

of affected side, *rales*, etc., and 12 of the cases died of phthisis. Of the 81 found free from signs 65 had been treated by tartar emetic. Not only did physical signs persist in many cases, but he ascertained that many patients, though discharged as well after treatment by the usual methods, had for months some cough and expectoration, constant feeling of uneasiness, flatulent distention after meals, and in general were not up to par. On the basis, therefore, of much comparative trial of all methods of treatment, coupled with this after-investigation, Jamison recommends tartar emetic as a continued remedy, ascribing to it the merits of relieving the distress of the first stage, and of easing the strain of breathing, while it is superior to everything else in inducing the greatest degree and rapidity of resolution, as tested by the after-condition of the lung. He gives it in doses of one-twentieth of a grain for young adults every hour, but less frequently to older persons. When the symptoms are relieved it is given less often, but still continued several days, or even a week after defervescence. In no case of the large number treated has it caused either vomiting or diarrhoea. It is combined with a little paregoric. Diluted nitric acid is preferred in the after-treatment.—*Br. Med. Jour.*

OBSERVATIONS ON THE USE OF TEREBENE.—Thirteen cases, treated by the author, were of chronic bronchitis, most with more or less extensive pleuritic adhesions. Three were acute bronchitis, ten emphysema, two asthma and bronchitis, ten phthisis, one pleurisy, and one of the third stage of pleuro-pneumonia. Two of these, both cases of acute bronchitis, were cured, one in four and the other in eleven days. Thirty-three cases were improved, most of them markedly, but a few only to a slight degree. Five were unimproved, two of the patients being obliged to discontinue the drug after two or three days, as it produced vomiting. The shortest time the treatment was continued in any case was four days, the longest time six months. The average length of treatment was a little over twenty-six days. Most of the patients took fifteen minims, and some as much as half a drachm, in a mucilaginous mixture four times daily. In all except three the cough was improved, becoming softer and less frequent. In twenty-six the quantity of the expectoration was lessened, in four it was unchanged, and in two it was increased. The latter were under treatment only one week, and it was found in some of the other cases that the expectoration was increased for the first few days and afterward diminished. In seventeen cases the expectoration became thinner and more watery; in six it was no thinner. In the other cases no note was kept in regard to this point. In those troubled with dyspnoea it was diminished in thirteen and undiminished in eight.

The patients noticed an increase in the urine in nine cases; no increase was noticed in fifteen. In many of the cases the appetite improved. In two cases the terebene caused vomiting, in two nausea, in one dizziness and nausea, and in two dizziness. These symptoms usually disappeared when the dose was reduced. It is beneficial in affections of the bronchial mucous membrane, both acute and chronic. It relieves the dyspnoea of emphysema, it is readily borne by the stomach, and it seems to have a resolvent action on pleuritic adhesions.—*N. Y. Med. Jour.*

THE SURGICAL TREATMENT OF AORTIC ANEURISM.—At a recent meeting of the Academy of Medicine, Dr. Constantine Paul read a paper on the Treatment of Aneurisms of the Aorta. He does not defend the method that bears the name of Moore, but he believes it to be useful in certain cases to introduce a foreign body into the aneurismal sac. He shows the defects of the electro-puncture, which produces around the needle a deposit of coagulated albumen without adhesion to the parietes of the sac; it is movable, friable, and forms a veritable grain of emboli. The procedure of Constantine Paul consists in the introduction of a certain number of Japanese needles, which are long and extremely fine, so fine that, to make them penetrate the skin, it is necessary to employ a conductor, which keeps them straight. The needles are left in the sac only a few minutes; they produce a slight degree of adhesive inflammation of the aneurismal sac. After a few days the same operation is recommenced, and a new access of inflammation takes place. In a short time the parietes of the sac become thickened, and the needles cannot be introduced into the points where it appeared that the aneurismal sac was about to open. In these special conditions, this form of surgical intervention, always inoffensive when it is practised as indicated by Constantine Paul, renders real service. Dr. Dujardin-Beaumetz thinks that until some absolutely certain method can be found all surgical procedures in the treatment of aneurisms of the aorta should be abandoned, and particularly that of Moore. More benefit may be expected from the administration of the iodide of potassium, especially when given in beer or black coffee, or even in milk, as it is then better tolerated, the elimination of the iodide rapidly takes place, and the inconveniences of iodism are prevented.—*Lancet.*

A NEW AND RATIONAL TREATMENT FOR GONORRHOEA.—Under this attractive title, Mr. Charles J. Smith, formerly Surgeon to the Farrington Dispensary, states in the *Lancet*, that he has been able to cure his cases of gonorrhoea in five days by using an instrument by which an ointment is made to cover the inside of the urethra. The in-