

lished in the "American Journal of Medical Sciences," January, 1858, in which there were reported twenty-four cases of recovery. During thirty-four years of observation he had collected a sufficient number of cases ending in recovery, in which there had been either no treatment or treatment that could not be considered of a curative character, to prove that the disease in certain instances might be either self-limited or non-progressive after a period. He excluded cases of acute tuberculosis, cirrhosis of the lung, and interstitial pneumonia.

Of 670 cases of phthisis, occurring during thirty-four years, 44 ended in recovery. In 31 cases the disease ceased to progress for varying periods, ranging from several months to several years. He considered the non-progressive cases as proving that the disease ended, although recovery from the lesions did not take place, and felt justified in adding both together, making in all 75 cases out of 670.

Of the 44 cases of recovery, practically no treatment was pursued in 13; and of the 31 cases of arrest, in 15 there was no treatment. In several cases of both groups there was no change in the method of life, and in a considerable number the change was not of such a character as to be important. Dr. Flint said that all of the cases referred to were reported in detail in his book on phthisis.

In regard to the prognosis, the symptoms indicating a favorable issue were slight increase in pulse and temperature; small amount of loss of flesh, and a fair appetite; in other words, tolerance of the disease.

In regard to the lungs, the more limited the lesions, the greater the tendency to limitation; and, although there was limitation in cases of large lesions, the amount of diseased tissue did not admit of restoration.

**FORCIBLE DILATATION OF THE SPHINCTER ANI IN TREATMENT OF HEMORRHOIDS.**—Dr. G. T. Carter, Professor of Physiology and Pathology, Evansville Medical College (*Am. Med. Bi-Weekly*, Feb., 1879), reports twelve cases of hemorrhoids treated by forcible dilatation of the sphincter, with the happiest results. He uses an instrument devised by himself for the purpose, which is so constructed that the blades, six inches long and three-fourths of an inch broad, may be dilated by means of a screw, from two inches in circumference to six or more, retaining the same circumference throughout their entire length.

A peculiarity noticed in all long-standing cases was a small outlet to an enlarged bowel. In some of the first cases, when he neglected to cause an evacuation before operating, the operation was immediately followed by the discharge of enormous quantities of feces; in one case an impacted plug,

four inches in diameter, came away. His own observations have led him to conclude that "hemorrhoids are never the precursors, but always the result of constipation, or other obstruction to the free flow of blood to or from the anal region," and that "varices are only modes of equalizing excessive pressure, hence it is a good rule to remove the pressure."—*Detroit Lancet*.

**THE THERAPEUTIC VALUE OF HYDROCYANIC ACID.**—Dr. Keith Norinan Macdonald calls attention to the therapeutic influence of hydrocyanic acid in arresting the night-cough of children after failure with the bromides. He has lately demonstrated its beneficial effects in a case in which it completely arrested a cough of sixteen months' standing in forty-eight hours. The patient, a child four years of age, suffered from night-cough, for the relief of which bromide of potassium and ammonium and change of air had been in vain prescribed. At length the following mixture was administered:—

R. Acidi hydrocyanici . . . . . m viij.  
Syrupi simplicis . . . . . fl. ʒij.  
Aquæ distillatæ . . . . . fl. ʒij. M.  
Sig., one teaspoonful every four hours.

The first few doses did not appear to produce much effect, so the dose was increased to a teaspoonful and a half every three hours when necessary. The good effects of the remedy became at once apparent, especially in the night attacks. It was particularly noticed that when a paroxysm of cough came on it ceased suddenly and unexpectedly five minutes after each dose. Within a week a cure had been effected, and the patient now appears to be in the full enjoyment of robust health.—*The Edin. Med. Jour.*

**SALICYLIC ACID IN ACUTE RHEUMATISM.**—Dr. Moore, in an article in the (*N. Y. Med. Jour.* August), sums up his remarks on the treatment of acute rheumatism by salicylic acid as follows:

1. That its most beneficial effects are manifested in the more acute cases. In sub-acute cases there is less, and in chronic cases not any advantage from its use.
2. That it should be given in doses of not less than twenty grains, every two hours, in an adult.
3. That its use should not abruptly terminate on the subsidence of the pain and fever, but the interval between the doses should be more and more prolonged.
4. That, by its employment, "rheumatic fever" may, in a majority of cases, be made a disease of hours, or at most of days, instead of months as it formerly was.
5. That, by the brevity of the febrile condition, the chances of cardiac complication occurring are diminished.