

is rheumatic, or that after certain forms of angina a pseudo-rheumatic affection may occur, with localization in the joints or serous membranes. There is much to favor this latter view. *British Med. Journal.*

**Gout of the Intestine.** Many cases of colic, enteralgia, enteritis, and typhlitis are really gouty manifestations located in the intestine, according to Haig, who uses salicylate of soda with great success for such cases, in doses of about fifteen grains every three or four hours. Drugs like lead, mercury, zinc, and even cocaine, when given to gouty patients, form insoluble urates, and an intestinal crisis may be produced. Buckworth observes that persons do not die of gouty intestinal troubles, and, therefore, direct ocular pathological proof is wanting. At the same time he emphasizes the fact of their existence. From Haig and Buckworth's observations it may be inferred that in women who have gout or rheumatic gout the so called recurrent peritonitis, occurring most frequently just after menstruation, is in reality gout of the intestine. There is slight fever or a subnormal temperature, intense pain that gradually diminishes, marked tenderness on pressure, great anxiety and fear of moving or being touched, complete loss of appetite, general prostration and mental depression following, the cycle completing itself in about two or four weeks. Remedies directed to the underlying constitutional state are the only ones that permanently relieve and cure. —*Medical Record.*

**Salol in Phthisis.** Lutz (*Fortschritte d. Medizin*, No. 23, December, 1893) refers to the frequent failures after the adoption of new remedies for the treatment of phthisis, and proceeds to describe a method he has now successfully employed during more than two years. It consists in giving the patient about  $1\frac{1}{2}$  drachm of salol daily, the single dose being 20 to 30 grs. Latterly it was found that 6 to 7 grs. per diem sometimes suffice to give similar results, and the powder is recommended to be given in capsules or wafers. The reactions of salol were found in the urine eight days after discontinuance of the drug. Care is required at first, and renal disease contraindicates its use. Occasionally nausea, aural symptoms, etc., are produced. The action of the

drug is most obvious in phthisis florida, and details of some twenty cases are given. Cases with high fever and much expectoration at first show no amelioration; later, however, pyrexia and night-sweats disappear totally, this occurring in from several days to one or two weeks. The relative proportion of bacilli is not changed, but the sputum, as remarked by the patients, becomes less, many having difficulty in expectorating a sufficiency for examination purposes. The cough also diminishes. Salol, in the author's opinion, appears to lessen disintegration of tuberculous material, but he does not attribute to the drug an antituberculous action, thinking that the antibacterial complications only are influenced, and that a mixed infection is thus converted into a slower and purer tuberculous process. For instance, increase of local pleurisy, and consequently probably extending in filtration, continued while actual destruction appeared to diminish. Even in severe cases the drug is of use, and should be tried; in one patient, where death appeared imminent, life was prolonged for more than a year, showing that salol is most useful in ameliorating the patient's condition.—*British Medical Journal.*

**The Treatment of Lead Poisoning with Monosulphite of Sodium.**—M. Perou states that the administration of 40 centigrammes a day of monosulphite of sodium gives rapid relief in lead colic. He states that the elimination of the metal is much hastened by this treatment, and that the sulphite is an efficient prophylactic agent. The employment of the drug, he says, devoid of danger.—*Medical Record.*

**The Inhalation of Oxygen in Opium-Poisoning.**—The usefulness of potassium permanganate as an antidote in the treatment of opium-poisoning may, in view of the evidence presented, be admitted. Upon what this antagonistic action depends has, however, not yet been demonstrated, though it is reasonable to assume that the oxidizing quality of the potassium salt plays a prominent role in this connection. This supposition would, in some measure at least, seem to be supported by the fact that the permanganate has also proved useful in the treatment of phosphorous-poisoning, cyanid-poisoning, and snake-