

she began immediately to improve. Her recovery was complete so far as the vomiting was concerned. In her second attack she was placed upon the beef treatment a few days after its commencement. The results were equally satisfactory with the first, and the patient was now able to take iced milk with her beef, and was feeling very comfortable. The beef, raw and seasoned with a little salt and pepper, or cooked in the slightest degree over coals and seasoned in the same way, was taken in quantities averaging about one ounce every three hours. It was cut in small pieces, set by the bedside, and the patient took it 'piecemeal.'

Sprains.—This class of injuries is placed at once in a plaster-of-Paris splint. Absolute rest and external support are the essentials in treatment.

Subacute Pleurisy.—Tonics are regarded as an essential element in the treatment of this affection (quinine and iron chiefly), and their administration is made the leading feature. The utility of tapping is looked upon as questionable; at all events, it is not to be resorted to early. Diuretics are administered only for the purpose of maintaining the quantity of urine at its normal standard. When a diuretic is required, infusion of digitalis is the one commonly employed. Some of the potassa salts are combined with it, if not sufficiently active when administered alone.

Ulcers.—A dressing which is said to serve a most admirable purpose for any ulcerated surface which may need a soothing and slightly stimulating application, is one composed of resin cerate and balsam of Peru. It is usually employed in the proportion of one part of balsam to four of cerate.

How to Remove Adhesive Plaster.—Every surgeon, doubtless, is familiar with the appearance of a part which has been enveloped in adhesive plaster, after the straps have been removed. The appearance is not one in very good keeping with a cleanly and neat surgical dressing. The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap-suds, will leave the surface as clean as nature ever intended.

MATERIA MEDICA.

THE VARIETIES OF ALOES.

In a paper read before the American Pharmaceutical Association, Dr. Squibb divides the varieties of aloes into two classes, the prominent and distinguishing characteristic being that, in their therapeutic effects, one is comparatively mild and unirritating, with tonic and aromatic qualities, while the other is more harsh and drastic, producing greater irritation, and being much more liable to over-action. The two classes may also be easily distinguished by a marked difference in their physical qualities. The former class is of a lighter colour, generally soft or semi-fluid in consistence, varying in consistence with temperature and ex-

posure to the air. The odour is usually aromatic in quality and feeble in degree; when strong and approaching to a stench, as it sometimes does, it may arise from decomposing animal matter, such as pieces of goat-skin, which are often found in aloes. From the appearance of these pieces of skin, and fragments of the aloes plants, and from the presence of uncoagulated albumen, it seems almost certain that specimens of this class have not been subjected to artificial heating, but that the exuding juice has been dried in the sun. The second or more drastic class affords equal evidence of being prepared by artificial heat, the depth of colour to some extent indicating the amount and quality of heat used. Most, but not all the varieties of this class appear to be made by decoction of the plant rather than by evaporation of juices obtained by exudation from the fresh plant. The varieties of the first class are known in the market as Socotrine, or occasionally as East India aloes, while the second class includes those known by the commercial titles, Barbadoes aloes, Cape aloes, &c., these two names covering many sub-varieties produced neither in Barbadoes nor at the Cape of Good Hope.

The so-called Socotrine aloes also varies much, and many kinds are included under the one name. There is a tendency in the market to subdivide this class into the red and yellow Socotrine aloes, the red being justly held in the highest estimation. Dr. Squibb has observed that the red variety is always yellow at first, gradually changing to red by age and exposure to the air; continued exposure deepens the red colour into garnet, and finally reddish black, when the edges are no longer translucent. The yellow variety, however, does not become red by age and exposure to air, but the colour deepens, as the aloes dries and becomes brittle, into a yellowish liver or yellowish-brown colour, with little or no red tinge. It is in the yellow variety that the fetid stinking odour is occasionally met with. As both varieties are of the same yellow colour at an early stage, even of their drug market career—when they are distinguishable chiefly by odour and visible impurities—the question arises whether both are not from the same sources, and prepared by the same process; the parcels which become red being carefully prepared, while those which do not, from containing putrescible matter, undergo a fermentation that destroys the elements upon which the red colour depends, and other more valuable qualities, as the aroma, &c. The fetid odour of this variety is diminished by age, and is not perceptible in powder made from it. The author is of opinion that only the first or Socotrine class of aloes should be used in pharmacy applicable to mankind, and that the latter class should be confined to the uses of veterinary practice, where it has special and very important advantages.

RESIN OF COPAIBA.

Dr. Wilks, of Guy's Hospital, recently reported that he had successfully used the resin of copaiba, from which the pharmacopoeial oleo-resin had been separated, as a diuretic, and found it to present a great advantage over the ordinary drug,

in the absence of the odour which makes it very difficult for patients to take the oleo-resin. In doses of fifteen to twenty grains three or four times a day, he has found the resin to possess marked diuretic properties. His former communication having induced numerous inquiries, Dr. Wilks now publishes the formula for its administration which has been advised by Mr. Girard, the late dispenser at the hospital.

Resin of Copaiba	3 drachms
Rectified Spirit	5 "
Spirit of Chloroform	1 "
Mucilage of Acacia	2 ounces
Water to make 12 ounces	

An ounce (containing 15 grains) to be taken three times a day.

Dr. Wilks has also administered the resin in the form of pills, each containing 5 grains of the resin, three of which were taken three times a day.

PRACTICAL MEDICINE.

ON THE DISPOSITION OF THE PHTHISICAL TO CATARRH.

The frequent exacerbations of catarrh, from which the phthisical suffer, are attributed by Brunn to the influence of cold. For the nature of phthisis produces a special susceptibility to changes of temperature and to draught. In the hectic fever of phthisis a large quantity of overheated blood circulates in the capillaries of the skin. The radiation of heat from the blood is thereby facilitated, and the temperature of the whole body decreased. The capillaries, however, soon become paralysed, and cease to react on the application of a stimulus. If the temperature of the surrounding medium suddenly decrease, the blood gives off a large quantity of heat, and its temperature falls below the normal. Hence the internal organs are supplied with blood of an abnormally low temperature. Such a change chiefly affects the lungs, these being already a *locus minoris resistentiæ*, and thus the original disease is aggravated.

To obviate this, and to preserve the tone of the capillaries of the skin, Brunn recommends daily ablutions of the whole body with cold water, to which at first a small quantity of spirit of wine may be added. When the nutrition of the patients is tolerably good, it will be found very useful to accustom them to cold douches.

TREATMENT OF ERYSIPELAS.

El. Wigglesworth, Jr., M.D., (*Boston Med. and Surg. Jour.*) gives the translation of Dr. V. Kaczorowski's paper on "The Treatment of Erysipelas," published in the *Berliner Klin. Wochenschrift*, in which the author believes that erysipelas is an infectious disease, dependent upon the presence of micrococci, a belief justified by the concurrent testimony of Von Becklinghause, Waldayer, Hüster, Klebs, and Orth. His treatment is, on the one hand, to repress the development and the extension of the globular bacterium, and, on the other, the support of the resisting power of the organism, the activity of the heart, by stimulation and an easily digestible diet.