the medicated liquid is placed above the head, as before. The tube being immersed in it, is thus filled, and one end is brought out and applied to the nose, when the syphon action will cause a sudden stream to flow. I have given a thorough trial to nearly all the alteratives, deodorizers, and astringents which have been used for local medication, but have come down to the belief that the chlorate of potassa is best adapted to a large number of cases. It is used in the strength of 3j to the Oj. This should be employed twice or three times in the day, a pint or more of liquid being used at each application, its use being preceded by a thorough cleansing with the douche and salt water. It must be remembered that all such local remedies soon lose their effect, and must be either increased in strength or others substituted for them, for a period of one or two weeks. Next in usefulness to the chlorate of potassa is the permanganate, of variable strengths, then in order of merit follow, zinc sulph., plumb nit., arg. nit., acid carbol., acid tannic, tinct. iodin., and so on through the whole list. The strength of these solutions must be varied to suit the condition of the mucous membrane. Their use should be followed by a slight stinging pain, which should last but a few minutes; longer than this would show the solution too concentrated. Ordinary salt and water will cause a free flow of mucus, which is of use in loosening the crusts and preparing the membrane for the application of other medicines. If any ulcerations are visible from the anterior nares they may be touched with a 10 gr. sol. arg. nit. Whatever liquid is used should always be employed lukewarm.

When the congestion is great in the frontal sinuses, relief may be afforded by the constant application of very hot cloths. I have found also that this feeling of weight and discomfort in the forehead and eyes may be somewhat avoided by abstaining from bathing at all in cold water, ablutions being always performed with water of a temperature above 100° F.

In some very obstinate cases (all of them are obstinate) relief may be afforded by galvano-faradization, and I have cured two cases by this means which had resolutely defied all other measures.

Never promise a speedy cure, but impress upon your patients the necessity of a resolute continuance of the remedies for a year. One frequent cause of failure is due to the fact that the remedies used do not come in contact with the diseased surface, a failure which is avoided by directing a quart of tepid salt water (3j to Oj), to be used just previous to its application. Carbonate or phosphate of soda may be used, of the same strength. In cases where ulceration is suspected, or where the disease is chronic, never neglect to make a complete and thorough examination of both anterior and posterior nares, with a bright light or the rhinoscope.

When the discharge is very fetid, it is due to some special cause other than simple chronic inflammation of the lining membrane, and a careful search should be made for diseased bone, adventitious growths, rhinoliths, foreign bodies, other exciting cause. Such a discovered cause, removed, would, of course, greatly assist in a cure. In scrofulous cases the fault is frequently constitutional, and should be met by cod liver oil, iron, iodine, etc., while the fetor arising from the long retained and decomposing secretions is allayed by frequent syringings or douchings with carbolic acid, permanganate of potassa, chlorinated soda, sulpho-carbolate of zinc, etc., all properly diluted and used three, four, or more times in the day.

When the bones are diseased we have the worst form of *ozena*, a disease which is even more offensive and troublesome than the severest cases of catarrh.

(The woman was put upon the use of potas. chlor. 3j to Oj ter die, and returned in three weeks feeling much more comfortable. Its use was ordered to be continued for several months, nitrate of lead being substituted in its place every fourth week.

PERISCOPE.

The Treatment of Cerebral Hemorrhage.

Dr. J. Crichton Browne gives the following directions in the *Medical Press and Circular*. He says :—

As soon as the attack comes on, my advice is, lay the head low, nearly on a level with the body, in that position which is always assumed when it is desired to induce the cerebral anæmia of sleep, and give an injection of ergotin under the skin of the arm. Contraction of the vessels and occlusion of the open orifices may thus be secured. Of course, nothing can be more difficult than fairly to estimate the effect of treatment upon a hemorrhage on the brain; but I think, and the impression must go for what it is worth, that I have once or twice stopped the extension of a clot, and so prolonged life, by the timely administration of ergotin. I think also that I have seen turpentine beneficial when given immediately after an apoplectic stroke. It is scarcely necessary to say that turpentine must be avoided when the kidneys are diseased. Mustard to the calves of the legs and feet—an old remedy in apoplexy much extolled and much ridiculed—has seemed to me not unproductive of good. Again and again has decided rousing followed upon a resort to this application, which in all probability operates not so much as a derivative as a powerful reflex stimulant, inducing contraction in the cerebral arteries through stimulation of sensory nerves.

Croton oil has long enjoyed a reputation as a valuable medicine in apoplexy, and facts might be adduced to show that its reputation has not been altogether undeserved. The rapidity with which it unloads the bowels, the copious watery evacuations which it secures, and the abdominal hyperæmia which it probably induces, are all ways and means by which it might favorably influence a hemorrhage taking place in the brain.

Bleeding cannot be expected to be beneficial when a clot is forming or has been formed. Trousseau has argued argued that under such circumstances it