

may be substituted for it, in doses f ss, given in simple elixir.

Plain food should be given: oysters or fluid food. We may give him almost what he wants. Stimulus is required for the symptoms, but not for the disease: *i. e.*, a flagging pulse, a weak heart, call for whiskey. In this state of affairs give fss every two or three hours. If the case passes into the stage of general exhaustion give whiskey freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis and stimulus from the very onset.

*Local Treatment.*—If some pleurisy exists poultice, but cease when pain stops: glycerine for circumscribed pleurisy and lingering consolidation.—*Col. and Clin. Record.*

CLASS-ROOM NOTES, PHILADELPHIA. — In all cases of *tape worm*, at the clinic, Prof. DaCosta uses pelletierine.

Prof. Parvin, following the recommendation of Playfair, says that "chloral is peculiarly useful in cases of *rigidity of the os uteri* primiparæ." He gives gr. xv to ℥j every hour or so until three or four doses are taken.

A case of *chorea*, in an anæmic girl, æt. 8, which followed diphtheria, was presented by Prof. DaCosta. The choreic movements were continuous. Rapid improvement followed the treatment, which consisted in—

R	Arsen. chlorid.,	gr 1 <sup>1</sup> / <sub>2</sub>
	Tinct. ferri chlorid.,	gtt.v
	Syrupi simplicis,	q. s.
	Aque. ad	f℥j. M.

Sig.—Ter die, after meals.

Prof. Gross gave the following directions for making *koumiss*, which he states is an excellent article of diet when the stomach cannot tolerate food:—

Grape sugar,	℥ss
Water,	f℥iv. M.
Milk,	f℥ij
Fleischmann's yeast,	℥j M.

Mix the two Rs in a quart bottle, and then fill the bottle with milk: cork securely; shake ter die, and on third day use. A quart may be used in twenty-four hours. In catarrhal conditions of the stomach it is most agreeable.—*Col. and Clin. Record.*

SUBCUTANEOUS INJECTION OF THE SALTS OF QUININE.—The occasional necessity for the injection of quinine subcutaneously, not only in severe malarial affections, but also for antipyretic purposes, must have compelled many physicians to reflect on the best methods of avoiding the disagreeable consequences which too often follow such a use of most of the salts of that drug.

It is generally in violent and pernicious malarial

complaints, in which both the stomach and rectum are so irritable that medicines are not retained long enough to permit of its satisfactory absorption into the system; or where, without such irritability there is some mechanical obstacle to the administration of food and medicine by the mouth, and we wish to reserve the rectum for the purpose of nourishing the patient; and occasionally, too, in a few cases of hyperpyrexia, in which the danger from excess of heat is imminent, while other methods of reducing the temperature are contra-indicated, and every minute is of value, that resort must be had to the hypodermic injection of such powerful antipyretics as quinine, in quantities likely to produce a rapid fall of temperature. There are probably great differences of opinion as to the doses required under such circumstances, but I have thought it necessary, more than once, to put as many as thirty grains of quinine under the skin in a few hours' time. As it is scarcely possible to inject more than five grains at any one point—smaller doses indeed, such as two or three grains, being distinctly preferable—the number of injections and the pain produced are matters of no small importance. The method I have latterly adopted has given decidedly better results than any previously tried, and can be stated in a few words. The two best salts of quinine to use are the bisulphate and the hydrochlorate. Both are fairly soluble without acids, but the bisulphate has the advantage of being considerably cheaper. One grain of that salt will dissolve readily in six minims of equal parts of the purest glycerine and of distilled water at the temperature of the body, and when thrown at that temperature into the looser subcutaneous cellular tissue—the only part into which quinine should be injected—will be rapidly absorbed without deposition of any crystals of the drug. To this solution two per cent. of pure carbolic acid must be added. Thirty minims of such a solution, containing five grains of the bisulphate, may then be used for one injection from a syringe of double the average capacity—now, as a rule, just about fifteen minims; and although it is probably better, as previously mentioned, to inject less at one point, no local or general injurious effects have followed the numerous applications of the maximum quantity stated, which have been made since I have been in the habit of adding the carbolic acid to the diluted glycerine solution of the quinine. The local anæsthetic action of the carbolic acid, too, is unquestionably of great value in diminishing the pain attending the hypodermic use of such an irritating medicine as quinine.—*British Medical Journal.*

THE TREATMENT OF ERYSIPELAS.—The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many