

down by the latter, which in drying becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The gold-beater's skin which covers it becomes soft and supple, allows the nipple to swell, and protects the ulcers and fissures from the strain of suction. The mother or wet-nurse thus suffers no pain, and the ulcers heal in a few days.—*Lancet*, Dec. 11, from *Annales de Gynécologie*, Nov., 1875.

#### PNEUMONIA.

Dr. Thomas Barr, in an interesting article on this disease (*Glasgow Medical Journal*, July, 1875), based on sixty-four cases in private practice, gives the following as the treatment he adopted:

1st. I have never employed general blood-letting, and, with the exception of the man who died from gangrene of the lung, I have never used even leeches. I think few of my readers will consider that in my cases of death the fatal result would have been prevented by depletion.

2d. I have in a few employed antimony in what might be called antiphlogistic doses. I generally use it for its expectorant and diaphoretic effects, and have very rarely used it at all with children under five years of age. I very often find patients suffering from the disease, with an irritable stomach, perspiring skin, and soft pulse. In strong adults, with very acute symptoms, and none of these contradicting signs, I have used it in full doses with great advantage.

3d. Mercury. I have not used this medicine at all, unless as a simple aperient.

4th. Opium. I think I have seen more good done by this drug than by any other single remedy. It gave comfort to the patient, relieving pain and allaying cough.

5th. Diaphoretics and expectorants have been given with advantage. These classes of remedies also include small doses of opium and tartar emetic.

6th. External applications. At early stages I have found most comfort from poultices of linseed meal and mustard, frequently repeated; while blisters were reserved for the more chronic stages, when the condensation of lung seemed to linger longer than usual.

With respect to the treatment of the children in whom the most of my fatal cases occurred; with the belief which I entertain of the real cause of danger, I have only adopted the restorative treatment. I have altogether eschewed bleeding, antimony, mercury, I have, of course, carefully confined the patient to a well-ventilated apartment (he requires all obtainable oxygen), with a comfortably warm temperature, given liquid diet, milk being the staple. If an infant at the breast, I limited its supply of breast-milk, and rather relieved its thirst by administration of cold barley-water; in the way of medicine, giving a diaphoretic mixture, small doses of ipecac, wine, sweet spirits of nitre, tincture of hyoscyamus, and solution of acetate of ammonia. Good has been done by allowing boiling water to evaporate near the patient. Repeated linseed-meal

and mustard poultices to back and front of chest have often done great good. As night approaches, the little patient often becomes very restless, annoyed by a constant hacking cough. Then I have often found the greatest benefit from a dose of Dover's powder, preferring to give one single full dose at night to small ones frequently repeated. Of course, if the case is complicated, with pent-up secretions in the air-tubes, I have avoided the Dover's powder. When the child is feeble, great benefit is derived from liniments to the chest, while beef-tea and brandy were often absolutely necessary to uphold strength till the patient passed through the crisis of the disease.

He states that "When one reads the statistics of hospital writers respecting this disease, which have of late years been published, it requires not a little courage for a private practitioner to announce that he has had a mortality of one in six. But, supposing I selected my cases, and gave those only between the ages of six and fifty years, the ratio of deaths would be one in twenty-one, while of the forty-two cases between five and sixty-two, only two deaths took place."

#### MEDICATED ICE IN SCARLATINA.

In a short communication to the *Lancet* (Jan. 8, 1876), Mr. Edward Martin says: "Every practitioner has at times to face the difficulties of the scarlatinal throat in young children. It may sadly want topical medication; but how is he to apply it? Young children cannot gargle, and to attempt the brush or the spray often fills them with terror. In many cases neither sternness nor coaxing avails. If the doctor thinks it is his duty at all hazards not to leave the throat untouched, the child is subjected to a struggle and a fright which probably render the proceeding more productive of harm than good. If, on the other and more wiser side, he, when persuasion fails, goes no further, he is haunted by the feeling of not having done all that might have been done for the case. Most of us at times have been impaled on the horns of this dilemma. Yet these little ones in almost every case will greedily suck bits of ice, as I doubt not most of your readers can testify. This has long been my chief resource where I could not persuade the child to submit to the sulphurous acid spray. Lately I have been trying an ice formed of a frozen solution of the acid (or some other antiseptic), and I think my professional brethren will find it a valuable addition to their means. Though, of course, not so tasteless as pure ice, the flavour is so much lessened by the low temperature, and probably also through the parched tongue very little appreciating any flavour whatever, that I find scarcely any complaint on that score from the little sufferers; they generally take to it very readily. The process of making it is so simple that a few directions to any intelligent nurse will quite suffice; or in urban practice the chemist who dispenses the other prescriptions will undertake this one also. A large test-tube immersed in a mixture of pounded ice and salt is the only apparatus required, and in this the