

tial diagnosis. The prognosis of this affection is not very favorable. Of the thirty-eight cases collected by Keepler, seventeen died. It must be remembered that most of these cases occurred before the days of safe operations upon the chest wall. Complete evacuation of the fluid with free and permanent drainage, meets the indications for treatment.—Prof. Osler, in the *Am. Jour. of Med. Science*.

**ACUTE GONORRHEA TREATED BY A NEW METHOD WITH SUCCESS.**—H. J. had impure connection four days before he applied to me for relief. His symptoms were those of acute gonorrhœa, the disease having been considerably aggravated in consequence of his having been drinking heavily both before and since he contracted it. The yellowish-green discharge from the urethra was abundant, he suffered severely during micturition, and there was great tenderness along the whole course of the penile urethra. The night before he came to me he was obliged to rise five times to pass water. He had the disease seven years ago, and was then under treatment for about two months with a medical gentleman in this town, who gave him copaiba. The line of treatment adopted in this case was by the introduction into the urethra of medicated bougies, and the medicament consisted of sulphate of thallin of five per cent. strength.

Before introducing the bougie I made the patient micturate, in order to clear the urethra of discharge, and I then passed the bougie up to the ring, and directed him to hold the meatus quite close, so that none of the application could flow out as it melted. I kept him lying on his back for twenty minutes, at the end of which time I withdrew the spring and closed the meatus with cotton-wool. During the time the bougie was in the urethra he complained of smarting pain, but after I withdrew the spring he said the pain ceased entirely, and he expressed himself as feeling comfortable. He introduced one every evening after this, following carefully the directions I gave him; and on the third day after he had been with me he called to say he was quite cured, having no discharge of any kind, and no pain on passing water. The day following happened to be his busiest day in the week, as he had to work to 12 o'clock at night, and be on his feet the greater part of that time. In consequence of this he could not use his bougie that day at all, and on the next morning there was a slight return of the former symptoms; but he began anew his treatment, and after using two more bougies, was again perfectly cured. He has remained so since, although he has undergone the heavy day of the week which caused him to relapse before, and this time with impunity. No bad after-effects of any sort resulted from the treatment.—Dr. McCaw in *Dub. Jour. Med. Sci.*

**JABORANDI IN ERYSIPELAS.**—The treatment of erysipelas by jaborandi leaves nothing to be desired. Jaborandi is as much of a specific as quinia in malaria. I have tried it in three cases this winter, all of them severe. In one complicated with implication of the buccal and naso-pharyngeal mucous membrane in a pregnant female, where abortion was threatened, its effects were prompt, and the reduction of the temperature and all alarming symptoms immediate. In this case, its alkaloid were given hypodermically with morphia.

I also used it in a case of puerperal peritonitis, where I had reason to believe that erysipelas was the infective principle. The temperature came down very slowly, but the typhoid symptoms were improved immediately. The slow fall of the temperature I attributed to the excessive pelvic exudation, which bulged the posterior wall of the vagina, and pressed the upper part of the rectum firmly against the sacrum. I know the exudation was peritoneal, because in the sitting posture there was dulness and the impulse of fluid given to the hand in the lower part of the abdomen, above being tympanitic, and the dulness changing with posture. It was a primipara, with no history of ascites or œdema previous to her confinement.

Her attendant, a very intelligent practitioner, informed me that there was no fluid to be detected during, or shortly after, her delivery, except what was contained in the uterus.

Of course jaborandi was not the only drug used in this case; morphia, whisky, digatilis, turpentine stupes, hot vaginal injections, and abundance of milk made up the treatment.

I visited her yesterday, March 11, three weeks after her confinement and sixteen days from her first illness, and find all trace of exudation gone, but some tenderness about one of the broad ligaments yet. She is only taking a general tonic now (iron, quina and strychn.) and will soon be able to do her work.—A. G. Osterman, M.D., in *Phila. Med. Times*.

**A STUDY OF ANEURISM.**—In view of theories as to the causation and origin of aneurisms the clear statement of facts by Dr. Hermann M. Biggs in the *Am. Med. Jour. of the Med. Sciences* in his observations on aortic aneurism is particularly valuable. From an examination of thirty-four cases which came up in a period of eighteen months, he found that this pathological condition is more common than is generally supposed. The general condition as to age, sex and position of aortic aneurism (at the point of greatest strain) agreed with former statistics, but in only five could a syphilitic history be found and only six were alcoholic. In the 28 cases of thoracic aneurism, only 11 had shown a history suggestive of aneurism.