

## Publishers' Department

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OZENA.—Some three months ago a young lad, Master S., twelve years of age, was brought to my office with the request from his teacher that he be sent home. As he entered the room I was much impressed by the fearful odor from him. It was indescribable and permeated the entire room. Not having seen a case like this before, I made a careful examination for the cause. He was anemic, had difficulty in breathing, was somewhat emaciated and seemed poorly nourished. On questioning him I found that this condition had existed for some time (two months or more) the odor steadily becoming worse. He had been treated by physicians unsuccessfully in the meantime. As the rules of the Board of Health of this division limit me to simply a diagnosis, I pronounced the case from the odor, history and limited examination, a case of ozena of fetid form of atrophic catarrh with a possible necrosis or caries, and referred him to the nose and throat hospital of this city. His teacher and the principal meanwhile protested against his attending school and as I had no authority to send him home, the disease not being recognized as contagious, I advised that he be allowed a seat by himself. At the end of two weeks' time, not seeing what I would consider much of an improvement, I, on my own responsibility, gave him a Birmingham Douche and a small bottle of Glyco-Thymoline. In about ten days' time the odor was hardly perceptible and at the end of two months it had entirely disappeared. His general condition was remarkably improved as well as his sense of smell. The case was watched daily both by myself, the principal, and his teacher, who became much interested as the case progressed. The boy had not lost a single day at school, his sense of smell is completely restored, and his health has never been better.—*Edwin E. Hitchcock, M.D., N. Y. City.*

CHRONIC AND RECURRENT COUGHS AND THEIR TREATMENT.—In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement. Such cases are best classified as the Chronic Cough and the Recurrent Winter Cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long dura-