

bite. Further confirmation of this view appears to be afforded by the recent experience of Merry (*Lancet*, No. 3692, p. 1372), who reports a desperate case of opium-poisoning in which inhalations of oxygen seemed to act as the determining factor in bringing about recovery. The victim, a male, thirty-two years old, had, three hours before coming under observation, taken of a preparation of variable composition an amount supposed to represent eight grains of morphine. The man was unconscious, cyanotic, and breathing stertorously about fifteen times per minute. The corneal reflex was abolished, and the pupils were small and inactive. Flagellation, cold affusion, the use of the interrupted current, the vapor of strong ammonia, the subcutaneous injections of ether failed to bring about reaction. The respirations were labored and had fallen to eight per minute, and the pulse had become almost imperceptible. The cyanosis suggested the use of inhalations of oxygen, and these were forthwith instituted, pure, undiluted gas being employed. In the course of twenty minutes the face had regained its normal color, the respirations were fuller, easier, and more frequent, and the pulse had become perceptible and regular. The patient was still stupid, although there was a slight response to corneal irritation. After an interval of half an hour the inhalation of the gas was resumed, with further marked benefit. Consciousness returned, and after the repetition twice of the inhalations after intervals of three-quarters of an hour, the point of danger seemed to have been passed. The man remained drowsy during the day, but did not relapse into stupor. He made a perfect recovery. The suggestiveness of this experience is entirely obvious, and the safety and innocuousness of the method must surely commend it to favorable consideration and intelligent trial in suitable cases. —*Medical News*.

Chronic Rheumatism.—Sacharjin (*Deut. M.d. Woch.*) first relates a case usually looked upon as chronic rheumatism. He then remarks that the term "rheumatism" has not as yet been exactly defined. Acute rheumatism is a well enough marked disease just like other infective processes, but the term "rheumatism" as applied above should not be retained. This disease differs in many respects from acute rheumatism. The

involvement of many joints and the shifting character of the articular affection, the fever, and many of the complications are absent. The salicylates have little effect upon it. A few cases follow upon acute rheumatism, but then obvious relapses occur. In the other cases of chronic polyarthritis there is the anatomical and etiological diagnosis. The joints are mostly involved, but at times other tissues thus, periostitis, myositis, neuritis may occur. As to etiology acute rheumatism, the gonorrhoeal poison (polyarthritis gonorrhoeica), syphilis, tuberculosis, gout, cold, slight traumatism, abuse of alcohol are among the many causes. It is mostly due to a combination of causes. In some case there appears to be a predisposition to gout and yet there are no characteristic features of it. The uncovered joints are mostly affected or those but slightly protected, such as the knees and ankles. The soft tissues about the joints are often involved. The prognosis depends on the possibility of removing the causes. In treatment the alkaline waters are recommended, especially when there is any predisposition to gout. Warm (and when not contraindicated hot) saline baths are extremely useful. Salicylates only relieve the pain. Compresses of carbolic acid (2 to 4 per cent.) are recommended, as well as subcutaneous injections of carbolic acid. If the muscles are affected massage is recommended: if the joints, blistering, massage, electricity, and compresses of carbolic acid; and if the periosteum, iodides in alkaline waters. Rest, blisters, etc., and later massage of the neighboring parts are advised when the nerves are involved; electricity is uncertain. Saline baths are useful in all these conditions. *British Med. Journal*.

Bruit de Diable.—Verstraeten (*Centralbl. f. inn. Med.*) says that his researches in determining the lower margin by auscultation, have shown that (1) heart murmurs are not conducted through the liver substance, but only the heart sounds; (2) in certain stomach diseases accompanied by hæmorrhages a systolic arterial murmur may be heard a little to the left of the middle line; and (3) a marked venous murmur (*bruit de diable*) is present in the epigastrium in some anæmiæ. This venous murmur is best heard midway between the navel and ensiform cartilage, about $\frac{1}{2}$ to 1 cm. to the