

fessors Eulenburg and Mendel, in Berlin. The results obtained by these distinguished specialists in nervous diseases are stated by the *Berliner klin. Wochenschrift*, February 25, 1889, to be in entire agreement with those we have referred to from Charcot's clinic. The patients are at first suspended for one minute, and gradually the time is lengthened until the limit of three minutes is reached, the suspension being practised three times a week. About twenty patients have thus far been subjected to the treatment in the polyclinic in Berlin, and the distrust with which it was first regarded has given way, until now the patients look forward to it with eagerness and steadily growing confidence. Too short a time has elapsed to speak of cures or even of undoubted improvements, nevertheless they say it can be stated that a certain number of patients exhibit after the suspension an easier and freer gait, have less staggering, and complain less of lancinating pains; in a few cases there has been also improvement in the bladder symptoms. Moreover, in their experience up to the present time the treatment has been free from bad symptoms, and is evidently well borne by women.

They are careful, however, to add that the actual value of the treatment is still in doubt, and that physicians should be warned against forming precipitate and exaggerated hopes of it. This last statement obtains support from the experience of the treatment which has been had in the Infirmary for Nervous Diseases in Philadelphia. Fourteen patients have thus far been subjected to the treatment in that institution. As a rule the suspension has been well borne, but care is required to have the pressure equable—not more in the neck than in the arm-pits. Patients after the suspension is over are found to be unsteady when first let down, so that they are not released for a minute or so. The only unpleasant effect observed occurred in a patient who fainted during suspension, and had convulsive movements; he recovered, however, in a few minutes after being let down. While it is as yet too early to speak of the results obtained at the Infirmary, it is significant that there has not been in any case marked improvement.—*EDIT. Med. and Surg. Reporter.*

## THE THERAPEUTIC USE OF BORIC ACID.

By DR. LEOVITZ, in *Weiner Med. Presse*.

1. Boric acid is antiseptic. Every soldier should constantly carry an ounce of it with him; a handkerchief cut in two three-cornered parts could serve as a bandage. This would be the simplest and cheapest dressing. It is sufficient to cover the wound with finely pulverized boric acid to keep it in an aseptic condition. Boric acid has no odor, but it removes all odors. Lebovitz applied it to periarticular abscesses, ulcers

of the leg, caries and necrosis of bones and complicated fractures, with very good results.

2. In anthrax and furuncles. When the furuncle is forming, the red and inflamed part is frequently bathed in the following solution: R. Ac. borici, aq. distill. āā 20.0.

3. In burns. In burns of the second degree, when the cerium is exposed, great caution must be exercised in the use of poisonous antiseptics. Boric acid has the advantage of not being poisonous. The burnt parts should be covered with borated vaseline ointment, spread on linen (1-5). R. Ac. borici subtiliss. pulv. 20.0, glycerini 15.0. Misce et adde vaselini 85.0. The dressing should be removed once or twice daily. This dressing can even be recommended in very extensive burns; but in very extensive and very deep burns we must not expect too much of it. In cases of fever due to burns, it was always possible to combat it by the daily internal administration of 4.0 (ʒi) of boric acid. R. Ac. borici 4.0, glycerini 10.0, aq. destill 100.0, syr. diacod. 25.0. A tablespoonful every two hours.

4. In skin diseases. In pemphigus, eczema, shagades, rupia, scabies, Lebovitz saw excellent results from the use of boric acid. He applied: R. Ac. borici subtiliss. pulv. 10.0, glycerini 20.0, lanolini 30.0. M. f. ung. The treatment of scabies began with a full bath, then the borated vaseline ointment (1:2, later, equal parts) was thoroughly applied over the affected parts; the itching disappeared immediately; the duration of treatment was generally six days. In a case of conjunctivitis trachomatosa a cure was obtained in 45 days. It has several advantages over astringents, and it can be applied in conjunctivitis in solution, ointment, powder, or as external application. In chronic scrofulous otitis, he used injections of a lukewarm concentrated solution of boric acid, and applied borated glycerine (1:10); also in stomatitis, aphthae, tonsillitis, etc.

5. In coryza as a snuff. R. Ac. borici subt. pulv. collee Arab. pulv. āā 5.0. In small children it is used in the form of ointment.

6. In gonorrhoea he uses urethral bougies of which he introduces one three times daily. In addition 3.0 (gr. 40) daily internally.

7. In several cases of chronic endometritis and leucorrhoea with sterility, he observed cures by the use of boric acid. After dilating the cervix, he fills the uterine cavity with boric acid, and introduces a borated tampon. After removing the tampon, lukewarm boric acid injections are used. Cure after three or four months' treatment, followed by conception in several cases.

8. In cystitis he washes out the bladder (in acute cases) with three per cent. solution of boric acid, and in chronic cases he administers from 3.0 to 6.0 of the drug internally every day.—*Pittsburg Med. Review.*