

**NITRO-GLYCERIN.**—Condensed from British Medical Journal: Few drugs have come more rapidly into favour than nitro-glycerin. A year or two ago nothing seemed more unlikely than that it should be used in medicine; but it now bids fair to rank high as a curative agent. It was discovered in 1847, by M. Sobrero, and its chemical properties have been fully investigated by Railton, De Vrij, De la Rue, and Muller, Mills, Dupré, Martindale, and others. It is slightly soluble in water and freely in alcohol and ether, and it has recently been found by Mr. Martindale to dissolve readily in fats and oils. It is, although slightly volatile, inodorous, and has a sweet pungent aromatic taste. It has been found that the effects of nitrite of amyl and nitro-glycerin on the pulse are similar. Both produce a marked dirotism, and both accelerate the rapidity of the heart's action. They differ, however, in the time they respectively take to produce these effects. The full action of nitro-glycerin on the pulse is not observed until from two to six minutes after the dose has been taken; while in the case of nitrite of amyl the dirotism appears in from fifteen to twenty seconds after an inhalation, but its effect is transitory, being maintained for only a very short time. The nitro-glycerin acts more slowly, but the pulse does not resume its normal character for nearly half an hour. Dr. Murrell has shown from observations on a patient, the subject of epispadias, that nitro-glycerin is a powerful diuretic. On one occasion twenty minims of the one-per-cent. solution increased the amount of urine secreted in half an hour from fourteen and a half drams to fifteen and a half ounces. This was the more remarkable as the patient was not at all susceptible to the action of the drug, and experienced none of the ordinary symptoms from the unusually large doses he had taken.

#### LOSS OF WEIGHT AFTER EPILEPTIC ATTACKS.

—Dr. P. Kowolewski (in *St. Petersburg Med. Woch.*, No. 47, 1879) states, that after regular daily determining the weight of the bodies of epileptics, as well during the attacks as during the intervals, the following facts were noted:

1. With all epileptics, and in all forms of

epilepsy, after every attack the weight of the body, corresponding to the duration of the disease and the intensity of the attacks, decreased.

2. In old cases, where the attacks are very frequent, and the organism has become accustomed to them, the decrease in the weight of the body after an attack is inconsiderable—from one to two pounds. In recent cases, on the contrary, in which the attacks seldom appear, the loss of weight is considerable—three to twelve pounds after each attack.

3. If several attacks follow in succession, the greatest loss of weight occurs after the first attack, and the loss is very trifling after the following attacks.

4. In all forms of motor, or somatic epileptic convulsions, the greatest loss of weight occurs, viz, up to twelve pounds at a time. In the epileptical vertigo (*schwindel aufüllen*), the loss is much smaller. The greatest loss of weight is, however, observed in the epileptico-psychical cases, in which it sometimes amounts to as much as one-fourth that of the body.

The increase of the weight of the body after the attacks is very great, requiring only a few days.—*Wien. Med. Woch.*, No. 9, 1880.

#### THE POSITION OF THE PATIENT IN EMPYEMA.

—Dr. Churton read a paper upon this subject.

From observations made upon seventeen cases of empyema, most of which had occurred during the past year at the Leeds Dispensary, and upon a number of cases of simple effusion, he had drawn the following conclusions: 1. If a patient with pleuritic effusion were unable to lie on the affected side, the fluid, as a rule, was pus. 2. The converse proposition was usually, but not always, true—namely, that if the effusion were pus, the patient could not lie on the affected side. 3. If the patient could lie on the affected side, the fluid was usually clear. Briefly, it might be stated that, generally, those affected with empyema lay (if on either) on the sound side; whilst those suffering from simple effusion lay on the affected side. If, in any case of supposed chronic pneumonia or phthisis, there existed inability to lie on the affected side, an empyema should be carefully sought for.—*British Medical Journal*.