The Treatment of Gout.—Dr. A. De Thierry Mouillot argues from the success of colchicum that the objects aimed at should be to diminish the quantity of uric acid formed and stimulate the intestinal glands and liver, while endeavoring to remove all the uric acid formed through the excretory organs. Colchicum probably acts by its effect on the liver and intestinal glands, which increases the quantity of bile, thus removing, in the form of glycocholic acid, one of the antecedents of uric acid. Chronic gout and goutiness must be treated mainly by diet and periodic visits to watering-places. The main points in diet are to drink liquids freely apart from meals, and to make the meals as little complex as possible. Stimulants should never be taken except at meals, on account of their effect on the liver. The waters of Harrogate reduce the amount of uric acid eliminated while increasing that of urea. The reason evidently is that the sulphur-saline waters remove by the bowels some of the antecedents of uric acid, while their stimulating effect on tissue change increases the principal product of metabolic activity—urea.—The Medical Press and Circular, 1899, No. 3125, p. 321.

A New Base for the Application of Drugs to the Skin.—Dott. Pietro Ballico writes concerning filmogen, which is a solution of cellulose nitrate in acetone, to which is added castor oil to give it elasticity. On evaporation of the acetone an adherent, impermeable, and transparent film is formed. This completely excludes atmospheric air, prevents the development of secondary pathological products, limits the secretions and controls the strength of the remedy. Its suggested uses are: 1. As an antiparasitic, with chrysarobin, pyrogallic acid, resorcin, ichthyol, and salicylic acid. 2. To close small wounds either alone or with iodoform. 3. To limit ulcerative infectious processes either alone or with corrosive sublimate or iodoform. 4. In secondary syphilis, palmar or plantar psoriasis, and papular or gummous forms, with corrosive sublimate. 5. For warts and condylomata as a 5 per cent. solution of corrosive sublimate. 6. To absorb or soften infiltrations and collosities, with soda, potassium iodide, resorcin, or salicylic acid. 7. To relieve prurigo, with resorcin, ichthyol, and menthol. 8. As an antiphlogistic in acne, eczema, and intertrigo, either pure or with ichthyol or salicylic acid. Ordinarily 10 per cent. (corrosive sublimate 5 per cent. only) solutions are employed.—Gazzetta degli Ospedali e delle Cliniche, 1889, No. 1, p. 15.

Local Cocaine Anaesthesia Combined with the General Action of Morphin.—Dr. Ceci writes that more accidents from general anaesthesia occur than are reported, and post-operative complications due to the anaesthetic are frequently overlooked, such as renal and hepatic inflammations following etherization. He believes that many sudden deaths occurring several days after operation, and inexplicable anatomically, even at necropsy, are due to chloroform. In young patients all minor operations should be done without any anaesthetic. The local action of cocaine is always to be preferred to general anaesthesia, except in most grave cases. Care must be taken that the solution is aseptic. Extirpation of goitre, rectal resection, vaginal hysterectomy, celiotomy, have been successfully performed with cocaine anaesthesia. Strength of solution: Cocaine hydrochlorate, 1; boric acid (saturated aque-
ous solution), 200. Should be freshly prepared; boiling is necessary. To prolong and deepen the local analgesia, morphine is injected some minutes before the cocaine, the maximum and minimum doses of morphine being respectively two-fifths and one-tenth of a grain. The smaller amounts are indicated in vigorous young adults, the larger in advanced age. To patients eighteen or twenty years of age morphine is seldom given, and even cocaine itself is infrequently exhibited. The author prefers a single deep injection of cocaine to a number of subcutaneous ones. This latter method—"analgesia by infiltration"—is serviceable when the operative field is much extended, as in intra-abdominal cases. The addition of morphine to the local cocaine injection prolongs anaesthesia at least half an hour, and often forty or fifty minutes. Using the above indicated small quantities of cocaine, intoxication has not been observed. Slight dryness of the throat and thirst occasionally occur, rarely excitation and loquacity. Wölfler's "dangerous zone" is not sufficiently demonstrated to be useful. Attention is called to the rapidity with which anaesthesia can be obtained, this being equally true in alcoholic patients. The author does not explain his objection to the use of cocaine in young adults.—La Semaine Médicale, 1899, No. 6, p. 41.

**OBSTETRICS.**

**UNDER THE CHARGE OF**

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**Intestinal Occlusion Complicating Pregnancy and Labor.—Meyer** (Monatschrift für Geburtshülfe und Gynäkologie, 1899, Band ix., Heft 2) reports two interesting cases of occlusion of the intestine in pregnant and parturient women.

His first case was a multipara, who, during her pregnancy, sustained a severe blow upon the abdomen. This was followed by a movement of the bowels, by pain and vomiting, and by the beginning of what she supposed to be a premature labor. The pain was subdued by morphine, and, as the patient could not be delivered, she was kept under observation without active interference. Two days later she was much the same, with occasional abdominal pain, the tongue moist, and the pulse 100. The abdomen was tender, and efforts to move the bowels failed. She grew worse, and was removed to a hospital for operation.

Although hernia could not be diagnosed, it seemed most likely that strangulated hernia was the condition present. Accordingly it was determined to cut down upon the usual site of hernia in the side where most pain was located, and, should nothing be found there, to open the abdomen.