

by baths and quinine, then, has not been proven to be of certain therapeutic value in one large American hospital, and, as no small number of students carry away many of their therapeutic beliefs from clinics in that institution, we think it not improper to state the facts which may lead them to suspend their judgment for a while.

In our reading and recollection of the cases at the hospital, it has seemed that quinine and its possibly attendant emesis are not proven to be necessary. It does reduce the temperature in some cases, but generally in those where the disease is mild and the reduction not necessary. As for the baths, as long as sponging off the surface is grateful to the patient, it is useful in the disease. The further and more energetic use of water, then, has yet to be shown of value, in all ordinary cases. The employment of mineral acid and of symptomatic remedies is sufficient.

THE USE OF JABORANDI AT BELLEVUE HOSPITAL.

Within the past year or two jaborandi has become a very popular and useful drug at Bellevue. In uræmia and in acute and chronic parenchymatous nephritis, it has accomplished especially good results.

In uræmia it is a very effective substitute for the old hot air bath, acting more quickly and surely. As it has been shown to increase markedly the excretion of urea, it is probably more efficient also than the baths in relieving uræmic phenomena. A patient was brought into the hospital some weeks ago, suffering from convulsions and delirium. She had no œdema, but her urine was nearly solid with albumen, and contained small casts and blood. She was given a drachm of the fluid extract of jaborandi, hypodermically, and M x. of Magendie's solution. In fifteen minutes she was sweating profusely, and the convulsions had ceased. She was restless and wandering in mind for the next twenty-four hours, but had no other bad symptoms. M x drachm of jaborandi was given every other day subsequently, and in a week the albumen had nearly disappeared from her urine, and she felt quite well.

Cases of chronic nephritis have been treated with the drug very satisfactorily. Some who did not improve or get rid of the œdema under digitalis and potassium have shown immediate improvement under jaborandi. It is given in drachm doses every other morning, the patient being kept in bed until dinner-time, when the sweating is over. It is better not to give it at night, as the bed-clothes become saturated with perspiration, and sleep is disturbed and uncomfortable.

Jaborandi weakens the heart. It is dangerous when the pulse is poor and the system debilitated. If given to a patient in this condition

with uræmia, he falls into a cold perspiration, and œdema of the lungs, coma and death follow.

Yet it has been used several times in the treatment of pulmonary œdema in doses of M x to M xv. every one or two hours. The autopsies have shown the usual changes.

It has been used also in pleuritic effusions, but does not seem to "sweat out" the intrathoracic liquid very much. Besides, it produces a nausea and salivation not at all pleasant.

The drug loses its effect in some cases, and the dose has to be increased. The usual variety in its action has been noted. Sometimes it causes salivation only; most frequently salivation and diaphoresis. If the dose is carefully regulated, nausea and vomiting need not be a frequent complication. The urine is in cases of chronic Bright's disease somewhat diminished in amount, unless renal congestion or an acute nephritis is complicating the case. Jaborandi has proved, so far, of most certain service in the chronic stages of Bright's disease and in uræmia brought on during its initial attacks. When an acute attack is lighted up on a chronically inflamed organ, and when the system has already become weakened and anæmic, the drug may be useful, but it will also be dangerous.—*N. Y. Medical Record.*

THE LOCAL TREATMENT OF ECZEMA.

(Read before the Academy of Medicine, Oct. 4, 1878.)

By HENRY G. PIFFARD, M.D., Professor of Dermatology, University of the city of New York, surgeon to the Charity Hospital, etc., etc.

Eczema is the most frequent, one of the most obstinate, and certainly the most important, of all the cutaneous affections. Its successful management requires a judicious combination of internal and external treatment, with, in addition, proper hygienic attention. Of these the hygienic is the simplest in its applications, inasmuch as a clear conception of the nature of the disease immediately suggests the proper rules of diet, exercise, and the like. The internal treatment—that is, the use of drugs, is the most important, but, at the same time, the most intricate portion of the treatment, and will be considered in its details on another occasion. The local treatment stands midway in importance between the internal and hygienic, and midway also as regards simplicity.

The rôle of local treatment is somewhat limited, but if we desire to do our best for the patient its proper application should not be neglected. In a few cases local treatment alone will succeed in dissipating the lesion, but will not prevent or retard a relapse; in many cases it will materially assist the internal treatment in abridging the duration of the manifestations of the disease, and in a certain number it will modify the subjective phenomena.