fortable condition. In the presence of eclampsia two indications are para-
mount. The first is to cause prompt, thorough, and copious elimination by
every possible means. The hot pack, free purgation, and saline transfusion
are of the greatest importance. To be avoided are sedatives, which hinder
excretion and depress the cardiac and respiratory centres. If apoplexy
threatens, and a heavy, full pulse indicates bleeding, such a procedure is
justifiable. It is rarely the case that a patient suffers from profound toxemia
and eclampsia without the beginning of labor as a direct result of the stimu-
lation of the uterine nerves which the retained toxins furnish. Taking
advantage of this conservative process, rapid delivery is indicated so soon as
it can be accomplished without positive and severe injury to the mother.
The interests of the foetus are also here served, for the same poisons which
threaten the mother often kill the child.—*Therapeutic Gazette*, 1895, No. 7,
p. 433.

**Taka-diastase.**

Mr. Ferdinand Lascar recalls the fact that diastase has an action upon
starch identical with ptyalin. Diastase is contained in a greater or less
extent in the different extracts of malt, but in them its utility as a starch-
converting agent will always remain a limited one. The diastase now made
by takamine is a dry powder, tasteless, and of no perceptible odor, and is
powerful enough to convert one hundred times its weight of starch into a
soluble condition. The author has even converted 50 per cent. more than
is claimed for it. One of the peculiarities of this product is the rapidity
with which this conversion takes place, four minutes being sufficient so fully to
produce the change that neither iodine nor the microscope can detect uncon-
verted starch. In the making of the tests, as well as in the manufacture of the
product, heat should be guarded against, as it easily destroys the action of
diastase. The field of usefulness of this product is not alone in infant-feeding,
but as well in the amylaceous dyspepsias of adults, which are by no
means infrequent.—*Therapeutic Gazette*, 1895, No. 7, p. 437.

**Arecolin.**

Dr. G. Lavogna has made an experimental study of the physiological
action of this new alkaloid, which is obtained from the areca-nut, which has
been prescribed for the removal of tapeworm. The alkaloid occurs as the
hydrobromate, a permanent, slightly hygroscopic salt, of the formula
C_{10}H_{19}NO_{3}HBr. Fröhner found that it possessed sialogogue properties, even
exceeding those of pilocarpine; that it was also a laxative and water-extractive
remedy. The author, however, ascertained that it is a myotic. Used in a
1 per cent. solution, dropped into the conjunctival sac, there is experienced
a feeling of warmth in the eye; some tears and spasm in the lids follow.
These symptoms of irritation last but a minute, and frequently a shorter
time. After the spasm of the lids has passed away there is noticed a con-
junctival, or, more properly, a bulbar hyperemia, and a slight superficial
injection of the cornea which lasts but a few minutes. After five minutes
myosis commences, which reaches its maximum after ten minutes and per-
sists about thirty minutes, when the pupils show a tendency to return to
their normal size, reaching it after seventy minutes. One and one-half hours after, slight mydriasis is noticed. The spasm of the ciliary muscle reaches its maximum in from one to six minutes, and then the refraction tends toward the normal, reaching it thirty-five minutes after the instillation.—\textit{Therapeutische Monatsshefte}, 1895, Heft vii. S. 364.

\section*{THE DIURETIC ACTION OF THEOBROMINE.}

\textsc{Dr. Henri Huchard} believes that the future of therapeutics lies in the diuretics, because the permeability of the kidney is the safeguard of the organism, be it healthy or diseased, permitting the elimination of the toxins which it produces or it receives. The classification of Manquat divides diuretics into two groups, the mechanical and renal. The first group is further subdivided into (1) cardio-vascular and (2) aqueous. The second or renal diuretics are either (1) functional epithelial or (2) irritant epithelial diuretics. The functional epithelial diuretics are those which act upon the renal epithelium without altering it, and comprise milk, lactose, glucose, theobromine, potassium and sodium nitrates, asparagus, couch-grass, corn-silk, and elder-bark. The irritant epithelial diuretics are those which provoke diuresis by causing congestion of the kidney, as juniper-berries and cantharides. These give rise to real dangers, especially the latter, and should always be used with great care. The experiments with theobromine have shown that it does not possess any action upon the nervous system, thus differing from caffeine, which is a cerebral excitant. It is very slightly poisonous, even in large doses. It has a diuretic action less prolonged than digitalis, but more so than caffeine. This diuresis follows very rapidly as a urinary downpour; the amount of urine frequently becomes three or four pints. Very rarely it produces digestive disturbances, as nausea and vomiting, which may be avoided by prescribing the drug in capsules of seven grains each. It has no action upon the heart, arteries, or blood-pressure, and is harmless to the kidneys. It does not offer any danger of habituation nor of accumulation, and it is eliminated unchanged in the urine. Finally, it is indicated in dropsies of cardiac origin and in the anasarca of Bright's disease. If prescribed in the above dose, eight capsules should be taken on the first, six on the second and third, and four on the fourth day. To obtain the tonic effects of this drug it is employed in smaller doses, associated with equal parts of neutral sodium phosphate, for several weeks. Dinretin, sodium and theobromine salicylate are untrustworthy.—\textit{Journal des Praticiens}, 1895, 2d semestre, No. 1, p. 5.

\section*{Accidents following the Use of Serum.}

\textsc{Galliard} reports that a woman, thirty-three years old, entered his hospital service, complaining of a slight angina, which, however, became suddenly worse, so that subcutaneous injection of Roux's serum was administered. There was no febrile reaction nor immediate accident, and convalescence was speedily established, so that she left the hospital five days later. Bacteriological investigation showed that the membranes did not contain the [Klebs-]Loeffler bacillus, but only staphylococci and streptococci. Sixteen