

lant generally used. Ether may be given, but its action is more transient, and it is often distasteful.

*Oxygen* is very useful, for, under its administration, cyanosis lessens, the heart beats more regularly and slowly, the patient becomes less restless, and may fall asleep. If, however, it is to do good, it must be employed early, and its administration not deferred until the patient is moribund. When given dry, it is sometimes irritating. It should be allowed to bubble through water, or, what appears to be better still, equal parts of water and alcohol.

*Pain.* The stitch in the side, so commonly present at first, tends to disappear after twenty-four hours or so. If hot poultices do not soon give relief, other measures must be used. Subcutaneous injections of morphia or heroin locally have been used, but they are undesirable for general reasons, and are uncertain in their action. The best and most trustworthy remedy is the application of two or three leeches over the seat of pain. This rarely fails to take the pain away, which usually does not return. Poultices are objectionable on account of their weight, and, for the purposes of counter-irritation, a spongiopilin jacket is better upon which spirits of camphor or even turpentine is freely sprinkled. The use of cold applications to the chest instead of hot has been highly recommended in the belief that they reduce temperature, check pain, and control the inflammation. Cloths wrung out of ice-cold water, an ice-bag, or Leiter's tubes with cold water circulating through them have been employed. In my own experience, cold applications have not been so successful or so agreeable to the patient as the ordinary poultice or counter-irritation.

*Cutaneous hyperæsthesia* is not common. When *local* it occurs, as a rule, over the inflamed parts, and may be easily removed permanently, or, at any rate, for the time, by brushing the part over with tincture of aconite.

When *general*, it may be relieved by tepid sponging, but, as it depends upon a general cause, probably toxæmic, it is more difficult to treat.

*Cough* is rarely severe enough to call for treatment. If it causes much distress or pain some sedative may be required, but the pain in the side is better relieved by leeches than by narcotics.

*Hiccough* is a very grave symptom. It is usually associated, I think, with diaphragmatic pleurisy. It causes great distress, and is very obstinate to treatment. Even morphia injections often fail to relieve.

*Delirium* has several causes—high temperature, some serious complication like pericarditis, previous alcoholic habits, or asthenia. These must be sought out and dealt with accordingly. For most of them stimulants are required. If sedative medicines are necessary, bromide of