel. In four its

action was but moderately successful, and in three it entirely failed. It is worthy of notice that in all these cases before calomel was administered digitalis had been tried and proved inefficacious. Since it has been found that calomel has no direct action either on the heart or kidneys, kidney-disease offers no contraindication to the use of calomel for the purpose of producing diuresis. In fact, Dr. Rosenheim has employed calomel for this purpose in purely nephritic dropsy. It is true that the results, however, were unfavorable. In the greater number of patients to whom calomel was administered a more or less severe stomatitis was produced, and in nearly all cases diarrhoea.

In the discussion which followed the reading of Dr. Rosenheim's paper, Dr. Leyden reported that he had treated three cases of cirrhosis of the liver with calomel. In one failure had resulted, in one marked but temporary relief, and in one a permanent amelioration.

In the treatment of dropsy from heart disease, he regarded calomel as a valuable contribution to our therapeutic measures.

Füßinger, on the other hand, claimed that the diuresis produced by calomel, although perhaps occurring in a high degree, was invariably ephemeral, and he regarded its mode of production to dependent upon a direct action on the glandular epithelium of the kidney, since calomel never acted as a diuretic in oedema dependent upon previous parenchymatous nephritis.

Dr. E. Biró, of Budapest, has also confirmed the general experience of others as to the marked diuresis which follows use of calomel, and although in his practice stomatitis, colic, and diarrhoea were frequently produced, he regards these complications of but little moment in view of the powerful action of the remedy. He has found that the degree of diuresis depends upon the intensity of the oedema, and he relates one case of mitral insufficiency in which the amount of urine was increased on the fifth day from eight hundred to six thousand eight hundred cubic centimetres. For the stomatitis, which is at the worst merely transient, he recommends a mouth-wash of potassium chlorate, and small doses of opium powder for the diarrhoea and colic.

Terray (*Pest med. chir. Press.*, 1886) and Weinstein (*Wien. med. Blatt.*, 1887, No. 7, p. 206), whilst affirming the diuretic effects of calomel, as reported in the *Medical Chronicle*, May, 1887, draw attention to the evils which may follow its administration. Terray states stomatitis occurred in all his cases, and its intensity seemed directly proportional to the diuresis.

Weinstein records a marked increase in the excretion of urine in four cases of pleural effusion, two cases of cirrhosis of the liver, and one case of Bright's disease. But he found great evils arise from the administration of calomel as a diuretic, profuse diarrhoea, stomatitis, and salivation sometimes occurring after even small doses. The diuretic influence of the drug, he says, is not of long