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use, and would suggest its thorough trial by the profession.

Dr. E. H. Gingrich, 511 Cumberland street, Lebanon, Pa., especially recommends Ingluvin for the vomiting so frequently experienced by patients coming out of anesthesia.

Prof. Hobart Amory Hare, in *Practical Therapeutics*, writes:—1. "That chloroform or ether vomiting is probably centric."

2 "Upon the mucous membranes, ether as a liquid or in a vapor acts as an irritant, and causes, when its vapor is first inhaled, great irritation of the fauces and respiratory tract."

Ingluvin is valuable on account of its mildly depressing the sensitive nerves of the stomach, thus lessening the irritation of that organ. The vomiting centres are subdued, with the result that vomiting is controlled.

For vomiting succeeding anesthesia, Ingluvin should be given 20 grains one hour before the administration of ether or chloroform, and immediately after coming out of the anesthesia, one 20-grain powder; to be followed every hour by 5-grain powders, until vomiting ceases. Usually the 20-grain powder will be found effective. Ingluvin is a bland powder prepared from the gizzard of the chicken, and contains nothing which might contraindicate its use in surgical operations as specified above.

It has long been used as a remedy to allay persistent vomiting of gestation with eminent success by many practitioners throughout the world. It therefore is not a new preparation, but simply an old remedy in a new capacity. Some months ago a professional suggestion was made to use it for the nausea of ether. Subsequent tests and their results have warranted its recommendation to the medical profession. Samples will be sent to any physician who wishes to test it in vomiting of anesthesia. Write W. R. Warner & Co., Philadelphia, for a sample.—From Monthly Retrospect of Medicine and Pharmacy.

## Spring Coughs

Dr. George Brown, eye, ear, nose and throat specialist, of Atlanta, Ga., one of the most widely known specialists and skillful operators in the south, in a timely article in Moody's Magazine of Medicine, said: "Nothing is more annoying to a patient then a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances; and by interfering with the patient's rest depress the vis vitae, making the sufferer readily susceptible to the inroads of other attacks.

As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well therefore at such times to prescribe that which will be sure to relieve without unpleasant after-effects. In nine cases out of ten antikamnia and codeine tablets will be found almost a specific. The well-known analgesic properties of antikamnia act excellently and synergetically with the physiological effects of codeine which has a marked salutary selective influence on the pneumogastric nerve, making this combination one of the most valuable in medicine."