

having been left undisturbed for from ten to thirty minutes, has contracted pupils which dilate when he is shaken, without any return to consciousness, and then contract again, is suffering from alcoholic coma."—*Detroit Lancet*.

ICE IN CROUP.—Dr. J. N. Norris, (*Med. and Surg., Reporter*, Phila.) strongly recommends the use of ice in the treatment of pseudo-membranous or true croup in children, and also in acute laryngitis of the adult:

"I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

"Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared beforehand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittently applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

"The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, verat. virid., tart. antim., etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease. When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

"Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnoea. It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135.

tenderness over the *pomum Adami*, complete aphonia, painful deglutition, every movement of the tongue accompanied with pain. Ice in bladders was unremittently applied to the front of the neck for four days and nights; cal., tart. antim., verat. virid., etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically ice."

OZENA—NEW METHOD OF TREATMENT.—A German writer, Gottstein, considers the origin of ozena as due to a process of atrophy in the mucous membrane of the part, analogous to that in the pharynx, described as rareficient dry catarrh of the pharynx (pharyngitis sicca) by Wendt in Ziemssen's Cyclopaedia, and he believes that ozena is "a constant symptom of that stage of chronic rhinitis, in which atrophy of the nasal mucous membrane has occurred, and in which, probably in consequence of the destruction of the mucous glands, a diminution and alteration of the secretion takes place in such a way that the product of the latter remains, in consequence of its quick drying up, adherent to the mucous membrane, is not removed by the natural forces, and passes over into fetid decomposition." The remedy which the author recommends consists in the simple occlusion of the diseased part by means of a wad tompon (the part having generally been cleaned before), which is to remain about twenty-four hours in the nose. It does not give rise to any troublesome symptoms, the patients feeling, on the contrary, soon very much relieved by it. One side ought to be occluded only at the time, and the other within the next twenty-four hours, whilst the first remains free during that time. The author has obtained excellent results on fifteen patients thus treated within a very short time.—(*London Medical Record*) *Lea's Abstract*.

SUBERINE FOR CHAPPED NIPPLES.—The treatment recommended by M. Brochard, (*L'Union Medicale du Canada*, (*Chicago Med. Journal*), for fissured nipples is so simple that it deserves to be popularized. When chaps exist on the nipples, whatever their extent, the nipple should be washed with pure water, and then dried and dusted with suberine, which, as is known, is impalpable cork powder. The author has used it for several years, and prefers it to lycopodium for infants, because it contains tannin, and besides is much cheaper. Over the suberine is placed a piece of gold-beater's skin, cut star-shaped, in the centre of which several punctures are made with a fine needle. Every time the child is suckled, the suberine is washed off with water, and the gold-beater's skin replaced, the child drawing the milk through it without giving pain. When the child is done, the suberine is again applied as before, and so on.

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