established at Barbadoes, Tasmania, New Zealand, and South Australia, will be favourably affected if the resolution be carried out.—*Hospital Gazette*, London.

MALIGNANT ACUTE RHEUMATISM.—D. Julius Pollock, Senior Physician to Charing Cross Hospital, London, says, in a recent lecture in the *Lancet* :—Every now and then, fortunately not often, rheumatic fever assumes a form for which I think the term "malignant" is most appropiate. In such cases, without any apparent reason, the temperature begins to rise, and may ultimately attain the height of 110° Fahr., or even more ; the joint affection subsides, pain is no longer complained of, and the patient often expresses himself as better, just as the most serious symptoms are coming on. The profuse sweatiug ceases, the skin becomes dry, harsh, and intensely hot to the touch ; very frequently a crop of sudamina breaks out upon the neck, chest, and abdomen (a very favorable sign) ; the tongue becomes dry and brown, there is great thirst, complete anorexia, the breathing is rapid, and the pulse very quick and generally weak ; the patient is tremulous and restless, with a suffused and "ferrety" appearance look about the eyes. Low muttering deliuium is generally present, though occasionally there is some excitement, and unless the disease takes a favorable turn, or relief can speedily be given, death ensues in a day or two, apparently from mere hyperpyrexia. Post-mortem examination gives us no clue to the cause of the excess of fever. In the cases I have examined there has been no pericarditis, though, I dare say, it is occasionally present. Certainly its existence is not essential to the hyperpyxia. The lungs are dark and congested, the liver and spleen friable and easily broken down, the blood is tarry and fluid, but the muscles are remarkable for their bright red color ; the kidneys are unaffected. The odor of such cases, even when recently examined, is generally most offensive.

I am aware that this state of high temperature is not peculiar to rheumatic fever ; that it occurs in continued fevers, in diseases of the brain and spinal cord, in pneumonia and other disorders ; but it is in acute rheumatism that it has attracted most attention, and is most frequently encountered. It is not only the more severe attacks of the disease that drift into perpyrexia ; comparatively mild and subacute cases, which appear to be doing well, will now and then take this remarkable course.

I use the term "malignant" for this condition, in the same sense that it is used for those terrible cases of small-pox, scarlet fever, or cholera, in which the chief force of the disease seems to fall upon the nervous system, overwhelming the patient before any distinctive symptoms are manifested, and because, from my own experience, and that of others, I have come to the conclusion that, in the present state of our knowledge, the greater number of such cases die, in whatever way they may be treated. Indeed, I think it is doubtful, in those that do recover, how much the remedies had to do with the result ; and Dr. Cavafy has recently recorded the case of high temperature in acute rheumatism that got well under the influence of food and stimulants only.—*Med. & Surg. Reporter.*

LOCAL TREATMENT OF DYSENTERY.—Dr. H. C. Wood, in the *Philadelphia Medical Times*, speaks of the "rational" treatment of dysentery as the application to the mucous membrane involved of a solution of nitrate of silver. From the value of this salt in sore throat he thinks it should be equally useful at the other end of the intestinal tube. Regarding dysentery simply as colitis, by means of a long tube carefully passed 8 to 12 grains into the rectum, he introduces about 3 pints of liquor containing 40 to 61 grains from a reservoir above. It can flow in gradually by gravity, and must be about the temperature of the body. If too hot or cold, peristalis is too easily provoked. If not neturned in ten minutes, a solution of salt could be injected. He has tried it in one case of dysentery, and in several of diarrœa.—*The Doctor.*

SULPHATE OF CINCHONIDIA AS AN ANTIPERIODIC.—Dr. H. L. Warren, of Illinois, writing to the *Chicago Medical Journal and Examiner*, says: "I have recently noticed two or three articles with reference to substituting sulphate of cinchonidia for sulphate of quinia, the writers claiming that the cheaper drug fulfilled every indication met by quinine. I know that many physicians are not aware of this fact, and wish to add my testimony to that already given. I find that in malarial fevers of whatever type, the cinchonidia salt has proved just as certainly a specific as the salt of quinia. Having had a large number of cases of this class treated almost entirely by the drug in question, I have learned to place just as much confidence in it as I have had in quinine, and with equal confidence predict a favourable result. It has not failed in a single instance to prevent to prevent the next paroxysm in a tertian, and the next but one, sometimes the next, in a quotidian ague, and is equally efficacious in remittent fever, being well borne by the stomach, and not producing any of the unpleasant head-symptoms which so certainly follow large doses of quinine. I administer it in five-grain doses, either in pill or powder, as the patient desires, every four hours, day and night, without any reference to paroxysm, intermission, remission, or exacerbation, until the patient has passed safely through the "chill day" in a tertian ague, and through two days without chills in quotidian ; then continue in smaller doses, say two grains after or before each meal. Considering the fact that qu-