ACADEMY OF MEDICINE, PARIS.

May 31, 1843.

EFFECTS OF MENSTRUATION ON THE SECRETION OF MILK.

M. Raciborski read a memoir on this subject. His conclusions were drawn from seven cases of women who continued to menstruate during the whole or greater part of the period of suckling; they are—

1. That, contrary to the generally received opinion, the milk of nurses who menstruate during the period of suckling does not differ in any appreciable manner from that of nurses who do not menstruate.

2. The only difference, worth noting, is that it contains less cream—a fact on which the bluish color of the milk from some women depends.

3. That the inconveniences of allowing a woman to nurse during menstruation has been greatly exaggerated, and that a nurse should never be rejected on this account alone.

TREATMENT OF SCARLATINA MALIGNA.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—If the following cases of scarlatina maligna are sufficiently interesting for your useful and interesting Journal, by the insertion of them you will oblige

Your most obedient humble servant,

GEORGE WEEKES.

Hurstperpoint, Sussex,
June 3, 1843.

I have lately attended here a poor woman and her seven children, affected with the malignant form of scarlet fever, which has been very fatal in the neighbouring towns. The disease was characterised by high fever and inflammatory enlargement of the throat and tonsils, with deep and large ulcerations; the tongue brown and dry, with red edges and papillæ elevated; the skin affected with a very bright red eruption, distributed in irregular patches, and not very diffused; the pulse very frequent, and with every symptom of severe disease. At the commencement of the attack I ordered an emetic, composed of ipecacuanha, ammonia, and ginger, with a few grains of Dover's powder; this being succeeded by a mild aperient of rhubarb, with or without two or three grains of mercury with chalk; a strong liniment composed of equal parts of soap liniment, camphor liniment, spirits of turpentine, and tincture of cantharides, was freely rubbed behind the ears and neck; a gargle of infusion of roses, with hydrochloric acid and capsicum, was freely used; a mixture composed of ammonia, infusion of roses, capsicum, and compound æther, was taken in doses, proportionate to the age, every two or three hours. A teaspoonful of port wine in gruel was given every hour, together with a little broth, strong with pepper, once or twice a-day; the skin was sponged with vinegar and water, and the air kept as pure as possible: this treatment was successful. Two out of the eight, and the first attacked, under antiphlogistic treatment died in forty-eight hours; the other six, similarly affected and treated as above, recovered. I have had several cases since, and have been fortunate enough to save them; extensive desquamation of the cuticle succeeded, together

with more or less dropsical effusions, relieved by bitartrate of potassæ and jalap combined.

ANTIDOTE FOR THE BICHLORIDE OF MERCURY.

M. Orfila, having lately performed a series of experiments, with a view to determine the value of protosulphuret of iron as an antidote for corrosive sublimate, has published, in the "Journal de Chimie Médicale," the results at which he has arrived.

1. That the protosulphuret of iron completely destroys the poisonous properties of corrosive sublimate, if administered in sufficient quantity *immediately after* the ingestion of the poison.

2. That, like the other most approved antidotes for this poison, it is inefficacious, unless given within about ten or fifteen minutes, by which time the deleterious action of the poison is generally sufficiently powerful to cause death.

3. That, although the sulphuret decomposes the corrosive sublimate more powerfully and completely than *albumen*, and, therefore, ought to be preferred in all cases where it can be administered *immediately*, or in a *very short time*, after the poison; yet it will almost always be found that *albumen* may be more advantageously resorted to than the sulphuret of iron, in consequence of the latter being kept only by the pharmacutists, and much time being, therefore, lost before it can be administered, while white of egg mixed with water, which is everywhere to be obtained, may be given without delay.

GOUTY DEGENERATION OF THE SPINAL CORD.

Dr. Graves describes this affection in his late "System of Clinical Medicine."

This form of disease has not hitherto been distinctly described. "The deductions," writes Dr. G., "which are drawn from my cases must, of course, be subject to such modifications as may be derived from future experience, and must remain to be confirmed by future observations. It has been long known that gout may attack the brain, and the existence of gouty paraplegia is well known by practitioners who have studied attentively the progress of arthritic affections. I have already stated that gouty affections of the brain have long been known, and I am not sure that some of the older authors may not have alluded to gouty affections of the spinal marrow; but, as our knowledge of the peculiar state of the brain and spinal cord, termed *ramollissement*, is comparatively recent, and not dating earlier than the works of Abercrombie, Rostan, and other modern authors, it is obvious that any observations made by the older writers, concerning gouty affections of the nervous centres, can have no distinct reference to this lesion."

TEST FOR IODINE IN MINERAL WATERS.

M. Boujean, of Chamberg, affirms that nitric acid is the most effective test for iodine, when contained in a mineral water. It is twenty times as delicate as chlorine. With the aid of nitric acid, M. Boujean discovered iodine in the sulphur springs of Cheviard, near Aix, in which its existence was not discoverable by any other means, and also in aqueous solutions of sponge, lichen islandicus, fucus, &c., after having cleared the solution by means of charcoal.