fully watched. 2d. The sudden occurrence of extreme loss of weight, so apt to result from the profuse perspiration produced by the action of the bath, especially when the dropsical effusion has remained for a long time unabated under the use of the bath.—*Centralblatt f. d. Med. Wissenschaften*, July 16, 1870.

D. F. C.

37. *Chlorate of Quinia in Pertussis*.—Dr. BREIDENBACK, says, in the *Centralblatt f. d. Med. Wissenschaft.*, July, 1870, that in consequence of the unsatisfactory results he had obtained from the employment of the usual remedies recommended for the treatment of whooping-cough, he felt it his duty to make known the very beneficial results he has found to follow the employment in that disease of the hydrochlorate of quinia, after the recommendation of Professor Binz (*Jahrbuch f. Kinder-Krankheilk.*, I. 3), during a circumscribed but very severe epidemic which prevailed in 1870, at Aeueterhof, near Stotzenbach. The result in all uncomplicated cases of pertussis, and Dr. B. saw no others, was favourable. The remedy must be given in comparatively large doses. Those which Dr. B. gave varied according to the age of the patient—from three weeks to eight years—and the severity of the attack, from gr. 0.1 to 1.0 per diem. No other medicine was given. In some of the cases the children escaped any injurious sequelæ, though, because of the poverty, with which they were surrounded, they were exposed during the winter to a continued spell of cold damp weather. Dr. B. knows of no contra-indication to the use of the hydrochlorate of quinia in cases of pertussis. In his cases it never gave rise to symptoms of intoxication—even, however, when such is the case, all that is required is a reduction of the dose. The beneficial results from the use of the preparation in question in cases of whooping-cough, show themselves with great promptness. In the severest cases, within 48 hours after it has been commenced with, the paroxysms become diminished in violence as well as in frequency. Dr. B. has also seen a commencing and rapidly increasing ecchymosis of the conjunctival membrane of the eye, under the use of the remedy to be promptly resolved. To prevent a return of the disease, Dr. B. continued the use of the remedy in small doses for some time after the prominent symptoms have been quelled.

D. F. C.

38. *Spontaneous Cure of Croupal Bronchitis*.—Dr. ROTH relates, in the *Deutsches Arch. f. Klin. Med.*, VII., 1870, a well-marked case of this. It occurred in an anæmic female, thirty-four years of age; the cure took place without the interposition of any remedial treatment. Physical exploration at the commencement of the disease, and immediately after the discharge by coughing of the croupous membrane, indicated the presence of dry bronchial catarrh (*trocken bronchial katarrh*), with evident respiratory murmur, especially over the region of the left lung, whereas, on the right side the respiratory sounds were diminished.

D. F. C.

39. *Therapeutic Value of some Salts of Potash in reducing or modifying the Amount of Uric Acid in Renal Calculus and Allied Urinary Disorders*.—Dr. W. R. BASHAM in an interesting paper (*Practitioner*, Nov. 1870) remarks that "Empirically and clinically for generations the remedial agency, the lithontriptic virtues, of alkaline preparations in cases of gravel, red sand, or renal calculus, has been universally acknowledged. The interpretation of this action for a long period was fanciful and erroneous according to the prevalence of the doctrines of the humorists or solidists.

"As chemical analysis became more accurate, and the differences in the composition of the several renal and vesical concretions were better known, a simple and apparently satisfactory chemical interpretation of this remedial agency succeeded. It was the conversion of an insoluble organic acid into a soluble salt by an alkaline base, and consequently a more ready excretion in this form."

Dr. B. offers a more complex, but he thinks a more satisfactory interpretation of the action of these alkaline salts; the only one by which the increase of urea and oxalic acid can be accounted for.