

lectures may, therefore, be regarded as an inquiry into the operation of poisons introduced from without or generated within the body of man, and the part they play in health and disease. They deal with derangements of the digestive tract and its toxins, with diseases of liver and of the kidneys, paying special attention to the pathogenesis of uræmia, with typhoid and cholera, etc.

Amid this scientific study of the poisons of disease and their origin, much valuable information is given as to the therapeutics of the various diseases dealt with. It is only when the poisons of a disease, their origin and action are known, that the treatment becomes intelligible.

The work is a most valuable one to every physician.

PAMPHLETS RECEIVED.

The Absorption of Immature Cataract, with Restoration of Vision. By J. HOBART EGBERT, A.M., M.D., Ph.D., Surgeon-in-Chief Hampshire Eye and Ear Infirmary; Late Professor Ophthalmology and Otolaryngology, American Medical College, St. Louis, Mo., and Dean of the St. Louis Ophthalmic and Aural Institute, etc., etc.

AN EPITOME

OF

CURRENT MEDICAL LITERATURE.

MEDICINE.

Pathology of Scarlet Fever.—Bergé (*Union Méd.*, December 30th, 1893) considers scarlet fever a local infection due to the streptococcus. These organisms are cultivated in the crypts of the tonsils, and there secrete a toxin, the diffusion of which throughout the organism produces the cutaneous and mucous eruptions. Puerperal and traumatic scarlet fever result from local infection of the uterine surface, or various other mucous or cutaneous surfaces, by the streptococcus. These conclusions were based on the following facts: The scarlet fever eruption follows the affection of the tonsils; the existence of scarlet fever with eruption in which the tonsillitis and its specific complications are the only affections; the constancy of the streptococcus in the tonsillitis of

scarlet fever; the streptococcal nature of the complications of scarlet fever; the relation of scarlet fever to puerperal infection; and, lastly, the ease with which the erythema-producing properties of the streptococcus can be demonstrated.

Pneumonia in Gout.—Grube (*Deut. med. Woch.*, November 23rd, 1893) discusses the question as to whether the pneumonia sometimes seen in gout has anything specific in its character. He relates two cases occurring in patients who had suffered from typical gout. The onset of the pneumonia was sudden, and there was pain in the side, with slight fever, and the physical signs of consolidation at the left base. After some three days an attack of gout supervened, and the symptoms and physical signs of the pneumonia rapidly disappeared. The author thinks it possible that the uric acid may act as a chemical poison to the lung tissue, and thus call forth the inflammation.

Chloroform in Sticks.—Such is a rather startling suggestion, but according to the *British and Colonial Druggist*, not altogether impossible of accomplishment. It seems Anschütz, of Berlin, has discovered solid compounds of chloroform from which the fluid chloroform or chloroform vapour can be sufficiently easily extracted to permit of use for anæsthetic purposes.

Chlorate of Soda in the Treatment of Cancer of the Stomach.—M. Brissaud has made use of the soda salt, which is more soluble than the potash and at the same time much less toxic. The daily dose has been from two to four drachms, without, however, exceeding the latter amount in the twenty-four hours. In several undeniable cases of cancer of the stomach the relief has been striking. In the five cases the patients are entirely cured, apparently, under this treatment, which has suppressed the mæna and the hæmatemesis; the appetite has returned, the cachexia has disappeared, and in three cases in which an appreciable epigastric tumour existed, this has disappeared in about six weeks. In forms that are epitheliomatous in their nature, this treatment seems to be successful; in others the sarcomatous or of the interstitial variety, the treatment