Premonitory Symptoms of Phthisis.

The *Med. Reg.*, March 17, gives the following extract from a recent work of M. Rene Serrand, who has made a special study of the first symptoms of phthisis: In patients doomed to pulmonary phthisis there always exist very clear and decided pharyngo-laryngeal signs, which precede for some time the pulmonary symptoms. These signs are three in number: 1. Pharyngeal anæmia. The pharynx is pale, white, discolored, in place of having its normal color. 2. Impaired action of the inferior vocal chords through atony of the constrictors. 3. Local congestion of the arytenoid and inter-arytenoid mucous membrane, manifesting itself in swelling and a cherry-red inflammation of that locality. These three signs may exist simultaneously or alone. The presence of even one is a strong indication of approaching pulmonary tuberculosis; whenever a physician finds all three present, this prognosis is certain. Pharyngeal anæmia, impairment of the vocal chords, and congestion of the arytenoid region, symptoms which have nothing in common with laryngeal phthisis, are the heralds of pulmonary consumption. The physician who knows how to read the larynx of his patient can avoid a great many missteps, for, warned of the danger ahead, he can institute a prophlylactic treatment, and arrest phthisis in its first stage.

Dyspepsia.

Professor German Sée in his treatise on "Gastro-Intestinal Dyspepsias" says: I have endeavoured to demonstrate two facts: 1. That dyspepsia is always and necessarily a defective chemical process, due to some alteration of the elements of the gastric juice, and especially of the hydrochloric acid; the gastric juice may, moreover, be imperfect by reason of inertness of pepsin, or by reason of excess of peptones formed, or of mucus preformed, all of which retard the digestion. This constitutes dyspepsia proper. At the last three Congresses of German physicians, Van-der-Velden, Leube, Riegel, Ewald and Boas, Edinger and Jaworski, have endorsed, without giving me credit for my own researches and conclusions, this chemical view of dyspepsia, adopting principles of pathogenesis and a classification which I have long taught. 2. The second fact which I endeavoured to bring prominently to light at the epoch when I published my book, was this: All the properties of the stomach which do not belong to the domain of chemistry, such as the sensory and motor innervation, are simply auxiliaries to true digestion; they may, in fact, undergo grave modifications without any real digestive trouble resulting. When the gastric innervation is impaired, there ensues a series of perturbations which often simulate the phenomena of dyspepsia, and to such an extent as to render the distinction very difficult; we have, however, to do in these cases only with nervo-motor states, with atony or spasm of the stomach.

THERAPEUTIC NOTES

The New Heart Remedy—Strophanthus.

The British Consul at Zomba (East Central Africa) gives the following notes which he has obtained from Mr. Buchanan, in reference to this plant:—

"Strophanthus is considered the most powerful poison the natives possess. It is found at a low level, and, as far as I can gather from personal observation and native sources, it is not to be had on high land. The supplies hitherto obtained have been drawn from the right bank of the River Shiré, below the Murchison Rapids. There is, apparently, more than one species, or, at least, variety; the distinguishing feature being a much smaller pod and fewer seeds. At present, information relative to these other varieties is scant."

The *British Medical Journal* reports the experience of Mr. Montague D. Makuna, in the use of strophanthus in heart disease. The doctor bears testimony to its action as a certain cardiac tonic and powerful diuretic. He says:—

'I have used it, firstly, in four cases of angina pectoris, in two cases associated with dilatation of the heart. A fortnight ago I was called to see a young man, aged twenty five, in an agony of pain, with tumultuous action of the heart. Within five minutes of the administration of a five minim dose his breathing became quiet, pain disappeared, and the rhythm of the heart's action was restored. In cases of dilatation of the heart, the patients took five minim doses three times a day with marked benefit.

Secondly, I have used it in two marked cases of fatty degeneration of the heart. I had a patient, aged forty-five, under treatment when Prof. Fraser read his paper, and whose life was altogether de-