TREATMENT OF SUNSTROKE.

In sunstroke, or, as it is now often called, heart stroke, it should in all cases be remembered that overheat of the body is the very essence, the gist of the disease, and the main indication is to reduce the temperature as speedily as is consistent with safety. What are the most approved methods for reducing the temperature? If a bath tub is obtainable, the patient should be at once stripped of clothing and placed in a bath of a temperature ranging from 80 to 85° F., which may be still further reduced by the addition of ice, at the same time ice cold cloths may be applied to the head. When removed from the bath and put to bed, bottles filled with hot water may be put to the extremities to obviate internal congestions. If the heart seems weak, an injection hypodermatically of the 1-50 grain of strychnia should be given. If a bath tub is not at hand, the "cold pack" should be resorted to, and strong hot tea or coffee, in tablespoonful doses, given every few minutes to promote perspiration. If coma continues after the temperature is reduced, a hypodermic injection of pilocarpine may afford relief. When the more alarming symptoms subside and sweating supervenes, large doses of the bromides of sodium, potassium and ammonium may be given with advantage.

The physician at the conclusion of such cases should never neglect to warn the patient of the danger of a second attack, to which, as a general rule, he is far more liable than he was to the first.

A NEW SIGN FOR THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.

Murat (Gaz. Hebdom. de Med. et de Chirurgii, March 5, 1899; *Journal of Tuberculosis*), describes the following subjective symptom: An abnormal sensation is experienced by the patient in the early stages of phthisis when he speaks loudly, or when in the course of conversation the voice is raised, the tuberculous lung vibrates, and the sense of discomfort is such that the patient instinctively holds the arm of the affected side close to the trunk. The patient becomes conscious that the vibrations of the voice are propagated on the affected side while he experiences no such sensation on the opposite or healthy side.

In one case in which this subjective sign was present auscultation could discover nothing wrong.

According to the author, this symptom ought to be hailed not only as a sensory symptom of early tuberculosis