

## QUININE RASH.

At the meeting of the Clinical Society of London, March 8, 1889, Dr. Burney Yeo gave an account of several attacks of a quinine rash which he had personally experienced. The first attack occurred in August, 1889, while he was taking two grains of quinine three times a day for a cold in the head; the second about two months afterward, when taking quinine in the same doses for the same purpose; the third, in Rome, in January, 1884, after a single dose of three grains. The true nature of the eruption was not suspected in the first attack, and doubted in the second, as the author had repeatedly taken quinine during former attacks of coryza without any such manifestations. Thinking there might be some impurity in the quinine, the author in May last obtained a different sample, the purity of which was vouched for, and, after taking two doses of three grains each, the rash shortly made its appearance as before. Some time afterward he again tested himself by a very small dose, hoping thereby to establish a tolerance of the drug, but a single dose of a quarter of a grain was rapidly followed by precisely the same cutaneous manifestations. The eruption, which the author fully described, assumed the same character and distribution on each occasion, and was of an erythematous nature, in patches of various sizes and forms, most of them a little raised above the surface. A remarkable fact was that on every occasion it was strictly limited to the lower extremities, extending up to the groins, but never passing beyond that limit. There was no constitutional disturbance. The author having referred briefly to the history of quinine rashes, concluded the paper with some interesting reflections and inferences on the remarkable fact that a drug which had been for years, and quite recently, perfectly tolerated, should suddenly in the same person cause such decided cutaneous disorder, and in such minute doses. In answer to a question by Dr. Powell, whether any actual febrile phenomena attended the rash, Dr. Yeo stated that no febrile phenomena had accompanied the appearance of the rash; and that he had experienced no other symptoms of quinine poisoning, and no tenderness of the skin. The eruption was disagreeable at night. He mentioned a case in which similar symptoms had followed the ingestion of a dose of salicylate of soda. He pointed out that the effects of quinine varied very much according to the form in which it was given. When given in the solid form it sometimes proved unsuccessful, while it gave excellent results when administered in the form of an effervescent draught. —*British Med. Journal*, March 16, 1889.

## THE VALUE OF JABORANDI AND ITS ALKALOIDS IN THE TREATMENT OF BRIGHT'S DISEASE.

The patient was a man of nineteen, who for several months had suffered from some cedema; dyspnoea, and albuminurid. When seen he was propped up in bed, and dropsical from head to foot; his eyelids which were distended with effusion, completely closed the eyes. His face was livid, and the swollen condition of the cellular tissues of the neck made it almost as broad as his shoulders. He coughed incessantly; there was copious intra-thoracic effusion, and the subcutaneous tissue all over the chest was "doughy" to the touch. His abdomen was as big as a barrel, and there was extensive cedema of the genitals. His legs and thighs were enormously swollen, and water was exuding from them. He was passing a very small quantity of urine, which was of a dirty color and loaded with albumen. As a last resource, but without expecting much from it, I determined to try the subcutaneous injection of hydro-chlorate of pilocarpin, and the next day I gave two injections of a quarter of a grain each, one in the morning and the other late in the afternoon. After each dose I covered the patient thickly with blankets. The first effect was a flushing of the face, the saliva was secreted copiously, and within five minutes he broke out into a profuse perspiration. After the first injection he expressed himself as relieved, and he certainly coughed less. On my visiting him the next day, the lad's appearance was improved; he could see out of his eyes; he had passed a fair night, and the dyspnoea was lessened. I continued two injections daily for three or four days, and after each administration he sweated most profusely. I found he became very faint soon after the injection, and to counteract this I gave him a good dose of gin-and-water before the next one, and repeated this each time afterward, when he never complained of faintness. Vomiting also occurred, one or twice severely, which induced me to lower the dose to one-fifth of a grain, which I injected daily for nine or ten days. The improvement, which commenced early, was well maintained. At the end of a week he could sit up in bed, the cough was much less, the thoracic effusion had completely subsided, and his arms and neck were becoming less cedematous. The patient longed for my visits, and always expressed himself as feeling better after a "jolly good sweat." At the end of a fortnight his upper parts were free from effusion, but the abdomen was still much distended, and I hardly believed that we could get rid of an accumulation which at one time threatened to rupture the skin, and which it seemed that nothing but tapping would relieve. I then administered one-fifth of a grain on alternate days, and kept this up for another fortnight.

—For a case of chorea in a child 13 years of age, Dr. Rex ordered 5 grs. antipyrine, t. d.