

paroxysmal tachycardia. These attacks occurred frequently and suddenly, and lasted from five to fifteen hours, and went on to severe collapse. Physical examination revealed nothing beyond an anæmia and a slight bronchial catarrh in a very nervous patient. During an attack the patient was pale, the pulse was above 140; small but regular. Within five seconds under vagus-compression it fell to 128, in five more to 96, and remained for several days at 88. Although but little can be deduced from a single case, this appeared to bear the clearness of a physiological experiment, and to be free from any doubt.—*Correspondenzblatt für Schweizer Aerzte*, 1894, No. 10, S. 297.

THE ELIMINATION OF URIC ACID BY DRY TURPENTINE VAPOR.

DR. BENOIT DU MARTOURET reports two observations which seem to show that the vapor has a distinct effect in increasing the elimination of uric acid, and upon this fact rests the explanation of the relief which arthritic, rheumatic, and gouty subjects experience under this treatment. The vaporizing apparatus maintains a constant and graduated heat, and should be distinguished from those baths which by their excessive heat present great danger of cerebral congestion. It is hoped by this method also to cure the pyelonephritis caused by calculus, and so to reduce its volume that the calculus may be evacuated *per vias naturales*.—*Lyon Médical*, 1894, No. 24, p. 217.

THE TREATMENT OF CYSTITIS.

M. LAVAUX believes several remedies to be of real value. Sodium bicarbonate in thirty to ninety grains is the remedy of choice when the inflammation is due to irritation, as from cantharides; it is absolutely contraindicated with ammoniacal urines. Sodium borate has a favorable action according to the doses which are employed; thirty grains seem to act as an alkali. In ninety grain doses it acts as a feeble antiseptic, and is of some value if the cystitis is one of vesical infection, but it is not well borne by some stomachs. Sodium benzoate, benzoic and boric acids are better borne, but appear to be but little more energetic than the last-mentioned remedy. More efficacious is salol, but it is a dangerous remedy, and can cause severe accidents. It should be prescribed in from thirty grains to two drachms, the latter being too great. It must be used in small doses if the patient suffers from renal lesions. The pure essence of yellow sandal is quite active in the cystitis of blennorrhœic origin, but it often is badly eliminated by the kidneys, which it may irritate; it frequently gives rise to renal pain and, indeed, it may aggravate the cystitis. One drachm to one and one-quarter drachms is a safe dose. Turpentine, even in acute conditions, may be of value, ten drops being a sufficient dose. Buchu is better borne by the stomach than tar, eucalyptus, or uva ursi. If mineral waters are used, those of feeble mineralization, as Evaux, are preferred, although in acute cases Vichy or Vals may be valuable. Pain is best relieved by direct anæsthesia of the urethro-vesical mucous membrane. Morphine subcutaneously, opium with belladonna or gelsemine in suppository, chloral by the mouth, may be of value, but they are indirect methods. The direct method by lavage without catheter and anæsthesia of the mucous membrane, by cocaine hydro-