field for the cultivation of germs, let us heed the warning and cast aside the drainage tube.

Dr. Parkes says as to drainage: "Views and practices concerning drainage have materially changed even since the antiseptic era began. Our predecessors drained to permit the escape of pus, which they knew would form. Until lately we have drained in order to prevent its formation. We seem now to be on the eve of an era when we need to drain but little or not at all. We resort to drainage now only of necessity in septic or infected cases. In other cases we drain mostly from habit or from fear. Indeed, when we start afresh, as it were, without previous infection, the practice of drainage is a confession of fear or of weakness, both of which are alike unscientific and unfortunate. It even seems to me that in many cases where all other aseptic requirements have been met, we do much more harm than good by the use of drains."

Dr. W. S. Thayer spoke of the treatment of

FIVE CASES OF MALARIAL FEVER

at the Johns Hopkins Hospital with methylene blue. Immediately after the appearance of the article in the *Berliner Klinische Wochenschrift* for September, 1891, in which Guttmann and Ehrlich described the successful treatment of two cases of malarial fever with methylene blue, this treatment was begun with the cases of malarial fever entering the hospital. So far only five cases have been treated.

One case of tertian ague yielded immediately to methylene blue, 0.1 five times a day. No rise of temperature after beginning of treatment; no organisms in the blood after the third day.

A severe case of quotidian ague had one chill twenty-six hours after the beginning of the treatment (methylene blue, 0.1 every four hours), and a lesser rise of temperature without chill on the two successive days. After this the temperature was normal. No plasmodia seen after the ninth day.

In a case of chronic malaria with pigmented crescents and small intracellular hyaline bodies in the blood, no organisms were seen after the ninth day under methylene blue, 0.2 four times a day.

In two cases of severe chronic malarial remittent the temperature fell to normal in a few days, but there were occasional returns of slight fever, and the organisms—hyaline bodies and pigmented crescents—had not entirely disappeared in forty-one and twenty-three days respectively. In the former case, after eleven days' treatment with quinine, a moderate number of organisms were still present.

In all the cases the drug was given as a powder in capsules. Slight burning sensations with micturition were usually present after taking the drug, and were relieved by small quantities (1 5 of a teaspoonful) of powdered nutmeg several times a day. The urine, under treatment, was of a deep blue color. The fæces when passed were not colored, but on exposure to air turned rapidly blue. The sweat and saliva were not colored.

The number of cases yet treated is of course too small to give a sufficient basis for any legitimate opinion as to the relative value of this drug and quinine. The experience is sufficient to show that methylene blue has a definite curative influence on malarial fever, and to warrant its further trial.

Dr. I. E. Atkinson said that the discouragement which one nearly always finds in treating malarial diseases with other remedies than the derivatives of cinchona bark is due to the extreme usefulness of cinchona bark itself, for it is so promply antidotal in its effects in these disorders that we are apt to be discouraged, and not persist in the treatment by other agents. The testimony given to us by Dr. Thayer seems to show that in methylene blue we have another agent in the treatment of these disorders. The effects of the use of quite dissimilar drugs in these diseases is remarkable. Of course we all know the value of arsenic as an anti-malarial remedy; and we know that iodine possesses properties in this direction inferior to quinine, but still pronounced. Some years ago, prompted by some papers published by a physician connected with the English army in India, who claimed that iodine had properties equal to cinchona bark, Drs. Atkinson and Hiram Woods made some observations on the treatment of malarial intoxication with iodine. The results of these investigations showed that while iodine has undoubted anti-malarial properties, yet in a large proportion of cases it will fail absolutely. There is a wide range of remedies that possess this anti-malarial property, and which would be valuable if we did not have cinchona bark to use. The investigation reported by Dr. Thayer is most interesting and important, and further progress will be awaited with interest.

Therapeutic Notes.

TREATMENT OF PUERPERAL ECLAMPSIA.—In the *Journal de Médecine et de Chirurgie*, Oct. 25th, 1891, Dr. Dubost's views upon this subject are given. During the last three months of pregnancy it is absolutely necessary to examine the urine of every woman, without any exception whatever. Only in this way it is possible to meet the exigencies of albuminuria and puerperal eclampsia. The examination must be made every fortnight, regardless of the fact that there may exist no subjective or objective symptoms pointing to albuminuria. Two things are to be considered in dealing with this condition, prophylactic treatment and the treatment of the disease when confirmed. The instant albumin is detected, the patient must be treated accordingly, throughout pregnancy, during confinement, and afterward until the last trace of albumen has disappeared. A milk diet is the treatment *par excellence* of albuminuria, and constitutes equally a sovereign prophylaxis against puerperal eclampsia. Tarnier and Budin state that women put upon milk diet always escape convulsions, and other observers confirm this. This simple precaution of exclusive milk diet would eventually exclude puerperal eclamp-