I thought it must be a coincidence; but, on a return of the lumbago, took another dose in the same manner and with a similar result. I gradually increased the dose to 40 grs., and took it regularly, once a day, for about a week. The lumbago disappeared. I gave up the guarana, and in a few days the pain in the back returned. A 40 gr. dose removed it, and it did not return for several days afterwards. Now, whenever it does, I have my remedy at hand. During the last month I have experimented largely with guarana on a variety of patients, rich and poor. The results vary. When the pain is acute, coming on with sharp stings, guarana acts like magic; when it is of a dull, aching character, the drug is slower in its action, and several doses must be taken before any dicided benefit can be perceived.

I have come to the following conclusion, viz., that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least very immediate relief, which will last from twelve to twenty-four hours; and I confidently expect that perseverance in the use of the drug, gradually increasing the dose up to 40 grs., will entirely remove any of the above mentioned kinds of rheu-

matism.

Of the good effects of guarana on nervous hemicrania there is no doubt, and I trust it will prove, in other hands, as valuable against rheumatism as it

has in mine.

I find guarana was examined by Martins in 1829, and by Gravelle in 1840. According to them "it stimulates, and at the same time soothes, the gastric system of nerves, and reduces the excited sensibility of the coliac plexus, thereby diminishing febrile action, strengthening the stomach and intestines, particularly restrining any excessive mucous discharges; at the same time increasing the action of the heart and arteries, and promoting diaphoresis." Irish Hospital Gazette.

ROOSEVELT HOSPITAL.

REPORT OF PRACTICE AND PECULARITIES OF TREATMENT.

(Dr. LA GRAVE, HOUSE-SURGEON.)

GONORRHŒA.

INJECTIONS of the silicate of soda have been employed in the treatment of this affection in both acute and chronic stages.

R. Silicate of soda grs. xx. Aquæ..... 3 viii.

The injections were given three times a day. So fas as employed, the results obtained were eminently satisfactory. No other treatment was combined with it.

This class of cases, "old ulcers," are quite uniformly dressed with Labarraque's solution (liq. sodæ

The solution is to be diluted with water, according to circumstances. If then the granulations have a healthy appearance, the ulcer is strapped, and the limb bandaged. If the granulations become flabby and inactive, a dressing of balsam of Peru is applied and over that straps and bandage. Grafting is resorted to in certain cases, when the ulcer is of some size, and, in this manner, a certain proportion are made to heal very rapidly.

For this class of difficulties white lead paint seems to meet the indications of treatment as satisfactorily as any material which has been employed. This is interesting, from the fact that almost every plan of treatment which has ever been devised has been employed, and the leaning is towards the paint dressing. Mix as for painting, except considerably thicker, and apply with a brush. It is much more cleanly than Buck's burn mixture or Carron oil, and that is not an unimportant element in its favor. A very neat and satisfactory dressing for superficial burns consists in in coating the surface with mucilage, and then covering it with powdereed Lycopodium.

FOR FLATUS.

R. Pulv. camphor, capsicum, ginger...... gr.i.

Divide into six pills. S. One p. r. n.

Said to afford immediate relief.

FRACTURES ON THE NECK OF THE FEMUR.

In fat individuals it may be difficult to differentially diagnose fractures of the neck of the femur, owing to the impossibility of examining the parts thoroughly. If such be the case, place the patient upon his abdomen, and, having etherized him, see how far the injured limb can be lifted in a backward direction up from the bed, for it will soon be arrested against the brim of the acetabulum, if the neck is intact; but if fractured, the limb can he bent backwards to an abnormal extent. Philadelphia Med. Times.

TREATMENT OF POISONING WITH CHLORAL.

Dr. Albert Erlenmeyer discusses the best method of treating patients who, either by inadvertence or idiosyncrasy, have taken too large a dose of chloral. The symptoms of the toxic influence of this substance are-collapse, diminution of the frequency of respiration, which has been observed to be reduced to four in a minute; injection of the conjunctiva, contraction of the pupil, blueness of the lips, dropping of the lower jaw and retracted tongue, whilst the pulse is in the early stage strong and slow, but subsequently becomes frequent and feeble, and ultimately scarcely perceptible. In more protracted cases, the chlorinate) until the sore becomes surgically clean. I face becomes pale, there is tendency to fainting and