

depend on multiple conditions, some of which, like the freshness and the purity of the air, its transparency and its immobility, have an incontestable importance, and of which, one only, the rarefaction of the air, is really specific.

5. The *delicate* of bronchi and of lung, those menaced by and predestined to phthisis, will derive a decided benefit from a prolonged sojourn on high table-land and mountainous regions, providing that they are not irritable, and that they have been methodically trained to live in the climate of mountains.

6. The confirmed tuberculous may, with advantage, pass the winter in the Sanitaria of Switzerland, provided that they are neither congestive nor hæmoptoic, and that they are strong enough to devote themselves every day to gymnastic exercises which require a keen and bracing air.

TREATMENT OF ALBUMINURIA.—Dr. Waugh (*Med. World*), in speaking of this condition, says:—For a number of years I have been accustomed to prescribe the following mixture as a routine practice in albuminuria :

R—Potas. acetatis, ʒ j.
Chloroformi, ʒ ss.
Acid. benzoici, ʒ ss.
Aquæ, q.s. ad. ʒ viij.—M.

Sig.—ʒ ss every four hours.

This combination has proved available, but sometimes fails, and in that case I have not found it easy to find a better. Quite recently, I was attending a four-year-old boy with albuminuria, which appeared without any discernible cause. At intervals the anasarca became extreme, the whole body being swollen to the utmost extent, with the concomitant discomfort and suffering. Then the swelling would gradually subside, and the child become comparatively comfortable, though the albumen never entirely disappeared. When, at the height of a new attack of anasarca, the prescription given above failed to give any tangible benefit, I then substituted the following :

R—Potas. acetatis, ʒ ij.
Acid. benzoici, gr. xx.
Sach. lactis, ʒ iv.
Aquæ, q.s. ad. ʒ ij.—M.
Sig.—ʒ j. every two hours.

The result was that within two days the dropsy

almost completely vanished, leaving the child in excellent condition, and free from all traces of albumen in his urine. This did not prove permanent; but, in view of the difficulty of securing relief, the rapid and decided action of the lactose deserves attention.

THE DUKE OF CONNAUGHT AT T. G. HOSPITAL.—His Royal Highness was shown over the building, which was thoroughly inspected, and the party then proceeded amid loud cheers to the hospital, by way of Church, Gerrard, Jarvis, Wellesley and Sumach streets. The institution was gaily decorated with flowers, bunting, etc., and on entering the structure every one was struck with its remarkably clean and tidy appearance. Dr. O'Reilly did the honors and did them well. The whole building was inspected from top to bottom, and His Excellency seemed to be impressed with the satisfactory state of affairs which existed. He closely questioned several of the patients, among whom was the unfortunate jockey Douglas, who, it will be remembered, had his leg broken at the races on the 24th, and by his thoughtful demeanor won more than one grateful glance and smile from the suffering patient. Dr. Kilkelly was immensely taken with the hospital and could hardly be induced to return with the remainder of the party. Before leaving, His Royal Highness shook hands with Dr. O'Reilly, the house surgeons and several of the nurses, and inscribed his autograph in the hospital book as follows :

I have been very much pleased and interested with my visit.—Arthur, May 30, 1890 12 noon.

CHOICE OF HYPNOTICS.—Prof. Germain Sée, gives (*Med. Age*) the following classification of hypnotics, according to the cause of the insomnia :

1. *Insomnia from Pain*: Morphine, or antipyrin, acetanilid or phenacetin; sometimes bromides. If visceral, opium or belladonna.

2. *Digestive Insomnia*: Hot, alkaline water laxatives, regulation of digestion.

3. *Vascular, Cardiac and Dyspnoic Insomnias*: Secure ventilation, relieve asthma, by iodides, ethyl or pyridin; morphine, if iodides fail. Amylen, chloralamid, and especially sulphonal are safe; not chloral and bromides. In cardiac lesions urethan and sulphonal may suffice; probably not, but they are safe. In angina they are dangerous.

4. *Cerebro-spinal Insomnia*: Sulphonal, amy-