

EFFECTS OF VARIOUS DRUGS ON PEPTONISATION.

DR. KLIKOVICH has examined the effect of various drugs on artificial digestion, publishing an account of his observations in the Russian *Weekly Clinical Gazette*. His method was to determine the quantity of peptone after the action of artificial gastric juice for from four to six hours on dry egg-albumen and inspissated blood-serum. This estimation was made by the polarisation instrument of Soleil and Wentzke and by an instrument of Lorant's. For the preparation of the artificial gastric fluid, from 0.5 to 1.0 gramme of pepsine was added to a litre of water containing 10 cubic centimetres of officinal hydrochloric acid. For each observation from 20 to 40 grammes of albumen and 450 grammes of the digestive fluid were employed, 50 cubic centimetres of a solution of the drug whose action was to be examined being added, and a control experiment without the addition of the drug being arranged at the same time. In this way the following results were obtained:—Alcohol, when less than 5 per cent. of the whole mixture, exercised no deterrent effect on the peptonisation, 10 per cent. decidedly retarded it, and a still larger proportion arrested the process entirely. Antipyrin, in quantities up to 2.5 grammes, had no effect; larger quantities had only a slight retarding action. Iodide and bromide of potassium, only when in considerable quantities, interfered with peptonisation; thus 0.5 gramme of the bromide had no effect, but 1 or 2 grammes showed a tendency to prevent it, the iodide acting rather more energetically in the same way. Organic salts of iron had no effect, but reduced iron and its inorganic salts exercised a decidedly adverse action on the process. Calomel, in quantities of from 0.3 to 1 gramme hindered peptonisation, but not to a very great degree. Arsenite of sodium, when in quantities of from 0.05 to 0.1 gramme, did not appear to affect the process in any adverse manner; but from 2.5 to 5 grammes of salicylate of sodium produced a marked retarding effect. The sulphates of sodium and magnesium, even in small quantities, hindered peptonisation. Chloral hydrate, in quantities below a gramme, had no decided effect; but when from 1 to 5 grammes were present a very marked effect was produced, and when more than 5 grammes were introduced the process was absolutely arrested. Chloride of sodium, in quantities of a gramme, had little or no influence. Acceleration of the process did not occur even with very small quantities, but with large ones a retarding effect was observed. Chloride of potassium gave similar results.

NIGHT-SCAVENGING.

WE have on numerous occasions referred to the grave objections which attach to the old-fashioned system of scavenging by night, which is in operation under a considerable number of somewhat antiquated bye-laws, and which the Local Government Board now invariably refuse to sanction. If the construction of privies and ashpits is such as to prevent decomposition of contents, and hence offensiveness during the process of scavenging, the sooner the matter is brought to the light of day the better. But to do the work under cover of darkness goes far to prevent the needed improvements, and any specially offensive methods of carrying out the removal cannot be properly supervised and checked. For these and many other reasons the system of night-savenging should be abandoned; and if in the interests of the community it be thought well to restrict the period during which the process may be carried out, this can easily be done by arranging that it shall commence with the beginning of daylight and be discontinued early during the forenoon. Dr. Scott, in reporting on the sanitary condition of Ilkley, informs his readers that up to the beginning of the year the emptying of ashpits and the removal of refuse were satisfactorily carried out, but at that

date the contractor refused to comply with the request of the authority to do the work under cover of darkness, and hence the duty of scavenging fell into other hands. In a very short time it became evident that the change had become "disastrous," and the sanitary authority were compelled to undertake the work themselves. If the Ilkley Local Board of Health have conditions in connexion with this work which need to be kept from the eyes of their visitors, they had better amend the defects, and not try to get over the difficulty by ordering the scavenging to be done when neither the workman nor the officials who should supervise him can see what they are about.

"CAN IMAGINATION KILL?"

THIS is, perhaps, hardly the correct form of question that the *British and Colonial Druggist* puts to itself in discussing the death of the young woman at Hackney under circumstances in which Keating's insect powder largely figured. As the powder appears by Dr. Tidy's experiments to be perfectly harmless the suggestion is not unnaturally made that the deceased, who was possibly of a hysterical, highly imaginative turn of mind, took the powder in the full belief that by its means her death might be accomplished? The writer of the article in our contemporary, we think wrongly, brings forward two remarkable instances of what may be regarded as practical jokes with melancholy terminations. In the case of the convict delivered up to the scientist for the purpose of a psychological experiment (the man was strapped to a table and blindfolded, ostensibly to be bled to death; a syphon containing water was placed near his head, and the fluid was allowed to trickle audibly into a vessel below it, at the same time that a trifling scratch with a needle was inflicted on the culprit's neck; it is said that death occurred at the end of six minutes) fear must have played no inconsiderable share in the fatal result, and we do not know whether all the vital organs were in a sound condition, though they were presumably so. The old story of the case of a college porter is also one in point. The students entrapped him into a room at night, a mock inquiry was held, and the punishment of death by decapitation decreed for his want of consideration to the students. It is small wonder that, under the dominion of fear and belief in the earnestness of his tormenters, the sight of an axe and block, with subsequent blindfolding and necessary genuflexion, a smart wrap with a wet towel on the back of his neck should have been followed by the picking up of a corpse.

MOORE'S TREATMENT OF ANEURYSM.

AT the recent meeting of the American Medical Association Dr. J. Ransokoff related a case of aortic aneurysm, in which he had practised the introduction of wire into the sac. The patient was a coloured man, thirty-five years of age, and the symptoms which had lasted nearly ten months had dated from a sudden and severe effort. The aneurysm sprang from the ascending aorta and formed a considerable prominence on the chest. Treatment by rest, restricted diet, iodide of potassium, and ergotine injections failed to produce any amelioration of the condition; and accordingly, in June of last year, Dr. Ransokoff introduced eight feet of silver wire into the aneurysm, passing it in through a tubular needle. When half this quantity had been passed in, the man became alarmingly faint, and was only revived by injections of whisky. For a fortnight the patient improved, the cough and dyspnoea were less, the œdema of the neck and face subsided, the tumour was firmer, and the pulsation not so marked. Then the prominence and pulsation of the inner part of the tumour increased, and the