

second painting is necessary, but this then suffices. The same plan of treatment has also been used by him successfully in private practice. When the patient cannot be induced to take absolute rest in bed, and when the patients are compelled to follow their usual occupations, the recovery must obviously be slower, as it is not possible by suspensory bandages or by means of handkerchiefs, however skilfully applied, to insure such perfect rest as when the patient is lying in bed. While the rest is an important item in the treatment, it is not by itself sufficient to effect a cure. The immediate effects of the nitrate of silver in allaying the pain are most marked, though for obvious reasons the nitrate must act more powerfully while the organ is in a state of quiescence than when constantly active.—*Therapeutic Gazette.*

CALOMEL IN THE TREATMENT OF CARDIAC DROPSY.

The striking results of Jendrassik as to the diuretic action of calomel in the treatment of dropsy, especially of cardiac origin, have already received confirmation. In the *Wiener Med. Wochen.* (July 10, 1886) Prof. Stiller, of Buda-Pest, publishes the details of eighteen cases of dropsy of cardiac origin which he has treated both in hospital and in private practice by the administration of calomel after the directions given by Jendrassik. His results, although he but seldom obtained the immense increase of urinary secretion reported by Jendrassik, were in their general results quite equally favorable to his. Two cases he gives in full detail, and either alone would be sufficient to prove the truth of the statement that in calomel a drug has been found whose value seems in such cases almost inestimable. Cases with intense oedema of the extremities, peritoneal and pleural effusions, enlarged and congested liver with marked dyspnoea, he has succeeded in restoring almost to health, certainly to comfort, by the administration of calomel. He has seen oedema entirely disappear, abdominal and pleural effusions and albuminuria removed, an enlarged liver return to its normal size with complete relief of respiratory distress. Such results have followed the administration of calomel alone after digitalis had failed to produce relief, and also in cases where the use of digitalis, on account of the unfavorable symptoms which so frequently interfere with its action had compelled its suspension. Dr. Stiller thinks that he is perfectly warranted in confirming in all respects the statements of Jendrassik. He believes that in dropsy of cardiac origin small doses of calomel constitute the most efficient and rapid means of relief, even in cases where digitalis fails, while no other drug can in any degree sufficiently approach it to be worthy of being brought into the same category. Its action is not only exerted on the removal of the oedema, but also on the effusion of serous cavities.

The diuresis, agreeing again with Jendrassik, he

found to suddenly occur on the third or fourth day after the commencement of the administration of the drug, and it is advisable to suspend its use, to be renewed again in considerably decreased doses, when the diuretic action appears to be disappearing. This action in the removal of effused liquid is only to be explained by some particular facilitation of absorption by the blood, since Stiller as well as Jendrassik found that calomel so administered was entirely without influence on the heart or kidneys. In his first few cases Dr. Stiller found that diarrhoea, and in one case stomatitis, complicated his results, but in his later experience he found that the administration of opium with the calomel entirely prevented the appearance of diarrhoea, while it did not interfere with its diuretic action. According to his experience, the most marked diuretic effects have been produced from calomel without the least sign of mercurialization.

In spite of these favorable reports, calomel cannot, however, be regarded as a substitute for digitalis, since it is in no respect a heart remedy. In the numerous cases where digitalis fails or is contra-indicated, and where numerous substitutes for digitalis are either not applicable or have proved themselves unreliable, according to the above authors the value of calomel cannot be overestimated. Enough has already been determined by those two authors to prove that calomel in such diseases must in future occupy a very important place. As to the more exact indications as to its use, cases in which it is most favorable and as to whether its employment exerts any influence on the further progress of the cardiac disease, these facts must, of course, be left to future investigations. It is to be hoped that in the treatment of heart-disease calomel will receive the investigation which it without doubt seems to deserve.—*Therapeutic Gazette.*

SIMPLE CONSTIPATION AND ITS SUCCESSFUL MANAGEMENT.

Among the morbid states of the system for which suffering humanity seeks relief, often with but oftener without medical advice, none is probably of more frequent occurrence than constipation. From time immemorial, to the present day countless expedients, including the use of innumerable drugs, have been resorted to in the endeavor to spur to renewed activity the flagging function of defecation. Sir Andrew Clarke has recently published some suggestive remarks concerning this subject, which, though not very original, nevertheless carry with them the weight of large experience and eminent practicality.

Sir Andrew inveighs particularly against the ignorant and unskilful domestic management of constipation, with its many untoward consequences, some of which may indeed become quite serious. He might with equal propriety have denounced the unskilful, because routine, practice of dealing with this disorder still practised by many medical men. The real mischief often begins by