

creased. Thirty grains of salol were again ordered, followed by the disappearance of turbidity and sediment. Up to the 24th of April, five ounces had been administered. The general condition of the patient was excellent and the urine of normal condition.

The efficacy of the drug is assured in this case by its tentative withdrawal. Forty-five grains a day sufficed to check the ammoniacal fermentation in the bladder, and to maintain the urine clear and of acid reaction. It must be added that the salol was well borne; the tongue became clear and the appetite improved.—*Med. News.*

**TREATMENT OF PNEUMONIA.**—Dr. C. R. Illingworth says: "In my opinion, the best guide to the treatment of pneumonia is not its after-history, but its pathology. There is (as in all inflammatory processes) stasis of the blood in the pulmonary capillaries, followed by effusion of inflammatory lymph into the air cells. The aim in treatment, therefore, should be to obviate stasis by giving remedies which prevent coagulation of the blood, and with them also those which diminish the *vis a tergo*, so as to facilitate the passage of the stagnating blood through the capillary system. The old remedies for liquefying the blood were notably the carbonates of ammonia and soda; then there were those valuable remedies for that purpose, the salicylates of ammonia, soda and potash; and now we have a group of medicines which are even more powerful in that direction—the 'antipyretic' group, including antipyrin, antifebrin, kairin, etc., etc., antipyretic solely in virtue of their power of dispersing stagnating blood, and thus of relieving tension in the circulation. Those remedies which diminish the *vis a tergo* may be all described as cardiac depressants. They are digitalis, antimony, aconite, ipecacuanha, and strophanthus.

"In croupous pneumonia I give 10 grains of the salicylate of soda, and from 3 to 5 grains of carbonate of ammonia every two hours, with from 5 to 10 minims of the tincture of digitalis, and I frequently secure resolution in from eight to thirty hours. If by that time resolution should not occur, I prescribe the acetate of ammonia and digitalis, because it is useless to expect rapid resolution when the effusion of the fibrin is complete, as in the stage of hepatization, and because the destruction of the fibrin elements of the non-stagnant blood by the continued use of the salicylates, as indicated by their toxic effects, is not only inadvisable, but dangerous. I never give the salicylates in broncho-pneumonia, because, from abundant secretion, there is already deficient aëration, and consequently deficient fibrination of the blood. I give the acetate of ammonia, and for another reason; it is compatible with the perchloride of iron, in the event of the 'pneumoparesis' of Dr. Richardson supervening, as it frequently does in

cases of broncho-pneumonia and croupous pneumonia in patients with great cardiac debility. That powerful hæmatinic, of course, without any depressant such as digitalis, is then urgently needed, in full and frequently repeated doses. Iron in this form is also the best tonic in all cases of pneumonia and broncho-pneumonia, as soon as all sympathetic febrile disturbance has subsided.—*Lancet.*

**TREATMENT OF YELLOW FEVER.**—In the *New Orleans Med. and Surg. Jour.*, Dr. R. H. Day contributes a paper upon yellow fever, from which the following abstract is taken:

First in importance he places the duty of reassuring the patient, and increasing his will-power. "Yes, you can recover if you will be a man and dismiss these hurtful and foolish fears." If the skin be hot and dry, he recommends a hot mustard foot-bath, with warm drinks; care being taken not to push the sweating too far. If the stomach be full, an emetic of warm water is given. After the operation of this, mustard is applied over the stomach, and small doses of mint or of morphia with soda given, while the face is frequently sponged with spirituous lotions. If a cathartic be needed, he objects strongly to castor oil, preferring enemata or senna and magnesia.

When the attack is ushered in by violent cerebral symptoms he bleeds freely until the brain is relieved. "To trust to revulsives and sedatives in such extreme cases were certain death."

For the septic condition of the system he prescribes a scruple of calomel and 30 to 40 grains of quinine, divided into two parts; one to be taken ever four hours. This is given in the hot stage, as early as possible, unless cerebral complications oppose the use of quinine. Nausea calls for a blister to the epigastrium, with ice or cold water moderately; sometimes a little creasote with morphia, soda and mint water.

Morphine or Dover's powders may be needed for insomnia. Cerebral hyperemia occurring later, calls for the bromides, with cold to the head. In one case the patient was saved by opening the temporal artery.

For black vomit or hæmorrhages he used the tincture of iron, in teaspoonful doses, perhaps, with ice and champagne or cognac. Suppression of urine he treats by cupping over the kidneys, and stimulating liniments with digitalis.

The mortality under this treatment was from 3 to 3½ per cent. He values the curative powers of quinine highly in non-malarial fevers, basing his opinion on an experience of over fifty-six years of active practice.—*Med. Times.*

**GENITO-URINARY SURGEONS.**—We have before us "the Preliminary Programme of the American Association of Genito-Urinary Surgeons," for its meeting to be held in Washington on Sept. 18th,