

PURE TEREbene IN THE TREATMENT OF WINTER-COUGH.

Upon seeing in the *British Medical Journal* for December 12th, 1885, Dr. Murrell's eulogistic account of the action of pure terebene in winter-cough, under which name, I presume, he includes all cases of chronic bronchitis and emphysema, also cases of chronic phthisis, but not those cases depending upon heart disease, I determined to give the drug a trial in the Birmingham Workhouse Infirmary, where a great number of such cases are met with during the winter months. I had for some years previously frequently ordered terebene inhalations for the relief of urgent dyspnoea in these cases, but had never administered the drug internally. I accordingly prescribed pure terebene, obtained from Messrs. Southall & Co., the well known Birmingham chemists, in 100 cases, giving five drops every four hours, increasing the dose to ten drops in a day or two, with the following results:—

Of the 100 cases, 94 were cases of chronic bronchitis, and 6 of chronic phthisis. Of the cases of chronic bronchitis, 68 were relieved; and 4 of the cases of phthisis, that is, 72 per cent. of all the cases were benefited. Several of the cases were "greatly" relieved. Twenty-eight patients were not relieved; 11 complained of nausea, 11 of headache, 10 of thirst, 2 of vertigo, 2 were purged, 1 complained of a burning sensation at the stomach, and 1 that he was always passing his urine. The symptom most constantly relieved was dyspnoea. The 72 patients benefited all said, that the medicine eased their breathing, but many asked for medicine in addition to ease the cough.

I compared the above results with those obtained previously by our routine method of treatment, which consists in prescribing a mixture of ammonia and senega (℞ Ammoniae carbonatis gr. iij; tincturae scillae ℥xv; tincturae camphorae co. ℥xv; infusum senegae ad ʒj), with the occasional addition of a few grains of iodide of potassium if expectoration were difficult, and of a small quantity of lobelia if dyspnoea were marked, many cases also being given cod-liver oil, the latter being, in my opinion, one of the most useful of all drugs in the treatment of chronic bronchitis. I collected

the prescription papers of 100 cases that had been treated during the last few weeks before I commenced the terebene treatment. Of the 100 cases, 28 were discharged well, the chest being perfectly clear; 69 were discharged relieved, and 4 left the infirmary unrelieved. None of them complained of any ill effects of the remedies used.

The great majority of the cases treated in the infirmary were old people, who had suffered from bronchitis for years. Of course, the mere admission, from their wretched homes, of these patients, into warm wards, with good food and nursing, will account for a great deal of the relief given, but this holds good in the case of the terebene as with the other drugs given.

I feel obliged to conclude, from my experience with terebene: (1) that it greatly relieves the dyspnoea of chronic bronchitis; (2) that it is very variable in its action, the same specimen causing good results in some, bad symptoms in other patients; (3) that it is by no means a specific for chronic bronchitis.—*C. W. Suckling, M.D., in Brit. Med. Journal.*

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SUPRAPUBIC LITHOTOMY.—The operation of suprapubic lithotomy received the attention it deserves at an extra meeting of the Royal Medical and Chirurgical Society, which was held last Tuesday to discuss it. Sir Henry Thompson showed a remarkable series of eight very large calculi, which had been extracted by that method with complete success (except in one case in which there had been advanced renal disease, and which it is hardly possible to think would have been amenable to the lithotrite, even in very skilful hands, or to the lateral operation, without very dangerous bruising of the tissues). The immense mass which Mr. Rivington showed, weighing about 24 ounces, could certainly have been attacked in no other way. Considering the peculiar circumstances of its encystment in a sacculus of the bladder, it was a considerable triumph to have removed it at all, and brought the patient through the immediate danger of the operation; although its sequelae, combined with probably pre-existing pyelitis, proved ultimately fatal in three months. That the suprapubic operation was not very difficult was the opinion of all who had had