twenty-one days, one for twenty-four days, two for twenty-six days, and one, in a delicate child with a careless mother, was five weeks.

I may add that I use pure boric acid, and do not dilute it with coffee or anything else. It is so little irritating when used by itself that the youngest baby does not object to it, and it is certainly cleaner in appearance. The coffee only makes a dirty-looking discharge from the nostril, while the pure acid does not cause any discharge, unless used in excess.

ACUTE RHEUMATIC PERITONITIS.

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PERITONITIS occurring in acute rheumatism is an exceedingly rare affection, and has been chiefly described by French writers, hence the following brief report of a case may be of interest.

M. E. G., aged 17 years, tall, slender, and a twin, was seized with severe abdominal pain and vomiting on January 3rd, 1887. On January 5th I was called to see her, when I found her in bed, lying on her back, knees drawn up; severe pain in abdomen, increased on pressure, and excessive tenderness, especially of the hypogastric region; pulse 110, weak; temperature 99.4° F.; in fact, all the symptoms of acute peritonitis. A normal menstruation had ceased five days before the attack; there were no signs of renal or pelvic disease; the only history bearing on the case was that the patient had walked two miles in the severely cold night air two days before the attack. The usual instructions as to diet, rest in bed, external applications, and avoidance of aperients (which had been given by her mother at the onset) were given, and a mixture containing opium prescribed. During the first week the pain was kept in subjection by the opium, but the pulse remained frequent, the temperature rose to 102°-103°, and the inflammation extended to the whole of the peritoneum; the tongue was dry, red, small, and characteristic, and the breathing altogether costal. At the end of the first week severe pain paralysed the right knee, which became very tender, but not red or swollen; the temperature rose to 104°, signs of pericarditis developed, and sour-smelling acid sweats set in. After two days the right knee became free, but the left shoulder was attacked with acute pain, but without redness or swelling. In a few days again the left elbow followed suit. As the pericarditis developed, the abdominal symptoms subsided gradually, but dulness, loss of voice resonance and breath sounds became marked at the bases of both lungs (double pleurisy with effusion). The respirations were short, and 34 per minute. At the end of the second week the heart dulness had greatly increased, and extended from half an inch to the right of the sternum to half an inch to the left of the left nipple, where the heart impulse was felt (on a level with the nipple); in the second left intercostal space a well-marked friction fremitus and sound was perceptible during the whole time the pericarditis lasted, and here also an easily seen wave-like motion was visible, due to and synchronous with each cardiac systole (that this wave-like movement was not due to fluid effusion was clearly proved by the friction sound being audible only over the same area). On endeavouring one day to examine more in detail the back of the chest, the patient was quietly raised a little from the previously carefully maintained dorsal position, when hiccupping, "catching of the breath," and fatal syncope almost occurred, and was only warded off by the speedy restoration to her former position and stimulants. From this time up to the fifth week gradual improvement took place; the patient was able to sit up in bed; the abdominal tenderness, tympanites, and increased heart dulness had almost gone, and the temperature and pulse had become normal, when, presumably from a slight error in diet, a relapse of the peritonitis occurred, and the pain returned for a time to her left shoulder; again she gradually recovered, and by the third week in March she could take an ordinary diet with impunity, walk out of doors, and had no shortness of breath. The heart dulness and apex beat were almost normal, but a systolic *bruit* remained. She is continuing to regain flesh and strength (April).

There can be little doubt but that this case was one of acute rheumatism, in which the visceral affections eclipsed those of the joints. The only other view that could be advanced is that the peritonitis was "idiopathic," and that the pleura and pericardium were affected by continuity of tissue through the lymph channels existing between the serous membranes and the diaphragm. There were never any signs of typhoid fever, and tubercle was out of the question. Paracentesis pericardii was not performed, because (1) the symptoms were never sufficiently alarming, (2) the effusion was regarded as rheumatic, and (3) the fluid gradually became absorbed.

THERAPEUTIC MEMORANDA.

PURE BENZOL IN WHOOPING-COUGH.

ENTERTAINING a very strong opinion that benzol is very efficacious when given in suitable cases and at a proper period, it may be worth while to point out a mode of administration which overcomes the real difficulty in using it.

The fluid is so light that it is by no means easy to prescribe it in such a form as to cover the hot, pungent taste which it leaves in the mouth. Even where viscid solutions, such as starch or mucilage, are used, this acrid flavour remains, and it is apt, as Dr. Goodhart (*Student's Guide to Diseases of Children*) points out, to produce sickness. This result never occurs if the benzol is given in a viscid mixture, or if the dose is not too large. The dose which I have usually found sufficient is from three to five minims, but a smaller quantity produces a decided effect. For a child of 4 or 5 years of age two minims every two hours will suffice. The following will be found a convenient and not unpleasant formula: R "Benzol puriss," (Hopkins and Williams) ℥ 32; glycer. pur., ʒiss; ol. menth. pip., ℥x; syr. mori., ʒss; Misco. ʒj 2dā quaque horā sumenda.

The preparation of benzol is to be obtained from Messrs. Hopkins and Williams, 16, Cross Street, Hatton Garden. It is a very light and highly inflammable body.

The best time for beginning its use is after the acute stage is past; at least, this is the plan I have usually adopted, but it is not unlikely that in the form now devised it might be taken with advantage at an earlier period. The most notable points in which its beneficial action is displayed are the diminished expectoration, and the decrease in the spasmodic nature of the cough.

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STROPHANTHUS.

THE following notes respecting the effect of strophanthus in two cases of valvular disease of the heart may be interesting.

CASE I.—A woman, aged 36, suffers from mitral obstruction and regurgitation. She is subject to periodical attacks of cough and dyspnoea, accompanied by marked irregularity and feebleness of pulse. Sickness is also a prominent symptom, and there is slight oedema of the lower extremities. I have attended her on several occasions, and have always treated her with a mixture of iron and digitalis, which speedily relieves all her symptoms. During her last attack I tried the tincture of strophanthus, in five-minim doses, but beyond increasing the force of the cardiac impulse, and the quantity of urine voided, it had no effect on her symptoms, except to make the sickness worse. A return to the usual iron mixture soon gave her relief.

CASE II.—A boy, aged 7, with aortic and mitral regurgitation, has attacks of angina pectoris, cough, dyspnoea, and general anasarca. Cardiac impulse is very violent, but not irregular. Urine scanty. Strophanthus was given in three-minim doses, thrice daily, and the effect was simply marvellous. The secretion of urine soon became abundant, cardiac impulse less violent, anginal attacks quite ceased, and in three weeks' time the dropsy had entirely disappeared. The drug was then discontinued, and now, three months afterwards, the child is better than at any period during the past three years.

Chatham.

J. HOLROYDE, M.R.C.S., etc.

DURING the last few months I have been trying strophanthus in cases of heart disease. My results at first were unfortunate, for it neither relieved the breathing nor did it check anasarca. My friend, Mr. H. E. Bateman, of York, told me that he had had similar results until he combined five-minim doses of strophanthus with half-drachm doses of ether, when he had a wonderful recovery from heart disease and anasarca in a very aged man. I have tried his plan in a case of extreme dilatation of the heart with anasarca, and found it gave great relief to the breathing, though since I have had to treat the anasarca by drainage.

In a very bad case of double pneumonia, with heart failure, I combined strophanthus with an expectorant, and the case got rapidly worse, the respirations going up to 65, the pulse to 130, and the patient became very cyanotic. As a last resource I gave strophanthus and ether only, with the result that the symptoms began to abate immediately, and he is now recovering. The preparation I have used is by Burroughs, Wellcome and Co., and I have been obliged to make it into a mixture, as my patients have not had enough intelligence to be trusted to prepare each dose as directed.

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