

as possible. To be more exact, I would suggest tablespoonful doses of the solution every hour or two for twelve hours, after which the intervals may usually be increased to three or four hours for a similar period, or, perhaps, twenty-four hours. It is seldom necessary to continue the remedy beyond forty-eight hours. If tonics now seem to be indicated, a mixture of bark and iron, with a little chlorate of potash, will supplement the treatment very nicely.

Dr. Mackintosh (*Omaha Clinic*) suggests the following ointment as almost a specific in *eczema*:

R.—Bismuth, subnitrat., . . . $\frac{3}{4}$ iv.
Zinci oxidi, . . . $\frac{3}{4}$ j.
Acid. carbolic. liquid, . . . \mathfrak{M} xxx.
Vaselin, alb., . . . $\frac{3}{4}$ ij.—M.
Fiat unguentum.

Or—
R.—Bismuth, subnitrat., . . . $\frac{3}{4}$ iij.
Zinci oxidi, . . . gr. xxx.
Glycerini, . . . $\frac{3}{4}$ iss.
Acid. carbolic. liquid, . . . \mathfrak{M} xx.
Vaselin, alb., . . . $\frac{3}{4}$ vj.—M.
Fiat unguentum.

The latter ointment mixes into a beautiful emamel-like cream, which is cooling, and acts as a balm to the irritable skin. When constant tingling and irritation disturbed the patient's rest at night, the following lotion is said to be valuable:

R.—Bismuth, subnitrat., . . . $\frac{3}{4}$ j.
Glycerini, . . . $\frac{3}{4}$ iv.
Acid. carbolic. liquid, . . . \mathfrak{M} xij.
Aquæ rosæ, . . . q. s. ad $\frac{3}{4}$ j.—M.

Sig.—Shake up, and apply with a camel's-hair brush.

Dr. Thomas More Madden, F.R.C.S., Ed., read a paper before the Obstetric Section at the late meeting of the International Congress, in which he reported a plan employed by him in a very large number of cases of cystitis in the female treated in the gynæcological wards of the Mater Misericordiae Hospital, Dublin. It consists firstly in the full dilatation of the urethral canal with the instrument exhibited, so as to paralyze the contractility of the sphincter vesicæ and canal, and thus produce a temporary incontinence of urine; and, secondly, in the direct application through the same instrument of glycerine of carbolic acid to the diseased endo-vesical mucous membrane. Any pain thus caused may be prevented by the previous topical application of a solution of cocaine. The procedure recommended seldom requires to be repeated more than once or twice at intervals of a week or ten days; and combined with the internal use of boric acid, rarely fails to effect a rapid cure in any ordinary case of cystitis in the female.—*Coll. and Clin. Rec.*

HYPODERMIC TREATMENT OF ASTHMA.

Miss E. M., 25 years old, born in Ireland, dress-maker, contracted a severe cold at the age of thirteen, by bathing her feet in a cold stream of water while menstruating for the first time. She was confined to bed for nearly six months suffering with cough, shortness of breath and amenorrhœa. Her menses gradually reappeared, but remained scant and painful. Her asthma occurred frequently and continued until she was eighteen years old, when, under the advice of her physician, she emigrated to America, where she seemed to improve for about two years. After this time, however, her health began to decline gradually, and the asthma returned with greater severity. She returned to Ireland, staying there one month without relief and again come to this country, after which I saw her for the first time and treated her with indifferent success. Last January she had a severe attack of influenza, and, after convalescing from this, her asthma was decidedly worse. On June 9, 1890, she was bedfast, with her general health much impaired, and with marked loss of weight. Her appetite and digestion were poor, and pulse rapid and weak. There is no albumin in her urine. Loud sibilant râles were heard over the whole chest. Her family history shows that her father, sister and brother and her uncle and grandfather on her father's side were sufferers with asthma.

At this time I gave her morphia sulphate $\frac{1}{8}$ of a grain, and atropia sulphate $\frac{1}{16}$ of a grain, and ten grains of antyprin, with ten drops of tincture nux vomica every four hours, with favorable results; but after giving her this treatment for four days I decided to place her on hypodermic injections of strychnine and atropine, as recommended by Dr. Thomas J. Mays, in the *Medical and Surgical Reporter*, April 12, 1890. All other treatment was discontinued, and she received $\frac{1}{10}$ of a grain of strychnine, and $\frac{1}{16}$ of a grain of atropine every other day for two weeks. On account of the profound dryness produced by the atropine, even in small doses, it was then omitted, and the strychnine in the same doses was continued alone until October 1, since which time she has been taking $\frac{1}{10}$ of a grain of strychnine and two grains of Vallette's mass three times a day.

She has been free from asthma for three months, and has gradually but steadily improved. She weighs more than she ever did, and loses no sleep or rest at night; she has a good appetite, and is able again to attend to her business, which she had been forced to relinquish. By October 24, she had gained twenty-three pounds in weight.—Dr. Higbee, in *Med. and Surg. Rep.*