ower extremities. The pleural effusion on the left side had recently increased in amount, and after the withdrawal of forty-four ounces of clear serum by aspiration the œdema of the legs began to subside, and under the administration of iron and aperients she steadily improved. On Aug. 22nd she left her bed for the first time, and a few weeks later she went to Lowestoft, still very weak, somewhat anæmic, and with a large patch of alopecia developed during her illness.

Remarks.—This case illustrates the effect of two acute illnesses on a person already the subject of marked chlorosis. We believe that the influenza had a larger share than the pleurisy in increasing this anæmia to a degree that threatened life. She appeared to be certainly dying when transfusion was performed, and the fact that her dyspnœa was more alarming than the condition of the pulse induced us to use blood rather than salt solution, though possibly the latter would have been equally successful. We regret that circumstances prevented an examination of the patient's blood.

Norwich.

THE THERAPEUTICAL VALUE OF TURPENTINE.

BY CHARLES W. CHAPMAN, M D, M.R C.P. LOND,
PHYSICIAN TO THE FARRINGDON DISPENSARY.

THERE have appeared from time to time in THE LANCET important communications recalling attention to the value of some drug or therapeutical measure which had apparently fallen into disuse. Many practitioners are doubtless bewildered by the innumerable announcements of new remedies with which they are persistently assailed. Under these circumstances it is well to turn a deaf ear for a while to the importunities of the enterprising manufacturers of therapeutical novelties or wonderful combinations of drugs, and to look back at "the old remedies out of fashion." This can be done without prejudice to real advance in our art. Turpentine, as far as my observation goes, is a remedy which is wellnigh forgotten. I refer especially to the hæmostatic property of the drug. My attention was first called to the value of turpentine by Dr. Wilks when I was a student at Guy's, and I have frequently seen very satisfactory results follow its use in my own practice.

In 1873 I had a rapidly advancing case of purpura in a man twenty-five years of age, where hæmorrhage from the bowel was the symptom for which I was consulted. Never having previously seen a similar case, I at first failed to recognise the disease. I gave a saline purge, and followed with lead and opium (examination of the rectum having given no evidence of local trouble), but to no purpose. Before long there was severe bleeding from all the mucous surfaces, and this, with the appearance of petechiæ on the general cutaneous surface, cleared up any doubt as to the nature and gravity of the complaint. Gallic and tannic acids proving of no more value than the preceding treatment, turpentine in twenty-minim doses every two hours was prescribed. The effect of the remedy was prompt and marvellous, the bleeding diminishing in a few hours and stopping entirely in three days. I saw this gentleman quite recently; he is in good health, and has never had a recurrence of this mysterious disease.

In the treatment of bleeding from uterine fibroids turpentine has with me been of great value, this drug frequently having succeeded when ergot, from lengthened use, appeared to have lost its effect, or the patient wearied with having taken it so long. In 1881, F. H——, widow, thirty-eight years of age, came under my care for excessive menstrual loss. The intervals of freedom from bleeding had been gradually getting less, and she was terribly anæmic in consequence. Physical examination revealed the presence of a large intra-uterine fibroid. Though the subcutaneous injection of ergotine was occasionally resorted to, the great remedy was turpentine, which never failed to have a marked beneficial effect upon the bleeding. This patient was not allowed to submit herself to operative interference, though this was urged upon her; she has outlived her fibroid, and is now in the enjoyment of thorough good health.

In hæmoptysis, especially where there was much prostration, I have had reason to be satisfied with the hæmostatic and gently stimulating properties of the drug in question. Dr. Sydney Ringer, in the 1871 edition of his "Handbook of Therapeutics" (p. 273), remarks of turpentine that "it is very efficacious in bleeding from the lungs, nose, uterus, kidneys, and bladder." Yelk of egg and mist. tragacanth comp. are convenient vehicles for the drug, and when the patient does not object to it I have found peppermint a useful flavouring. Turpentine has many uses beyond those here indicated, but my object was rather to revive an interest in this remedy than to fully discuss its uses. I may mention I have never seen severe bladder symptoms follow the exhibition of turpentine. If painful micturition happened to supervene, cessation from the use of the drug for a short time was all that was required.

Fitzjohn's-avenue, N.W.

TARTAR EMETIC AS A REMEDY FOR INTESTINAL CATARRH.

BY L. GREY THOMPSON, M.D. ABERD.

CHILLS or indigestible food probably cause the following (four) varieties of the same disorder:—

1. An offensive diarrhœa of dark matter, accompanied by tenesmus and travelling pains in the pelvis. Raised temperature. Great depression, with frontal and occipital headache. Nausea and vomiting. Tongue silvered and scarlet-edged.

2. A purging of dark matter in early morning. Tenesmus. Scoring of anus, and cramps in the thick muscles. Raised temperature. Great depression. Flushing of face and frontal headache. Nausea and retching. Tongue and lips deficient in secretion. Edges of tongue moist, and flesh tint heavy in value.

3. Watery, grey dejections, which are inclined to leak through the sphincter, and are worse after midnight. Temperature normal. Great depression. No pains or aches. Deficient buccal secretions. Volvulus.

4. Sickening, offensive, curdy, watery diarrhœa; always worse after midnight. Temperature raised. Great depression. Alternate flushing and pallor of face. A common ailment of infants.

Treatment.—Commence with a purgative dose of calomel. Secure rest and warmth. Cut off all stimulating foods, and give milk with dextrose and dextrine. One minim of the antimonial wine or $\frac{1}{240}$ of a grain of tartarated antimony given each hour will soon restore the secretions; the mouth becomes moist, nausea disappears, appetite returns, the discharges cease to be offensive and become more consistent. One quarter or one half minim will be ample for an infant.

Launceston, Tasmania.

A CASE OF COAL-GAS POISONING.

BY BRUCE HAMILTON, M.R.C.S., L.R.C.P.

REPORTS of cases of coal-gas poisoning seldom appear in the pages of THE LANCET, so that I venture to forward the following for publication:—

M. G——, male, went to bed at midnight. The room occupied by him was an attic of small dimensions, and without ventilation by chimney or window. At 7.30 A.M. the door of the room was forced open, when gas was found to be escaping, and was immediately turned off. I found the man lying in bed, and presenting the following signs of asphyxia:—Total unconsciousness, sounds of expiration faintly audible, congestion and puffiness of the whole surface of the skin, the jaw firmly closed, eyes widely open, with the pupils equal and dilated; pulse frequent, 130 per minute. The pillows and sheets of the bed were stained by a yellow, frothy discharge which issued from the nose and mouth. Twenty minutes after the commencement of artificial respiration signs of returning consciousness appeared. In an hour he was able to swallow some hot tea, and in the afternoon of the same day he left London for the country, feeling quite well.

Finchley, N.

A LOAN STUD.—A meeting was held on the 16th inst. at St. Paul's House, Wilton-place, S.W., to form a committee for the carrying on of the loan stud left by the late Miss Lindo, the well-known founder of the Home of Rest for Horses. The stud was formed to enable poor cabmen to have workable horses to replace the disabled ones so frequently seen in the streets of London. Persons interested in the matter may have full particulars by applying to the trustee, Professor Atkinson.