

days, and paid me from one to three visits, is the following: R. Resorcin, 3 j; acid. boracic, gr. xx; zinci acetatis, gr. $\frac{1}{4}$ - $\frac{1}{2}$; aqua distillat., f $\frac{3}{4}$ iv. M. Of this solution two teaspoonfuls are injected three times daily. The germicides, resorcine and boracic acid, are so slightly astringent that it requires the additional zinc salt to restore capillary tonicity. This injection is quite, or nearly, painless.

In the treatment of the later stage of sub-acute and chronic gonorrhœa, without stricture or granuloma as a complicating factor, I have had the happiest results following the use of the following injection: R. Hydrargyri chloridi corrosivi, gr. $\frac{1}{4}$ -ss; zinci chloridi, gr. ss-j; aqua distillat., f $\frac{3}{4}$ viij. M. Sig.—A tablespoonful to be injected well down the urethra, three times daily.

Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in this injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produces great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt, and the chloride of zinc is the one I have selected, for obvious reasons. Without doubt, a mild injection of corrosive sublimate is destined to be the injection for sub-acute and chronic gonorrhœa.—*American Medical Digest.*

TURPENTINE IN SKIN DISEASES.

The internal administration of this drug in skin diseases has not been very often recommended, hence it is well that we should know that Dr. H. Radcliffe Crocker (*Practitioner*, March, 1885,) considers that in the turpentine we have remedies that, while not "perfect cures," yet reduce the hyperæmia and place the patient so far on the way to recovery that a short supplementary local treatment easily removes the remains of the lesion.

He has used it in psoriasis, and in eczema. The dose of the oil is from fifteen to thirty minims in emulsion of acacia thrice daily.

For eczema, he restricts its use to those cases in which no defect in the general health can be detected—a small proportion of cases undoubtedly compared to psoriasis, which Hebra called "a disease of the healthy"—but it is just these uncomplicated cases that puzzle us as to what line of treatment is most likely to prove successful, and he thinks turpentine will help us out of the difficulty. With regard to other diseases of the skin, the evidence he can offer at present is only fragmentary, but that is favorable so far as it goes. In a case of pityriasis rubra, Chian turpentine was given in five, increasing to fifteen grain doses, three times a day, and the skin distinctly improved; but the patient, as so often happens in these cases, became so adynamic, not from the drug, but from the natural course of the disease, that other treatment had to be resorted to. Turpentine is a well-known remedy

for purpura, but he has no new facts to offer on this point.

The cases in which turpentine is contra-indicated are, in his opinion, the following: children under five years old; all who have unsound kidneys, or irritable bladders; most cases in which dyspepsia is present, though in some instances it can be tolerated even then; and gouty subjects, whose powers of elimination are seldom good.—*Phil. Med. and Surg. Reporter.*

OPIUM IN HÆMOPTYSIS.

A writer in the *Physician and Surgeon* says: "Although a multitude of drugs are recommended, and not a few almost regarded as specifics, it must be admitted that the profession has at command but a few preparations that have unquestioned influence to control pulmonary bleeding. Ergotine and the fluid extract of ergot have been mentioned; oil of turpentine given by mouth or rectum exhibits positive action in hæmoptysis of phthisis. But it cannot be too forcibly urged that the most important condition requiring treatment is the terror manifested by the patient, so alarming and distressing to the friends, which in turn tends to further alarm the patient. The administration of opium in some of its forms is clearly indicated to calm the excited brain and reduce the throbbing heart. Give it hypodermically, that its physical effects may be quickly produced. The result is magical. The patient's actions and countenance are speedily calmed, the bleeding stops, the much-needed refreshing sleep is obtained, and the over-estimated danger is averted."

TREATMENT OF ANGINA PECTORIS BY THE IODIDE OF SODIUM.

Angina pectoris, since the days of Gintrac and Lancereaux, has been considered as a cardiac neurosis. Although in many cases a diseased condition of the coronary arteries and the aorta has been found, still the symptoms have been ascribed to a nerve disturbance dependent more or less on the innervation of the heart muscle or upon some degenerative change of the nerve fibres. M. Henry Huchard, from a study of twenty-five post-mortem examinations made at "Hopital Vichart," objects to this view and ascribes the symptoms directly to degenerative changes with obstruction of the coronary arteries. He claims that true angina pectoris is the result of a disease of the arteries and not of the nervous system.

In accordance with this theory he advises remedies which have an effect upon the arterial system. The iodide of sodium is especially recommended given in doses of sixteen to thirty grains daily. He continues this medication during months, and even years, and claims to have given complete relief and to have produced a cure of this dreaded disease in many cases. He thinks that the iodide of sodium probably acts by lower-