

TREATMENT OF PLEURISY WITH JABORANDI.

Prof. Bouchut (*Med. Chir. Rundschau*) has obtained good results from the use of jaborandi in pleurisy. He gives the following details of a case: A girl, aged seven, was brought on the 5th of February to the hospital; for two days she had experienced rigors, fever, headache, and vomiting. At the time of admission she had an evening temperature of 38.2°C ., the pulse-rate being 95; there was much dyspnoea and the patient complained of a "stitch" in her left side. Examination showed that there was pleurisy with exudation on the left side, with displacement of the heart, the apex beat being felt one centimeter from the sternum. On the 6th of February three grams of jaborandi were given; in the evening there was no stitch and no dyspnea. On the 7th of February it was noted that the patient had passed a good night, and that there was no increase in the exudation. Jaborandi three grams. On the 8th of February vesicular breathing was audible as far as the middle of the sternum. Jaborandi three grams. On the 9th of February vesicular breathing could be heard all over the chest; the heart was in its normal position; there was no fever. On the 10th of February all the symptoms of pleurisy had vanished. The patient continued to take three grams of jaborandi daily until the 20th. The exudation did not return, and there was complete recovery. The author adds, as a warning, that jaborandi acts chiefly upon the salivary glands in children, and only slightly upon the sudoriparous glands.—*Lond. Pract.*

ON THE TREATMENT OF SOME FORMS OF PNEUMONIA.

I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like in its general aspect that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvelous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged thirty-five, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her the pulse was 140, the temperature in the axilla 103° , and the sputa of a deep rust color. I ordered mustard and linseed poultices, and the following mixture: \mathcal{R} Li-
quoris ferri perchloridi fort., 3 ij; acidi hydrocyanici (Scheele) Mviii; aquam ad., \mathfrak{z} viij. M. Two teaspoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After

thirty hours the pulse had fallen to 100, the temperature to 99° , the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse or syncope; the pulse was 144; the breathing in short gasps; the finger-ends, as seen through the finger-nails, of the color of a thunder-cloud; and both lungs in a general state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her, and her pulse is now 96, temperature all but normal, sputa devoid of blood or discoloration of any kind, and she herself anxious to get up.—*D. Biddle, in Brit. Med. Journal.*

SUTURES IN RECENT RUPTURES OF THE PERINEUM.

Dr. Veit advocates the immediate union of even the lesser ruptures of the perineum. To accomplish this there is need of no elaborate armamentarium—only needles and scissors are necessary. Dr. Veit recommends to begin at the perineum with the sutures; avoid deep vaginal sutures, only superficial ones are necessary. After bringing the rectal mucous membrane together the needle is passed through the perineum behind the frenulum and carried along parallel to the rupture in the vagina to the end, where it is brought through the skin. Other deep sutures can be entered under this; superficial stitches, if necessary, are placed between the deeper ones. Chloroform is only necessary in cases that are not operated upon immediately post partum.—*Medical Press and Circular.*

TREATMENT OF GONORRHOEA BY THE INTERNAL ADMINISTRATION OF CHLORATE OF POTASH.

Zeitlin (*Med-chirurg. Rundschau*, May, 1881) has treated fourteen cases of uncomplicated urethritis with chlorate of potash, given internally in daily amounts of three grammes, as recommended by Doehman. The results have been uniformly favorable. After a few doses, pain and erections ceased, the discharge became less free and thinner, and a cure was soon obtained without the intervention of any of the disagreeable and serious symptoms (hæmoglobinuria, collapse, etc.), which of late have so frequently been attributed to chlorate of potash. The action of the remedy is due to its rapid excretion by the kidneys in an unchanged form, and its local effect upon the urethral mucous membrane. It may be remembered that the drug has also been used in the form of urethral injections, and has been given internally in cystitis, whether of gonorrhœal or other origin, with good results.