

some reported cases of failure, I will speak of one of them in some detail.

Boy, æt. 5 years, had been coughing a week before I saw him. I ordered three drops of bromoform, three times a day. This was April 13th.

April 15th. No improvement. Gave chloral and bromide mixture.

April 19th. A diagnosis of whooping cough was now definitely made. The mixture of chloral and bromide had not done any good. Therefore I again ordered bromoform, increasing the dose to $\text{m} \text{vj}$, three times a day.

April 23rd. Little improvement. Ordered $\text{m} \text{x}$, or even xij .

From the time of getting the larger dose, the boy improved. Up to the 25th April the case was a severe one. Hourly paroxysms at night, vomiting distressing; no appetite, the child evidently failing; the mother anxious and alarmed.

But on calling, the second day after he began with the larger dose, the mother expressed herself as delighted. The whole aspect of the case had changed. Paroxysms were reduced in number, less severe in character; vomiting much lessened, appetite getting really good. All the mother's anxiety had disappeared. Ordered to continue $\text{m} \text{xij}$.

May 17th. Patient has no cough during the day now, coughs about twice at night; does not vomit at all, is very hearty. Mother wants to know if he may go to school, as he is so well.

The other case, being very similar both in severity and course, need not be particularly referred to. He made no improvement until the proper dose was given.

In order to decide the question intelligently, Mr. President, I have thus placed before you all the evidence, both for and against, which I have been able to obtain.

Anyone dispassionately perusing that evidence, would say that the testimony is largely in favor of this drug as a most important assistant in the treatment of pertussis.

While so many practitioners have been successful with the drug, however, it undoubtedly has failed in the hands of a few. Granting that its use, by some practitioners, has been void of benefit, these negative results cannot be held to invalidate so many positive successes. But can even these negative results be reasonably accounted

for? Some of them probably can be by the insufficiency of dose.

I will ask you to look for a moment again at the case I have just reported. That patient, beginning with a three minim dose, as I supposed, did not improve till it was increased to xij , apparently. I say apparently, for the patient, although getting x to xij drops, only was really receiving about $\text{m} \text{iv}$, the explanation of this anomaly being, that the medicine had been given by the dropper, and the drops were so small that it took from two to three drops to make one minim.

As the original method of giving this drug was simply to drop the dose into a teaspoonful of water, no doubt some have failed to give a sufficient dose, from overlooking the fact that a drop does not by any means represent a minim.

As further proof that insufficiency of dose accounts for the failure of the drug, other records might be given if time allowed.

On discovering, in my own case, the possible error of the older method of administration, I adopted and modified a formula which was published in the *Canadian Practitioner*, of which glycerine is the basis, as follows:—

R—Bromoform, fl. $\text{z} \text{j}$.

Alcohol,

Tr. card. co., āā " $\text{z} \text{ij}$.

Glycerine, " $\text{z} \text{xij}$.

Given thus, I found minims iv equal in effect to the 12 drops previously administered. Although we can thus be sure of the proper dose being given, there is the disadvantage that children do not take it as readily as when dropped into water.

Dosage.—Schippers gives the standard doses, thus:—

Six to twelve months . . minims ij .

One to two years " ijj .

Two to three years " iv .

Three to four years " v .

Four to seven years " vj to vij .

Three times a day.

These doses may be more easily remembered by using minim j for each year of the child's age, cautiously increasing if not at first successful.

Dangers.—The method of administration must be mentioned. In one case of poisoning, the drug had been ordered simply with water. Bromoform is not soluble in water, and sinks to the bottom almost "like quicksilver," as stated by a corres-