

filled with air under water, and observing how long it will be in filling with water.

(2) Some physicians have advised against hot water, on the ground that it would "burn the coating of the stomach." If this is so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

(m) These dicta about the therapeutic drinking of hot water were founded on the physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of this "water of life" freely.

10. *Personal estimate of the founder of this practice.*—"If I were confined to one means of medication I would take hot water." "I have drunk it for twenty-five years."

*Corroboration of the writer.*—The writer testifies that his own personal experience and observation corroborates the truth of these statements of the Salisbury plans.—*Ephraim Cutter, M.D., in Gaillard's Journal.*

## CHROMIC ACID IN AFFECTIONS OF THE TONGUE.

Mr. Henry T. Butlin, F.R.C.S., has used chromic acid in certain affections of the tongue, with markedly good effect. In June, 1881, he treated two cases of glossitis with a ten grain solution of chromic acid in water, painted on the sore areas of the tongue three or four times a day. Both cases improved. A case of secondary syphilitic, deep and jagged ulcers of the tongue, and ulceration of the inside of the cheek, which showed no improvement under hyd. c. cret., iodide of potass., or liq. hyd. bichlor., were, after a week's treatment with chromic acid solution, almost completely healed. Another case of flat mucous tubercles, due to secondary syphilis, on the right border of the tongue, which had resisted treatment with hyd. c. creta for about three and a half months, was almost completely cured in three weeks.

Mr. Butlin has used chromic acid in several different inflammatory conditions of the tongue, in many cases with most gratifying success. In 27 cases, 20 have been cured or greatly relieved, 7 having received little or no benefit. The seven cases were either of chronic superficial glossitis, or of tertiary syphilis. The twenty include seven of chronic superficial glossitis, and thirteen of various secondary syphilitic affections. Mr. B.

concludes that chromic acid cures with marvelous rapidity secondary affections, ulcers, mucous tubercles, and condylomata. It produces no appreciable effect on tertiary affections, gummata extensive ulcers, or tubercular syphilides. Some cases of chronic superficial glossitis, with slight ulceration and renewed inflammation are rapidly benefited by it. In cases of glossitis in which the tongue surface is attacked by a fresh inflammation of great severity, glycerite of boracic acid and soothing remedies are more suitable; chromic acid rendering these worse. He reports one case of tertiary syphilitic ulcers of the tongue which was cured in about two months by combined chromic acid and mercury treatment, although it had obstinately resisted purely anti-syphilitic treatment for many months. The strength of the solution usually employed is grs. x- $\frac{3}{4}$  j water; in some cases grs. xv- $\frac{3}{4}$  j. The patient is told to paint the diseased parts three or four times a day with a camel's-hair brush dipped in the solution. There is seldom any pain or discomfort; sometimes a little smarting at first.—*Practitioner.*—*Med. News.*

## ACID DYSPEPSIA.

In a paper read before the Manchester (England) Medical Society, Dr. McNaught claims, from experiments made on himself, that the acids which cause the irritation in heartburn is hydrochloric acid. He analyzed matter obtained from his own stomach when he was suffering from acidity and was thus led to the above conclusions. He further showed that the tendency of hydrochloric acid is to prevent lactic fermentation, and he adduces this as additional evidence that the acidity in acid dyspepsia is not due to lactic acid.

We are willing to concede the fact as above stated, but we repudiate the deductions. The author of the paper displays that unfamiliarity with this subject which is at the root of the empirical and often mischievous treatment of acid dyspepsia by means of alkalies, etc. This condition may be due either to an excess or a deficiency of hydrochloric acid, and the treatment differs accordingly. When hydrochloric acid is deficient the process of normal digestion gives place to fermentation, in which lactic and butyric acids are both generated. In the case of excessive secretion of hydrochloric acid the acidity will be found to be greatest either before meals, and is relieved by food, or immediately after meals. In deficiency of this normal ingredient of the gastric juice the food remains undigested and in from two to four hours after its ingestion, according to the nature of the food, fermentation and acidity supervene. In the latter case the eructations are not only acid but peculiarly irritating to the oesophagus, the existence of butyric acid being particularly apparent to the taste.

In the treatment of each of these varieties of acidity, acids are to be exhibited, but in an intelligent manner, and in conformity to the physiologi-