

conducted with the drug. Its leading properties place it in the class of diaphoretics and sialogues. Its power of increasing the flow of saliva appears to be remarkable, and copious diaphoresis follows its use. The dried leaf is the part used.

**THE USE OF COTTON-WASTE INSTEAD OF SPONGES IN DRESSING WOUNDS.**—There has been brought into use at this hospital, for the dressing of wounds, picked cotton waste. This waste is similar to that used for the cleaning of engines, and has to be picked over by the patients before it is ready for use. The advantages it possesses are, that it is as satisfactory in the dressing of wounds as sponges, with the further advantage that when once used it is destroyed. It is cheaper than oakum, and much finer in texture. It was introduced into the hospital by the superintendent, Dr. Paine.—*N. Y. Med. Journal.*

**APOMORPHINE.**—This remedy, which in composition differs from morphine only in having one equivalent less of water, possesses properties totally different from the latter body. It exercises an elective and almost exclusive action on the nervous centres which control vomiting. Employed hypodermically, which is the best way of giving it, it produces vomiting from six to ten minutes. There is no subsequent sickness or irritating effect on the digestive tract. The dose for adults is 7 to 8 milligrammes, for children 1 to 2 milligrammes. Dr. Moeller recommends that the first injection should contain 5 milligrammes, to be repeated if vomiting does not ensue. M. Jurasz recommends apomorphine as an expectorant, and administers it in doses of from 1 to 3 milligrammes every two hours.—*Lyon Médicale*, 18, 1874. E. F.—*New York Medical Journal.*

**INDICATIONS FOR THORACENTESIS.**—In a communication on the subject of pleuritic effusion (*British Medical Journal*), Dr. J. R. Wardell, of Tunbridge Wells, thus states the conditions which may be regarded as the morbid states, and the positive and negative signs, demanding the operation :

1. In all cases in which inspection and the physical signs give evidence of a large quantity of fluid, when there are symptoms of compression of the lung, and there is manifest cardiac displacement.

2. When there are urgent dyspnoea, an irregular pulse, and threatening of orthopnoea.

3. When the affected side is smooth and rounded, the intercostal spaces are effaced or protruded; when measurement proves bulging; when dullness in the chest is complete, or demarcated and absolute; when there is abolition of vocal fremitus; when there are broncho-phonic rales, tubular breathing, and absence of breath-

sound; when the patient can only lie on one side, or in diagonal position; and when there is the Hippocratic sign of succussion.

4. When the exploratory needle proves the fluid to be purulent.

5. If the heart be pushed from its normal situation, and the apex be substernal or beyond the right sternal edge, or if it be thrust toward the left hypochondrium, or if it be lost; when it becomes presumptive that the organ has been driven inward and backward; and when on the one side the liver depends abnormally into the abdomen, and when on the other side relaxed and down-pressed diaphragm so displaces the spleen that its free edge can be felt.

6. When half the thoracic cavity is filled, and a month or so shows no proof of absorption, the less are the chances of expansion.

7. In those exceptional cases of double pleurisy when both cavities became half filled with effusion, and dyspnoea shows the lung-space to be dangerously encroached upon.

8. In pulmonary phthisis, when the accumulation of serous or sero-purulent secretion causes distress, and when the other lung assumes the symptoms of bronchitis or pneumonia the operation should at once be performed.

9. In mechanical hydrothorax it may be had recourse to, though with no object to cure, but with merely a view for a time to prolong life and to aid the action of medicinal remedies.

10. In children, whose chest-walls are thin, and in whom the white tissues are more developed and confer greater resiliency to the thoracic parietes, and whenever there are certain evidences of fluid, it should without delay be evacuated.

11. In hydro-pneumothorax it may be generally with safety and benefit employed.

12. Pointing externally should never be waited for.

13. Under certain circumstances repeated tapings are required.—*New York Medical Journal.*

After discussing all that can be said in favour of advertising medical works in the lay press, or in excuse thereof, the *British Medical Journal* arrives at the following conclusions:—"That in medical advertising, British medical authors and publishers must conform to the rule which is current in France (we believe, indeed, everywhere in Europe) and in America. This may be severe, but it cannot be intolerable, since it is the rule of propriety universal amongst medical men in every other civilised country in Europe. The physician, the surgeon, the general practitioner who in France, or in America, should advertise, or allow to be advertised his medical works in a political paper, or in any other than a medical paper, would at once indicate that he resigned his pretensions to professional respect, and that he accepted professional ostracism.