

of water to which have been added about 7 drams of citron oleosaccharide. This quantity is taken in twenty-four hours, together with 8 ounces of cream and 1 ounce of butter. The daily ration represents about 900 to 1000 calories. The gelatin may be replaced by analogous substances, such as calf's foot jelly or fish gelatin, and for the butter one may substitute olive oil, milk of almonds, etc., according to the tastes of the patient. To some patients it may be necessary after a week of this diet to give finely minced raw meat, others can bear the gelatinous diet for a longer period.—*La Semaine médicale*, 1906, No. 3, p. 33.

The Renaissance in Therapeutics.—Dr. R. C. CABOT summarizes a paper as follows: 1. Therapeutics has become, within the past few years, very noticeably more effective. 2. This increased effectiveness is the result of (a) the aggressive spirit as exemplified by the New York Board of Health in the School of Hygiene and Inspection, and by the tuberculosis work now being carried on in Boston; (b) the greater part now being taken by the laity in medicinal work, both by intelligent co-operation and by financial support; (c) our greater acquaintance with physical therapeutics, especially with the details upon which their successful application depends; (d) the rise of scientific mind cure and of social work, marking a recognition of the psychical and of the social elements in all diseases; (e) a wider utilization of the unique talents of women in the field of therapeutics. 3. With the rise of the type of therapeutics here described we are now witnessing a limitation of the sphere of surgical therapeutics and of drug therapeutics. The latter limitation will do much to undermine the superstitions on which the "patent medicine" habit rests.—*Journal of the American Medical Association*, 1906, No. 22, p. 1660. (It is gratifying that the therapeutic awakening which took place many years ago and in which the American Therapeutic Society had a prominent part is beginning to be recognized in some quarters. The broader concept of therapeutics will doubtless lead to still greater achievements in the healing art.—R. W. W.)

Cocillana as an Expectorant in Pulmonary Tuberculosis.—Dr. GEORGE W. NORRIS has employed this drug in thirty-one tuberculous patients in which an expectorant was indicated. The preparation used was a fluidextract of the bark of *Syncocarpus rusbyi*, a large tree found in Bolivia. The physiological action of the drug is said to resemble that of ipecacuanha, but as an expectorant it is supposed to possess a more stimulant effect than the latter, and also to act as a mild laxative and cardiac tonic. The author obtained the most satisfactory results from 5 drop doses given in water at three-hour intervals. Of the patients who received the drug, six were in the early, twelve in the second, and thirteen in the advanced stage of the disease. The results were as follows: Marked improvement, seven; slight improvement, fourteen; no improvement, eight; apparently worse, two. Improvement when it occurred was commonly manifested by a lessening of the viscosity of the sputum and a corresponding increase in the ease of expectoration. Cough as a symptom was little affected. The quantity of the sputum was little modified; there was no apparent effect upon the pulse rate or heart action. In four instances the response to the physiological action of the drug was prompt and brilliant, but in the majority the results were not very striking. No means were ascertained by which

one could judge beforehand which patient would respond best to treatment. In conclusion, the author states that the results achieved were not as satisfactory as those obtained from an expectorant mixture containing ammonium chloride, glyceryl nitrate, aromatic spirit of ammonia, nux vomica, and elixir of calisaya.—*The Therapeutic Gazette*, 1906, No. 6, p. 370.

Physical Agents in Acute Articular Rheumatism.—DR. A. LAQUEUR deprecates the present tendency to neglect local applications in acute rheumatism and to depend wholly upon the salicylates. In connection with the latter he employs compresses lightly wrung out in cold water; these are wrapped about the inflamed joints and are kept moist by allowing water to drip upon them from time to time; by this means, the local inflammation is effectually relieved. In case of complicating endocarditis cold is applied to the precordium thrice daily for an hour at a time. When the temperature has fallen to normal the salicylates are stopped and full baths at 95° to 100.4° F., lasting from ten to twenty minutes, are given; if endocarditis is present the bath should not exceed 98.6° F. nor last more than fifteen minutes; following the bath cold is applied to the precordial area. Local treatment in the form of hot air, passive congestion according to Bier's method, centripetal massage, etc., is prescribed. If the acuity of the inflammation resists the salicylates, hot baths, followed by sweating induced by wrapping the patient in hot, dry sheets, are indicated; if the pains are obstinate ichthyol is added to the bath.—*Berliner klinische Wochenschrift*, 1906, No. 11, p. 329.

Sodium Citrate in Infant Feeding.—DR. W. H. WYNN emphasizes the advantages accruing from the addition of sodium citrate to the artificial foods of infants thus: The common cause of milk-dyspepsia is the density of the clot formed in the stomach; sodium citrate increases the digestibility of milk by lessening the amount of clot, consequently by its use, milk can be given in more concentrated form and overdilution prevented. There is no danger of rickets or scurvy. The chief indications are (1) for correcting milk-dyspepsia; (2) for weaning a healthy infant to cows' milk. The amount to be added to each feeding for a child of one month is 1 grain dissolved in a dram of water. The sodium citrate may be increased or diminished with the age, progress, and weight of the infant. The author considers the salt also useful in adults when plain milk is not well borne, as in gastric ulcer, gastritis, pneumonia, enteric fever, etc. It is useless in the severe gastroenteritis of infancy, fat dyspepsia, with impure or adulterated milk, and in primary infantile atrophy.—*The Birmingham Medical Review*, 1906, No. 39, p. 123.

The Serum Treatment of Enteric Fever.—M. JOSIAS has employed Chantemesse's serum in the treatment of enteric fever in children, for the past four years. Previously he had used cold baths, with a mortality of from 10 to 12 per cent. The death-rate under treatment with serum injections and bathing has fallen to 3.8 per cent. in nearly two hundred instances of the disease. Of the five deaths which took place perforation was responsible once, meningitis once, pneumonia once, laryngitis with otitis and pulmonary congestion once, and intestinal hemorrhage once. Of complications in the patients who recovered, hemorrhage