

part of tartrate of antimony with four of emplas-trium saponatum, and work into a paste. Apply the mixture over the mark to be removed to the depth of one line (one-twelfth inch), and cover with a slip of gummed paper or court-plaster. On the fourth or fifth day suppuration sets in, and in a few days, scarcely a sign of the mark can be seen.—*Med. Summary.*

NOTES ON QUININE IDIOSYNCRASIES.—Considering the millions of doses of quinine taken every year, the number of cases in which it produces effects that would not be anticipated is very small. Many years ago I had under my care, a patient in whom twelve grains of the sulphate of the alkaloid produced complete amaurosis, and, as the young lady happened to have a blind sister, there was extraordinary agitation in the family. Being of doubtful temperament, I formed at first the impression that the amaurosis was simply a coincident hysterical manifestation; but on repeating the quinine, the blindness redeveloped with the other symptoms of mild cinchonism, and disappeared *pari passu* with them.

Recently, having occasion to prescribe quinine to Miss —, aged about twenty-five, I was told by her that she had been poisoned by this substance twice in Europe, but it was agreed between us that she should take one two-grain pill, which she did about five o'clock in the afternoon. About six o'clock she was taken with a burning pain in the hands, which spread over the whole arm and finally to the surface of the body, until she was tingling and burning everywhere. About half-past six a severe pain in the stomach set in, followed shortly by vomiting. A few minutes later she fainted, remaining unconscious for five minutes. I saw her about 6 45; at that time her whole surface was much swollen, brilliant red in color, with urticaria in wheals and long ridges. The pulse was between 50 and 60 and very feeble. Vomiting had occurred several times, and there had been one loose passage. The temperature was 102.5°, the day before, at the same hour, it had been 99.5°. There was a good deal of nervous excitement and unrest, but no delirium and no hysteria. Opium was given by injection, and brandy freely by the mouth. After this, vomiting recurred several times, large quantities of greenish fluid being re-

jected; there were also one or two alarming fainting spells. A little after seven o'clock the symptoms began to subside, and in about five hours the patient returned to her normal condition. This case is made the more interesting by the fact, which I learned after the poisoning, that a brother of the patient had had, on at least two occasions, similar symptoms provoked by quinine. Careful investigation failed, however, to get any trace of the idiosyncrasy in past generations of the family.

These rarer peculiar relations of human individuals to quinine must not be confounded with the more frequent disagreeable effects of quinine, some of which are apt to be overlooked by practitioners. The local effect of quinine upon mucous membranes is distinctly irritant, and I have met with many people in whom the cinchona alkaloids produced marked gastro-intestinal irritation; so that chronic diarrhoea or gastro-intestinal catarrh have come, in my mind, to be very important contra-indications to the use of this drug. The irritating effect of quinine is also often manifested at its point of exit from the body, and the existence of cystitis or conditions allied to it should make the practitioner very careful in the administration of the drug. Some time since I called to see a personal friend, a very eminent surgeon, who was convalescent from an acute inflammation of the neck of the bladder, and who was much prostrated every afternoon by a violent attack of pain entirely out of proportion to the amount of local disease apparently remaining. Finding that the patient was taking quinine freely as a tonic, and that the time of the attack of pain was coincident with that at which quinine was being most freely eliminated from his body, I suggested the disuse of the alkaloid, the result being the immediate disappearance of the pain.—HORATIO C. WOOD, in *University Med. Magazine*.

SURGERY OF THE SPINAL CORD. (*Chirurgie de la melle. Revue de chirurgie*). By A. Chipault. —Chipault has had some clinical experience with the operations on the spinal cord, and has given a careful study to the subject, especially by operations upon the cadaver. He prefers the following method for exposing the cord: median incision, raising the periosteum along with the muscles (he