

mortem, the bowel is in an easily-irritated condition, and, whether for that reason or not, severe cases are liable, during the febrile attack, to the diarrhoea described. The inference as regards treatment is obvious; purgatives should be avoided and an enema used, if required, in any case whose severity suggests that such a diarrhoea may supervene.

The "expectant" plan was followed in the great majority of the cases of scarlatina simplex; the only active interference was by some application to the throat when it was at all sore or even slightly ulcerated. In these simple cases antipyretics were not employed; when restlessness was troublesome, sponging with tepid water was used. Mustard spongings are particularly useful in the earlier stages of an attack with nervous phenomena.

In the cases in which the laryngeal and nervous symptoms predominate, special attention should be directed to the conditions in and around the throat, and antiseptics used locally. Bits of the ordinary urethral bougies of eucalyptus and iodoform were found very useful by the author for introduction into the anterior nares. Quinine may be given internally, but not in heroic doses, and tepid sponging will allay restlessness to some extent.

In considering the applicability of antipyretics in scarlet fever, certain features of the disease must be borne in mind, the most important being the tendency to collapse, the rash, and the renal condition. These being kept in view, the means at command for the reduction of temperature are diaphoretics, antipyretic drugs, and cold and tepid water. Diaphoretics may be useful in moderately severe cases, but when nervous complications are present may increase the tendency to collapse. Pilocarpine should be used only in very small doses. All antipyretic drugs are open to the objection that they tend to depress, and must be used with caution. The external use of cold should either be postponed altogether till the rash is mature, or must be used in such a modified form as to minimize the danger of superficial anæmia; even supposing the rash to be developed, the application of cold must neither be so prolonged nor so intense as to lead to the premature disappearance of the rash, to the danger of collapse, or to serious internal congestion. The author approves of the cold wet-pack, at from 50° to 60° F. (10° to 15.6° C.), in the hyperpyrexia of nervous attacks. In his cases the rectal temperature and pulse were lowered, and there was a marked improvement in condition of the nervous system, the most restless patients going to sleep in the pack. Even though the temperature rises soon again and the symptoms return in all their violence, a repetition of the pack is again followed by favorable results, the tendency to hyperpyrexia is overcome, and the patient makes a good

recovery. The possibility of collapse must never be overlooked, especially in "malignant" cases; and the nurse should always be instructed that if the patient become livid, sick, shivery, or faint, he must be at once removed from the pack, and warmth and stimulants employed. Great care must be taken to prevent chills.—*Glasgow Medical Journal*, January and February, 1894.

#### RECENT SUGGESTIONS IN THERAPEUTICS.

**INSOMNIA.**—In a case of delirium tremens, *bronide of potassium* and *chloral sulphonal* and *morphia* failed to produce sleep. *Chlorobrom* was tried, in dose of 1½ ounces (45 grammes). The patient fell asleep in half an hour and slept two hours, when 1 tablespoonful more was given, causing a sleep of five hours. (R. B. LOTHIAN, *Lancet*, December 9, 1893.)

Try nature's plan, instead of drugs: *lower the supply of oxygen* to the blood; produce a little asphyxia; limit the quantity of air to the lungs. The heart and circulation becoming quicker, the brain will lose its stimulant, and sleep will follow. Cover your head with the bedclothes, and breathe and rebreathe only the respired air. When drowsiness is produced, it is easy to go on sleeping, though you push aside the coverings and get as much fresh air as needed. The cat and dog bury their noses in some soft hollow in their hair or fur, and soon drop asleep. (J. E. HUXLEY, *Medical Press and Circular*, December 13, 1893.)

**MALIGNANT PUSTULE.**—Excision of entire pustule, with marginal tissues. Wound dressed with paste made of *ipecacuanha* and water and double cyanide gauze. Internally, 5 grains (0.32 gramme) of *ipecacuanha* with 1-6 grain (0.01 gramme) *morphia* every four hours for five days, and every six hours on sixth day. Discontinued internally and externally on seventh day. Patient dismissed cured on twenty-ninth day. (W. H. MOORE, *Lancet*, November 25, 1893.)

**PERITONITIS.**—Instead of opening the abdomen in tubercular peritonitis and exposing the peritoneum to the atmosphere, *air is introduced* into the cavity by means of an insufflating apparatus, which first sterilizes the air. In three cases the desired result of preventing recurrence of ascites was obtained. The method is regarded as safe and the results favorable. (NOLEN, *Berliner klinische Wochenschrift*, No. 34, 1893.)

**PERTUSSIS.**—*Bromoform*, 1 drop for each year of age of patient, four times daily, for first three days, increasing dose progressively if attacks do not diminish. Vomiting ceases, appetite returns, and disease lasts but three weeks, sometimes much less. (PELLICER, *Revista balar de ciencias medicas*, p. 599, 1893.)