

gations used. Turpentine, internally and externally, has had its advocates; also astringents, such as tannic acid, kino, catechu, krameria, acetate of lead, and nitrate of silver; also boric acid, opium and its preparations, and quinine. All other things failing as a cure in chronic cases, a permanent change of climate should be advised.—*Am. Pract. and News.*

CHRONIC RHEUMATISM.

Chronic rheumatism, including chronic articular rheumatism, and all varieties of muscular rheumatism under that heading is a very troublesome complaint, but a very important one, owing to the larger number of people, especially amongst the poorer classes, who suffer from it. The treatment is, therefore, one to be carefully considered; and in this short article I propose to give a brief resume of the methods of treatment I have found most beneficial.

The clothing of the patient must be attended to. It is essential that flannel should be worn next to the skin. The Jaeger underclothing is very good. The diet should be nourishing, and if stimulants are required, a little whiskey is, perhaps, the best. The internal treatment adopted is very various. I have found the following prescriptions most useful:

R. Pot. bicarb.	gr. xv
Pot. iod.	gr. iij
Tr. hyoscam.	m x
Spt. chlorof.	m v
Inf. gentian.	3 ss

Ft. haustus, ter in die.

In strong adults, a few drops of vin. colchici is beneficial. I have seen good results from three-grain doses of salicylate of soda three times daily. Guaiacum is useful in some cases.

As the patient progresses a mixture like the following may be given:

R. Ferri et ammon. cit.	gr. x
Pot. iod.	gr. iij
Pot. bicarb.	gr. xij
Spt. chlorof.	m v
Aquæ pimentæ.	3j

M. Sig.—Ter in die.

The syrup ferri iodidi answers well in some cases. If there be much pain, opiates, especially given subcutaneously, are often of marvellous efficacy. If the patient is debilitated, cod liver oil is useful.

Local treatment: This is a most essential part of the treatment, and here we have a large variety of means.

1. Counter-irritation by blisters and liniments.

2. Baths—hot air, vapor, hot-water, and Turkish. Massage is useful in some cases. If much pain, hot fomentations will often relieve it.

Counter-irritation: Blisters are of more use

in acute cases, but sometimes are useful in the chronic form. Amongst liniments may be mentioned camphor, belladonna, aconite; oil of eucalyptus is a most useful application, especially when continued with the belladonna; oil of winter-green mixed with equal parts of olive oil is very efficacious. I have now used this formula for several years. Its use is particularly beneficial in chronic cases attended with much pain, and if this liniment be well rubbed into the affected parts, the pain generally stops for five or six hours after application. It has only failed to relieve the pain in an extremely limited number of cases.

The liniment composed of equal parts of olive oil and the ethereal tincture of capsicum is an old remedy recently revived by Sir James Sawyer. I have now used this application in about fifty cases, and in only two did the patients fail to derive any benefit. It is also a most useful topical application for neuralgia. It must be used with care, the patient being told to use it in very small quantities, to protect his hands when so doing—gloves are generally recommended—and the patient must be warned that none of the liniment gets into his eyes.

The treatment of chronic rheumatism is, however, at the best, not entirely satisfactory, and our patient will always have to be careful about exposing himself to wind and weather, and that he is warmly clad. We must also always remember that in these chronic cases of rheumatism we often discover cardiac murmurs on auscultation, even when there has been no previous symptom of cardiac mischief.—*Hospital Gazette.*

THE ETIOLOGY OF CHEYNE-STOKES RESPIRATION.

Dr. M. A. Boyd read a paper on the etiology of Cheyne-Stokes' respiration, in which he reviewed all the physiological explanations of this phenomenon offered by writers on the subject since Stokes' time to the present day. He particularly pointed out the very rational explanations offered by Traube and Filehene, who regarded the respiratory derangement from the altered nutrition of the respiratory center point of view; and those of the Dublin School, including Hayden and Little, who regarded it primarily from the cardiac point of view, and complimented the Dublin School as offering by far the best evidence, both clinically and pathologically, in explanation of the phenomenon. Having alluded to the marked rhythmical irregularities between the heart pulse and respirations in this affection, Dr. Boyd drew attention to a point which heretofore in the literature of the subject, so far as he was aware, had not been previously alluded to—namely, that the latter portion of the forced respiratory phase of the Cheyne-Stokes' cycle is chiefly an expiratory