

## ON THE TREATMENT OF WHOOPING-COUGH.

Dr. W. C. Webb thus writes in the *American Practitioner*, August, 1883:

My only design in asking the attention of the Society to the treatment of whooping-cough is to relate my experience in the use of croton-chloral in nearly two hundred cases of the disease observed during the last four years.

The lesson taught me by this experience is to the effect that croton-chloral is, with very rare exceptions, singularly well borne by children. Next, that to get the full value of the drug it must be given in decided doses—doses large enough to produce quick and marked effect. A child twelve months old will bear a grain of the medicine every four hours, day and night, or six grains in the twenty-four hours; and to get its curative effects, not less than this should be given. This during the first week. After that time the cough is usually so much relieved that the number of doses may be lessened, the drug being given say during the day only. Used in this way, that is, pushed to its full effect, I have very seldom seen a case in which the cough was not under entire control within a fortnight. And I include in this statement several excessively severe cases, complicated by convulsions and marked catarrhal difficulty.

Children from ten to twelve years old will require two grains of croton-chloral at a dose, while an adult will not often bear more than four grains repeated, as in the young child, every four hours.

The drug does not disorder the digestive organs, and by lessening the frequency and severity of the paroxysms, puts an end to troublesome hemorrhage and vomiting. Occasionally, the first few doses produce some irritation about the throat and fauces, but this soon passes off. The toxic effects of the medicine do not seem to affect the organic centres. I have more than once seen patients fall asleep under its influence while in their chairs, the respiration and movements of the heart remaining unchanged.

Croton-chloral is readily dissolved in comp. tr. cardemoms, if first the drug be thoroughly pulverized. An eligible mixture is formed by dissolving one drachm in two ounces each of tr. card. and glycerine.

I have met with several cases in which the paroxysms of cough were so severe and accompanied by such extreme gastric irritability that it was necessary to give the patient a few whiffs of chloroform before attempting to administer the croton-chloral. I have seldom found it necessary to repeat the chloroform more than two or three times. In such cases as have used the anæsthetic the very happiest effects have followed.

Of the mixture I have mentioned, one drachm of croton-chloral and two ounces each of tr. card. and glycerine, the dose is a half teaspoonful every four hours for a child two years old and under.

Croton-chloral is so expensive a medicine that I have, owing to the known efficacy of belladonna, in whooping-cough, sometimes used the following recipe, and with very good results:

R. Croton-chloral,	3j.
Tr. cardam.,	3ij.
Tr. belladon.,	3ij.
Glycerin.,	3iij.
M. Dose. same as of other.	

I have sometimes combined the several bromides with the croton-chloral, but I never felt sure that they added in any degree to its efficacy. If one bromide was better than another it was the bromide of quinia. But I rely now exclusively on the croton-chloral in the management of pertussis. While I have never seen any unpleasant effects from this drug, I scarcely need add that in its exhibition a watchful care should be exercised, lest, for some reason, its toxic effects should manifest themselves.

## INJECTIONS OF HOT WATER IN DELIVERY.

With reference to this subject, about which a good deal has been lately published, Dr. ROBERT BOXALL writes to the *Brit. Med. Jour.*, July 21, 1883:

The remarks of Dr. Beckingsale on the value of hot-water enemata in delivery, I can fully endorse. The stimulant effect of hot water on the uterine tissue, though slowly gaining ground, seems to be far from generally appreciated by the profession—far less than, from its efficiency, it deserves. I refer not only to rectal enemata, but also to vaginal and uterine injections. Indeed, I believe the beneficial effect of hot water is more readily obtained by injection *per vaginam* than *per rectum*. That such should be the case in rigidity of the os is evident; and unless fœces be present in the rectum, I give preference to vaginal injection, as being the more efficacious of the two. In *post partum* hæmorrhage from inertia of the uterus no remedy is more certain and speedy in its action, so much so, indeed, that it is a matter of surprise it should not be more generally adopted. The following case served, perhaps, more than any to impress upon me its superiority over the means in more general use.

After removing a morbidly adherent placenta under chloroform, the uterus failed to contract, and, while waiting for hot water, the hand was retained in the cavity of the uterus; supra-public pressure, with friction of the abdomen, flipping with a wet towel, all produced the same effect—local contraction of the uterus, answering to the surface of the abdomen affected, but nothing more. The administration of ergot, owing to the persistence of anæsthesia, was inadmissible. On injecting hot water, however, a general contraction took place, expelling the retained hand almost