

region of the stomach, and simultaneously a draught given containing a drachm of laudanum. Half an hour after, when the sensibility of the stomach has been, by the action of the opium and counter-irritant, as much as possible diminished, and the patient's attention is occupied with the sinapism or by conversation, the ipecacuan is administered—generally in a draught sometimes in the form of pill or bolus—and the semi-recumbent posture steadily maintained. In a considerable proportion of cases, the medicine is not rejected, or it is at least retained long enough to enable it to do its work. If necessary, I repeat it till the stomach does retain it. I never yet have been obliged to give it in the form of enema. Where so considerable a dose as sixty or ninety grains has been administered, I in general wait ten or twelve hours before giving another. Should the bowels, however, not meanwhile have acted, a repetition is not generally required. I ought here to mention that I begin the treatment of dysentery in most cases, with an emetic—always with a thorough clearance of the bowels.”

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An article on *Aneurism at the Root of the Neck* treated by pressure on the carotid and sub-clavian trunks is published in the ‘Lancet’ by Mr. EDWARDS of Edinburgh. This gentleman had previously reported the details of the case in which his treatment had been successful; the patient having recently died he now reports the autopsy. The examination showed that this was a case of subclavian aneurism cured by pressure beyond the sac.

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*A case of Spasmodic Asthma in a Child Five Years Old.* By GEO. McC. MILLER, M. D., of Brandywine Village, Del.

ON the 7th of August, at 10 o'clock, P. M., I was called to see S. P., a little girl æt. five years, who, as the messenger said, “could scarcely get her breath.” Upon entering the room and glancing at the patient, it struck me that the case was one of pure uncomplicated asthma—an opinion which was fully substantiated by careful inquiry and examination. Distressing dyspnoea, wheezing respiration, anxious physiognomy, restlessness, an urgent desire for fresh air, and all the other characteristic features of the asthmatic paroxysm were distinctly exhibited. According to her mother's testimony, she had been subject to these visitations for several years—in fact from her infancy. Her attacks occurred almost invariably at night, and usually in a sudden manner, although sometimes heralded by croupy symptoms.

I administered to the interesting little patient two doses of *vin. ipecac*,  $\mathfrak{ss}$  each, with an interval of fifteen minutes. Shortly after taking the