

use should not be prolonged, but should soon be substituted by the stimulative expectorants. I have found that if the bronchitis is not rapidly cured by these, but passes into a subacute condition, more can be accomplished by building up the general strength than by acting on the bronchial mucous membrane directly. In cases of cardiac bronchitis a great deal can be accomplished by building, not only by acting on the heart directly, but also by the use of such drugs as strychnia, arsenic, and iron.

We shall prescribe for this man the following pill:

R Strychniæ sulphatis,	
Acid. arseniosi	aa gr. ss.
Pil. ferri carb.	grs. xxiv.
Oleo-resinæ capsici	gtt. vj.
Extracti gentian	grs. xij.

M. et. ft. pil. No. 24.

Sig.—One, three times a day.

An especial reason for using strychnia is that it increases the depth of the respirations, and thereby facilitates oxygenation of the blood, which is interfered with by the weak heart.—*Med. & Surg. Rep.*, May 23rd.

HAY FEVER AND ITS TREATMENT.—In this connection we may call attention to the new work of Dr. Sajous on "Hay Fever and its Successful Treatment." According to his views, hay fever would exemplify that form of asthma which Curschmann has never met,—the form in which the cause resides in the brain and nervous paths which lead from the brain to the respiratory apparatus. For, according to Dr. Sajous, persons subject to hay asthma possess, as the result of heredity, diseases implicating markedly the nervous system, nerve centres which have become abnormally sensitive and are therefore inordinately influenced by the external irritants to which they respond. But this is not the whole of the pathology of hay asthma, according to Dr. Sajous. Not only must there be a hyper-excitability of the nerve centres, but the nasal mucous membrane must be hyperæsthetic, and capable of transmitting to the abnormally sensitive nerve centres the impression made upon them by external irritants, which are supposed to be the pollen of flowers and certain other unknown elements which prevail only from June to September. Given the absence of any one of these conditions and the patient is spared the attack. The absence of the physical element, whatever it may be, which causes the irritation may be secured by removal to certain localities where it does not prevail.

Dr. Sajous secures the removal of the irritable mucous membrane by eliminating, first, the abnormal conditions of the mucous membrane, that is the swellings, hyperostoses, etc., by suitable treatment; and second, by cauterizing the hyperæsthetic nasal mucous membrane, and thus rendering it in-

susceptible to the irritating agencies. This is the new and successful treatment of hay asthma, in the early use of which Drs. W. H. Daly, of Pittsburg, J. A. Roe, of Rochester, and Prof. Harrison Allen, of Philadelphia, have, also, been conspicuous. We sincerely hope that further experience may confirm these preliminary statements, and that "hay" or "rose" asthma may no longer be the opprobrium it has always been to the science of medicine.—*Med. News*.

COCAINE IN BURNS.—Dr. Weiss writes:—On December 25th, I was called to Professor L—. An atomiser he was using had exploded, and the hot steam badly scalded the Professor's lips, nose, cheeks, and forehead. Pain was so intense that I apprehended general convulsions. I sent for sundry topical remedies, amongst them a two per cent solution of hydrochlorate of cocaine. In the meanwhile I covered the injured parts with pieces of cloth dipped in olive oil; on the top of these I applied ice water compresses, renewing them every minute, without affording the slightest relief. When the medicaments arrived, I touched the injured parts with a hair-pencil dipped in the cocaine solution. I had scarcely finished when all pain had entirely vanished, without any return. At my visit in the evening I found the patient quite easy and in good spirits.—*Wiener med. Woch.* Jan. 8, 1885. [It is also useful in the treatment of sore nipples.]

AN INGENIOUS EXPEDIENT.—Recently I was called to examine a woman who has had vesicovaginal fistula for years. The sufferer has kept herself cleanly and comfortable by using in the vagina a globular pessary made of compact sponge. The fistulous opening is near the urethral outlet; and the pessary holds the false orifice so high that the urine can be retained for hours. The patient never urinates, but evacuates the bladder every three or four hours through the agency of a catheter—an instrument she has become expert in using. The expedient might possibly be adopted in some cases where an operation for closure of the rent is not practicable. I commend the ingenuity of the woman who, unaided by even a professional suggestion, has kept herself from being offensive to herself and others.—*Eclectic Medical Journal*.

ENTERITIS CAUSED BY CORROSIVE SUBLIMATE.—Dr. J. L. Peabody read a paper recently before the Practitioner's Society of New York, on toxic enteritis caused by corrosive sublimate as a surgical dressing. Attention was first directed to this by reports of cases found in German medical journals. In the records of the New York Hospital eleven cases were recorded in which an obstinate diarrhœa followed the use of sublimate as a surgical dressing. Seven of these proved fatal. Autopsies in three of them showed extensive diphtheritic inflammation of the large intestine.