ACONITINE IN CARDIAC DISEASE AND NEURALGIA.

M. Gubler says in the *Journal de Therapeutique:* The cardiac disease was so marked in a young woman with organic disease of the heart after a small dose of aconitine, in my *clientele*, that she prayed to have the medicine stopped. Liegeois and Hottot have already demonstrated in aconitism, paresis of the heart and paralysis, from the action of the alkaloid. Under whatever form we employ it, as the amorphous aconitine, or the crystallized azotate of Duquesnel, it is a medicine difficult to manage, and we should use it with care.

It is better to give it in solution than in granules, as the latter are often inactive, and we are tempted to increase the number, owing to the seeming insensibility of the patient to the medicament. By using the solution, owing to its certain absorption, we avoid the danger of the accumulation of the poison, and we should begin with half a milligramme, progressively increasing the dose if necessary, as some patients bear even six milligrammes. I have never seen any bad results from its employment if it is given with care and in therapeutical doses.

Its disadvantages are nothing compared with its benefits.

In facial neuralgia its practical importance is very great, and it may be looked upon almost as a specific.

In neuralgia of the fifth pair, and even in tic douloureux, I have never known it fail, and I may mention two severe cases of facial neuralgia which yielded completely to the use of the azotate in progressively increasing doses.

The alkaloid is principally recommended in the congestive form of facial neuralgia; its effects are curative when there is no nervous lesion—palliative when the lesion is established. I am of opinion that all neuroses end by giving place to nervous alterations.

Aconitine, when given in the beginning, will completely cure facial neuralgia, and in those cases where the disease is advanced it will immediately afford relief; but unfortunately this action does not extend to other forms of neuralgia.—*Medical and Surgical Reporter.*

Surgery.

THE DIFFICULTIES OF DIAGNOSIS AND PROGNOSIS IN CERTAIN VENEREAL LESIONS.

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It is commonly esteemed a not very difficult task to determine at first glance the diagnosis and prognosis of the hard and soft venereal sores, and to satisfactorily differentiate the various lesions which most resemble them. But in spite of the rules laid down in the books, an extended experience in this direction has taught me that their proper recognition, in some cases, even after repeated observations, is far from easy. This diagnostic confidence is in a great manner due to the wide-spread acceptance of the dualistic doctrine as it was taught a few years ago, and the dogmatic laws enunciated by that school of syphilographers. As this paper, however, is not intended for the specialist, but for the information and guidance of the general practitioner, I shall not inquire here into the truth or falsity of theories. I wish merely to offer facts in corroboration of the assertion as to the difficulty and uncertainty of diagnosis and prognosis under certain circumstances.

The principal affections that are most apt to give rise to doubt and confusion in the observer's mind are the chancre and chancroid, herpetic eruptions, abrasions, and systemic syphilitic manifestations; but as the central point of inquiry both with the physician and patient is in regard to the question of syphilis, I shall examine the other lesions mainly in reference to the infecting or true chancre. Generally, it is of very little medical importance whether the true character of an ulcer is made out a month earlier or later, as the treatment is, or should be, purely local at first; but as the men who consult a physician on these subjects usually have some knowledge of syphilis, they are naturally extremely solicitous for an opinion. I believe that there are few cases in which an immediate or even proximately immediate opinion can be safely given; but that in by far the majority, from numerous modifying causes and from the present inexact state of our knowledge, it would