

stages of the disease in this country and in India. In the early stage it has been effectual in relieving the feeling of oppression on the chest. Its effect on the mortality is not evident. Dr. Robertson, in his statistical account of the cholera in Edinburgh, during the present epidemic, states that he has in many instances prevented collapse by this measure.

Stimulants.—According to M. Ross's tables, stimulants given to any extent appear to have been injurious.

Opium.—There seems no reason to doubt its efficacy in the early stage; but, according to the tables above-mentioned, it does not diminish the mortality.

Mercury has not been followed by remarkable success in this country, except in the hands of Drs. Ayres and Peacock, both of whom use it without stimulants. In their experience the mortality was reduced to thirty-one per cent. Dr. Fleming advises the use of a solution of the bichloride, as more readily absorbed.

Tartar Emetic in small doses, with cold water, *ad libitum*, has in the Droitwich Asylum afforded the largest percentage of cures, the deaths being only four in twenty-four cases.

Injection into the Veins has afforded no satisfactory results.

Chloroform has been used by inhalation in thirty-seven cases. The results are inferior to those witnessed in the Droitwich Asylum, but superior to the general results exhibited in Ross's tables.—*Med. News and Library.*

Conclusions respecting the Mode of Propagation of Cholera in Russia in 1847-48. BY DR. FRETENBACHER.—Dr. Frettenbacher of Moscow, in an elaborate statistical report of the progress and ravages of cholera throughout the Russian Empire, during the last two years, gives the following general conclusion as the result of his observations on the subject of its propagation:—

1. Intermittent fevers had prevailed throughout the whole extent of the Empire, previously to the appearance of the cholera. In 1846 they had assumed in many places an epidemic character. In 1847, when the cholera appeared, these fevers ceased, and they re-appeared as the cholera declined.

2. The cholera was preceded, almost invariably, by disorders of the digestive organs and intestinal canal. These derangements increased with the appearance of cholera, and decreased in severity as it disappeared. They prevailed throughout the whole extent of Russia in Europe, even where cholera was not present.

3. The cholera followed the course of large rivers and the chief lines of human intercourse. Prevailing winds had no influence on its progress.

4. When the cholera appeared in places out of its principal route, it was generally found to have manifested itself shortly after the arrival of persons from districts where the disease was prevailing.

5. In localities where the cholera was thus conveyed by individuals, it did not always spread as an epidemic, but those only who came in contact with the affected had the disease, and if it did spread epidemically under these circumstances, its progress was very slow.

6. In many places the cholera appeared in an epidemic form, without any communication with infected districts, under the influence of general causes, of which we have as yet no satisfactory explanation.

7. The cholera propagated itself especially in low situations, in unhealthy and confined dwellings, where the inhabitants were previously debilitated by disease, intemperance, and other depressing causes.

8. Some localities which, from accidental circumstances, were carefully isolated, such as large establishments, and even entire villages, completely escaped the visitation.

The preceding facts prove that this disease, originally epidemic, may become energetically contagious; or, in other words, communicable from man to man.—*Med. Gaz.*

On the Treatment of Internal Strangulation on the Intestines by Strychnine.—By Dr. HOMOLLE.—In this communication Dr. Homolle relates three cases in which he found very minute doses of strychnine (1 milligramme,) repeated every hour, completely efficacious, after various other means had been tried in vain in relieving urgent symptoms of internal strangulation, produced in two of the cases by the return of hernia *en masse*, and in the other by violent vomiting. It was the knowledge he had of the favorable influence which strychnine exerts upon the peristaltic action of the bowels, in constipation from cerebral paralysis, hypochondriasm, &c., that induced him to employ it in the present cases. The borborygmi, the painless sense of vermicular movement, the rapid cessation of the pain and vomiting, and the expulsion first of gas and then of feces, which resulted from its employment, confirmed the anticipations he had entertained. M. Amussat, who employs the conjoined force of two or more persons for the reduction of hernia, believes that in this way nine-tenths may be reduced; but the taxis is, in point of fact, but the substitution of an external constricting force for the insufficient contraction of the walls of the intestine. The alkaloid by increasing defective, or by correcting irregular, peristaltic action, diminishes the volume of the intestine, and expels the detained fecal matters, or removes invaginations. It is to be recollected that the obstacle in strangulation of the intestine is hardly ever materially insurmountable. So that this means sometimes may, associated with the taxis, even in strangulated hernia, prevent the necessity of resorting to an operation.—*L'Union Medicale*, 1848, Nos. 138-9, and *British and Foreign Medical Review*, April 1849.

On the external use of Iodine in Croup.—Dr Willige speaks of having had remarkable success in the treatment of urgent cases of croup by the external application of iodine to the larynx and trachea. He recommends that tincture of iodine should be smeared with a feather over the front part of the neck, corresponding to the larynx and trachea and their immediate neighborhood; and that this should be repeated several times, with intervals of about four hours, until redness and irritation of the skin is induced. In most cases this is followed by subsidence of the distress of breathing, of the spasms of the glottis, and of the other bad symptoms. He mentions the particulars of three cases, in which, by this means, he succeeded in averting impending death.—*London Med. Gaz. Jan.* 1848, from *Schmidt's Jahrbücher*, No. 7, 1847.

Spigelia Marylandica in Pruritus Ani depending upon Ascarides.—Dr Koreff gives two cases of rebellious itching of the anus, which yielded to this treatment after the fruitless employment of the usual remedies. The root is the only part of the plant which possesses the required virtue, the leaves being perfectly inert. The formula employed was as follows:—R.—*Radix spigeliae* dr. iiss; *mannæ* oz. j. To be infused in a pint of boiling water. Dose, a cupfull three times a-day, for three days. A concentrated decoction of the root may at the same time be used as an enema.—*Revue Médico-Chirurgicale*, Sept, 1848.

Lemon Juice in Rheumatic Gout.—Dr Owen Rees narrates the case of a girl, aged 18, suffering from rheumatic gout in all her joints, who was treated successfully by lemon juice, in the dose of half an ounce three times a-day. In his remarks on the case, he states that he has in many other cases seen marked and rapid relief from the same plan. He first had recourse to lemon juice from a belief that vegetable acids, from the large quantity of oxygen they contain, contribute to effect the transformation of the tissues generally, and moreover, from the idea that the supercitrate contained in the juice, by its transformation contributed to the alkalinity of the blood.—*Med. Gaz.*, Jan. 26, 1849.

Contagion of Cholera.—The following instance is quoted as an example of the propagation of Cholera by contagion. "The