

silk; they are removed with little difficulty, whereas the removal of silver sutures causes much unnecessary pain, and not unfrequently a good deal of excitement. I consider it a matter of importance to have your sutures previously prepared by carbolization and 12 inches in length; insert them by transfixing the peritoneum and integuments, and extend each free end on the surface of the abdomen, but do not tie until each has been properly placed. The object of this little manoeuvre is to lessen the difficulty of transfixing the peritoneum, for as the opening of the incision becomes contracted by tying each in succession, it is almost impossible to be sure that the last one or perhaps two have been properly adjusted as regards transfixing the peritoneum.

In the performance of the above operation, I must refer to the kind assistance of my *confrères*, Drs. Grant, Horsey, Leggatt, Henderson and S. Wright.

REPORT ON THERAPEUTICS AND PHARMACOLOGY.

By JAMES STEWART, M.D., BRUCEFIELD, ONT.

(Read before the Canada Medical Association, at Halifax, August, 1881.)

(Continued from page 225.)

JABORANDI.

It is now several years since this drug has been employed by physicians, and although much yet remains to be discovered as to its physiological actions and uses, we are in a position to estimate in a great measure where benefit can be obtained from it. That this drug, or rather its alkaloids, are likely to come into general use as powerful therapeutic agents seems undoubted.

Harnack and Meyer* have published the results of observations which they made in Prof. Schmiedeberg's laboratory in Strasbourg on jaborandi and its alkaloids. They have found that jaborandi leaves contained not only the alkaloid pilocarpin, but also another similar body which they named *jaborin*, which was to a great extent antagonistic to pilocarpin in its action. Jaborin

* *Arch. fur Exper. Path. and Pharma.*, Vol. XII., page 366.