

ish wine 1600 parts, alcohol 200 parts, water 160 parts, colocynthis 10 parts, and of the new preparation of cinchona 20 parts, carefully mix these several ingredients in these proportions, filter frequently and allow it to stand for some time, as its strength improves by keeping. Cinchona, it will be observed, forms a chief ingredient in this mixture, and it is remarkable that previous to 1824, the cinchona bark was extensively employed for the cure of acute rheumatism; first by a Dr. Morton, with, it is said, the happiest results, even in the most severe cases. After Dr. Morton, and chiefly through his recommendation, many illustrious practitioners pursued the same course, with similar success. Amongst whom may be mentioned Drs. Hulse, Fordyce, Fothergill, Sweediaur and Haygarth, the latter of whom declares it to have failed in but 4 cases in 121. Dr. Cullen, however, and others, denounced its use as useless, if not, in some cases, absolutely hurtful.

Dr. Haygarth's cases occurred chiefly in delicate subjects, and in a peculiar district, but others had equal success in cases the opposite in character.

In reference to these differences of result, a certain writer, years ago; deemed it of sufficient importance to say that there is some *unknown principle* or contingency behind in these results that require to be forthcoming before we can ascribe that this fact is *contraria facta*. These differences could easily be accounted for, if in no other way, by the irregular quality of the bark, and want of uniformity and correctness in the method of administration; but I have previously shewn that there are causes much more likely than either of these to account for the peculiarity stated.

The kino-colocynthis is superior to cinchona, as its composition has been declared by Ossian Henry, chief analyst of Paris, to be febrifuge anti-periodic diuretic and purgative. In rheumatic-gout it acts by eliminating through the skin and kidneys Urates of Ammonia and soda, as these salts, from the presence of which gout is due, may be found in the wine after its administration, which were not there before, and removing by the skin the lactic acid in the blood, which Drs. Prout and Todd declare to be the specific cause of rheumatism.

It, quite probably, exerts its influence further by giving tone to the vital forces and restoring thereby the deranged process of chemical change in the blood; secondarily, (as hinted before) by the oxidation of lactic acid and its change, thereby into carbonic acid and water; and uric acid, in gout, by the soluble salt of that acid through the urine. That the latter is the result of its action, is capable of the most positive proof, and indeed, has been amply demonstrated over and over again.

The following cases I select, as treated by myself, and beg to offer, by way of confirmation:

A. B., aged 38 years, has had rheumatism and rheumatic-gout before, was once bed-fast several weeks from it, feet enlarged, from deposit in an old attack, joints of fingers have been enlarged and distorted for years—attacked November 10th with violent inflammatory symptoms of her old enemy; pain intolerable; redness considerable and mobility impossible—ordered $\mathfrak{z}\text{i}$ of the kino-colocynthis every 6 hours, till three doses had been taken—first dose taken at 4.30 P. M.

11th.—Medicine not acted on the bowels; pain not relieved.

12th.—Medicine acted on the bowels last night since which time there has been no pain whatever—except on moving the joints.

13th.—No return of the pain and no medicine given since yesterday; had a very comfortable night. From this there was no further trouble; the deposit in joints, however, remains. This case was of hereditary origin.

CASE 2nd.—C. D., aged 13 years; taken ill Nov. 19th with acute rheumatism. Shoulders swollen and painful; the knees—first the right and then the left—were attacked violently. Placed on the alkaline treatment from 19th to 27th, without any improvement, when she was put on treatment by kinocolocynthis. Gave three doses of $\mathfrak{z}\text{i}$ each at intervals of six hours.

28th.—Pain less severe than yesterday, but otherwise as usual.

29th.—Pain and redness completely disappeared, and patient able to move the limbs; medicine discontinued.

30th.—Improvement continues.

Dec. 4th.—Medicine discontinued; has to be