

bourhood of sugar factories, they employ, sometimes even in pharmacy as well as for other domestic uses, the sugar of the first crystallization called *sucres bruts* (native sugar.) These sugars are very white, but they always contain a variable quantity of hydrate of lime, left intentionally by the manufacturer so as to prevent, as far as possible the formation of *sucré interverti*. The 'native sugar' of the colonies is, on the contrary, always acid. The foregoing experiments enable us to foresee that if calomel and 'native sugar' be mixed, the alkali or acid which it contains would suffice to form a certain quantity of the sublimate. It is not then the sugar which acts, but the impurities which it contains. The deductions from this work are: that in medical practice we should abstain from mixing calomel with acids, alkalies, "native sugars," etc."

From *La Andalusia Medica*.

TREATMENT OF CERTAIN FORMS OF DIARRHŒA BY THE CHLORATE OF POTASH.

Dr. Vonfigli employs this remedy in the diarrhœas which occur chiefly in cachectic patients affected with nervous disorders, and which consist in very frequent serous evacuations; these diarrhœas, which, according to the author, are vasoparalytic, are proof against astringents and narcotics, and are the prodromes of death in cachectic foreigners. Sases's experiments have shown that the chlorate of potash increases the contractility of the muscular walls of the vessels, and it was on this account that Dr. Vonfigli tried the remedy, and it has given him favourable results in this affection: in order, however, to secure a complete disappearance of these attacks it is necessary to employ the medicine during a long period, and in obstinate cases to increase the dose. If the treatment be suspended all the good effects disappear unless the general condition have been improved. The dose varies from 2 to 10 grammes (30-150 grains) in the 24 hours according to the gravity of the case; from analogy the author supposes that the chlorate of potash ought to exercise a beneficial effect upon the diarrhœas of the aged, in cholera, and certain serous-fluxes of hot countries.

From *La France Medicale*.

ON THE INDICATIONS FOR THORACENTESIS.

At the late meeting of the *Association Francaise pour l'Avancement des Sciences* at Havre, M. Potain read a paper. In mentioning the indications for thoracentesis, abundance of liquid effusion, age and nature of the effusion, and the circulatory difficulty to which it gives rise, he insisted particularly upon the diagnosis of the abundance of the effusion, and upon the difficulty imported into the diagnosis by pulmonary hyperæmia.

The difficulties of diagnosis relative to the abundance of fluid effused depend chiefly upon the variable degrees of compression of the lung, and upon the adhesions to the chest-wall which it has been able to form. When these adhesions are partial they play only a small part and do not prevent the lung from retreating from the thoracic wall and being crowded up by the liquid. But pulmonary congestion, when it exists in a pronounced degree, diminishes the retractility of the lung, which remains voluminous and sunk in the liquid, and thus is produced an elevation of the level of effusion which leads one to believe it to be much more abundant than it really is.

M. Potain thinks that the most certain signs of pulmonary congestion, associated with effusion, consist in the considerable extent of the souffle, and in the persistence of thoracic vibrations much below the level of the liquid. It is to the pulmonary congestion that we must attribute the pleural crepitation. M. Potain thinks that this crepitation is absolutely distinct from pleural friction; it is fine, dry, and limited to inspiration; if it were due to pleural friction it ought to be heard at both times.

The total extraction of the liquid constituting a favourable condition for the production of the pulmonary congestion, so often seen after thoracentesis, it is necessary to be careful to extract only a part of the fluid effused, and for this purpose to possess as precise indications as possible as to the degree of evacuation of the pleura from time to time during the operation. With this object, M. Potain fits on to the tube of the aspirator a little manometer, which indicates, each time that its cavity is brought into connection with the pleural cavity, the different degrees of thoracic aspiration, which increases proportionately to the removal of the fluid. When this pleural aspiration is seen suddenly to increase he stops the flow of the effusion.