

allow it to escape. It has not produced any bad results when two ounces have been retained, but Christiansen reports a case of death in a boy ten years old where two ounces were taken by the mouth without causing any purging. In my cases it probably was excreted by the kidneys nearly as fast as it became absorbed. Where it is retained the sphincter ani is likely to be strongly contracted, and great relief will follow paralysis of the sphincter by forcible dilatation under an anæsthetic, which will also have a good effect over the chronic constipation usually present.

The following is the formula I use:

R Magnesii sulph. 2 oz.
Glycerine 1 oz.
Aque q. s. ad. 4 oz

MISCELLANEOUS.

VERY large doses of iodide of potassium in inveterate syphilis have long been employed by American physicians. In the *Semaine Medicale* Dr. Wolf, of Strasbourg, reports a number of cases in which ordinary doses having proved useless, as much as an ounce and two thirds per diem was administered. The patients promptly improved under these heroic doses, and their body-weight is said to have considerably increased while taking pounds of the iodide.

Dr. A. C. BERNAYS, in *Medical Mirror*, unhesitatingly recommends the use of Campho-Phenique in preference to Iodoform as a finishing dressing over all sutured wounds. During the operation, carbolic acid, bichloride of mercury, boric acid, salicylic acid or any of the usual dilute solutions may be used to wash and irrigate the wound, but as a finishing dressing, one which can be left alone longer than any other, possessing more powerful germicidal qualities, which are not readily lost by evaporation, the gauze or cotton or lint moistened with Campho-Phenique is superior to anything he has ever tried.

FATAL POISONING WITH SALOL.—Dr. Hesselbach reports, in the *Fortschritte der Medicin*, the case of a young man, suffering with rheumatism, who took by mistake two drachms of salol. Coma resulted,

with great dryness of the tongue, anuria, and death on the second day. At the necropsy the kidneys were found to be soft anæmic, and of a pale yellow color; microscopically, the glomeruli were full of embryonic cells and leucocytes. The convoluted tubes were tumefied, and fatty degeneration had begun, the tubuli were filled with degenerated epithelium. There were no other lesions attributable to the drug. The toxic principle was the carbolic acid that is generated from salol in the system, and the author believes it should be prescribed carefully, and the conditions of the kidneys as indicated by the urine, carefully watched.—*The New York Medical Journal*, August 30, 1890, p. 245.

MASSAGE IN THE TREATMENT OF FRACTURES.—M. Lucas-Championniere devotes a whole number of the *Journal de Medicine et de Chirurgie* to the discussion of massage and mobilization in the treatment of fractures. He advises a gentle, painless, medical massage in the direction of the venous circulation, followed by movement of the neighboring joints, and gives detailed instructions of the method to be pursued in different cases of fracture. He finds the treatment adapted to all cases, the only counter-indication being the tendency of movement to create a deformity which it is impossible to counteract. Small wounds may be avoided during the manoeuvres, and will not prevent massage being performed if conducted gradually and prudently. Massage relieves pain, rapidly diminishes swelling, and favors the quick formation of callus. The muscles are preserved, and there is no cellular induration; the joints are not stiff. Whilst the limb regains all its functions, the general health does not suffer, which rarely happens if immobilization be practiced.—*Provincial Medical Journal*, June 2, 1890, p. 361.

THE SURGICAL TREATMENT OF PERITONITIS.—Dr. G. Frank Lydston of Chicago, in a paper read before the recent meeting of the American Medical Association at Nashville, raised a plea for early operative interference in cases of peritonitis, and referred especially to the so-called "idiopathic" peritonitis of children