

tremor, so characteristic of cases of chronic poisoning by alcohol, is greatly benefited by the persistent use of strychnine, which, by the way, is the most efficient remedy for this very ailment, has long since been recognized as a well-established fact. But that the same drug also is a powerful remedy for an attack of delirium tremens, has been less known, though occasional mention has been made of the fact. We learn from the *Deutsch. Amerik. Apoth. Zeit.*, vi. 9, page 277, that Dr. Journet, of Lyons, has recently treated such a case, where he employed subcutaneously over one and one-half of a grain of sulphate of strychnia within forty-eight hours, without having given rise to any symptoms of poisoning. Further, Dr Lardiére, who a short time ago demonstrated the fact that strychnine was the best and perhaps only true antidote in alcoholic poisoning, published but a few weeks ago another case, that of a man, æt. 42, who presented all symptoms of delirium tremens, as, history of debauch, tremor, redness of the face, hallucinations, sleeplessness, etc. Within four days this patient received nearly $4\frac{1}{2}$ grains of strychnine therefore, an enormous dose, with the result that a rapid improvement took place, and by the end of the fourth day a complete recovery set in. Within the first twenty-four hours the pulse fell from 124 to 90, as the effect of one grain of strychnia. The drug must be given hypodermically, and seems to be specially indicated in cases of weak heart.—*Med. and Surg. Reporter.*

DIPHTHERIA.—Dr. I. J. M. Goss writing to *Eastern Med. Jour.*, concludes as follows :

The treatment must be very rapid at the outset, which is the only hope of success. In mild cases which may get well themselves, the chlorides of iron, and potash have been used with apparent success, and so of some other remedies, but to cure a case of the more grave type, the best antiseptics must be given at the start, and constantly continued to the end of the attack. Where the disease is from a systemic poison, or inoculation, yet the local manifestation must also be met by appropriate local means, as a spray of permanganate of potash, 4 to 6 grs. to the $\frac{3}{4}$, used every one or two hours; or a saturated solution applied with a pencil brush as often. And between the times of using the above, the throat may be touched with a brush or swab dipped in equal parts of alcohol and spirits of turpentine.

Internally, the patient should take 1 or 2 grs. of sulphide of calcium every two hours, and alternate that with the tincture of baptisia tinctoria. If no improvement be manifested in twelve or twenty-four hours, then give 1 to $1\frac{1}{2}$ grs. of the permanganate of potash every two hours, in alternation with the sulphide of calcium, and have the tonsils and palate sprayed with a solution of the compound tincture of iodine, say 1, part to four of

water, every one or two hours, and at the same time if the lymphatic glands are affected, the ointment of iodine should be applied to them three times a day. If these remedies then fail, the child's throat should be touched with the tincture of eucalyptus globulus every two hours, and 10 to 15 drops given in *sweetened water*, every two hours. Equal parts of iodide of potash, and the chloride of potash is used by some writers, and with good results, say 1 $\frac{3}{4}$ of each, to 6 $\frac{3}{4}$ of water, dose 1 $\frac{3}{4}$ every half hour, so that the throat will come in contact with the solution and the system become saturated with it as soon as possible.

QUINIA BY INUNCTION.—Dr. Wm. W. Moore, says in *Peoria Medical Monthly*: About one year ago I was called to see two children, one five and the other seven years of age, both suffering with malarial fever of a remittent type. I prescribed calomel and podophyllin in small doses every three hours until free catharsis was induced, alternating with liberal doses of quinia. The little five year old boy took his medicine without any grumbling, but the combined force of her parents, supplemented by the nurse's and my own efforts, failed to make the little seven year old girl swallow the medicine. While thinking about the advisability of a blister sprinkled with quinia, the thought obtruded itself, "Why not try inunction?"

Calling for some lard, I incorporated a large quantity of quinia with it, at least three or four times as much as I should have given her in twenty-four hours, with directions to rub one-eighth of the mass thoroughly every three hours over the abdomen and inner surface of the thighs. I should have stated that the symptoms in the little girl were of far greater severity than those of her brother. I left promising to be there at the same hour the next day.

Judge of my surprise, when upon my return, I found the patient without fever and getting along nicely. I prescribed the same treatment for the next twenty-four hours. I found her little brother with fever yet, although the remission was well marked. I went back on the third day and found the little girl convalescing rapidly, while the little boy, who continued to take his medicine *per. oram*, ran on until the fifth day before his fever "broke." I have had occasion twice since then to resort to the same method, each time with like result, although not quite so promptly.

NERVE SUTURE, WITH IMMEDIATE RESTORATION OF FUNCTION.—One of the most remarkable results of the suture of a nerve ever reported is given by Surmay, in the *Archives Gén. de Médecine*, for Oct., 1885. The case was that of a man who had received a cut above the wrist, resulting in abolition of the function of the median nerve. For some time no attempt had been made to correct