tinued hamamelis. Did not see him again for two months, when he reported at my office well. Have seen him several times since, and he has no return of his varicose veins.

The third case was a woman, age 50 years; was a washerwoman; had had varicose veins for a long time; did not remember when they first came; was treated by adhesive strips and bandage, but always returned after the bandages were left off for a short time. I gave her hamamelis, two teaspoonfuls three times a day in water. She got entirely well in two months, and has remained so ever since.

The fourth case, a woman, age 47 years, sent for me May 10, 1883. I found her sitting in a chair, bent forward till her face was between her knees, her hands clasped firmly together, her legs stuck out in front, covered with wet cloths. I do not think I ever saw in my life such a picture of utter hopelessness as this patient. When I approached her, she looked up, and in the most piteous voice exclaimed, "For God's sake, can you do anything for me?" On examining her legs, I found the cause of all her troubles: both legs were a mass of ulcers from the knees to the ankles. From ulcers was oozing a clear fluid, which soon turned the cloths black. Situated a little behind the knee were several bunches of varicose veins. I thought I had found the original trouble. On inquiry, she said at first, some five years ago, her leg was full of large veins and considerably swelled, and the ulcers came afterwards. I put her on extract of hamamelis, a teaspoonful every three hours, and told her to keep cloths wet with hamamelis applied to the leg. She recovered in two months and all she has left to remind her of her former trouble is considerable discoloration on the anterior aspect of her legs. She walks all about the city, experiencing no trouble whatever.

The extract of hamamelis used in all my cases was procured at Bullock & Crenshaw's.

In conclusion, I would say that I consider hamamelis almost a specific in varicose veins from almost any cause. I did not find it disagree in any way with my patients. It is not at all unpleasant to the taste.—*Philadelphia Medical Times.*

A CASE OF OBSTINATE HICCOUGH RELIEVED BY NITRO-GLYCERIN.

Dr. O. T. Schultz reports in the *American Practitioner* for September, 1885, a case of a miller, aged 58, affected with fibroid phthisis, in whom the severity of the cough had apparently brought on several very violent attacks of angina pectoris. The attacks had been rapidly relieved by morphine. During the excessive heat of the last weeks of July, hiccough set in, which continued with moderate severity for three days before Dr. Schultz was called in. Chloroform administered internally gave temporary relief but at the end of two days his seizures had increased in number and severity, and were attended by occasional attacks of dyspnœa. Morphine and atropine only produced relief when the narcotic action was at its height, while it gave rise to a condition resembling alcoholic intoxication, to sleeplessness, and to an increase of the chronic gastric catarrh which also complicated the case. On the sixth day strychnine was given, and the morphine limited to half a grain at bedtime. On the eighth day, there being no improvement, electricity was added. Galvanization of the phrenics and of the epigastric region gave no relief. A powerful induced current applied to the epigastrium and along the costal region of the diaphragm broke up the spasms after five minutes. There was complete absence of hiccough for half an hour after each sitting, the attacks being less violent and less long in the intervals between the *seances*. Improvement, however, did not last long. On the ninth day potassium bromid., gr. xxx, and strychnine, gr. 1-80, were given every third hour. Only very transient relief was afforded by this combination, the hiccough being not quite so severe for a short time after the prescription had been taken. The next night was almost one constant hiccough, and on the morning of the tenth day the induced current failed to interrupt the attacks.

The patient's condition now became very critical. There was only very rarely a cessation of the spasms, day and night. The appetite had improved since stopping the morphine, but the food taken was ejected as soon as it was swallowed. There was exquisite tenderness along the line of attachment of the diaphragm, and soreness and burning in the whole chest. When he coughed, long and distressing spasms of the thoracic respiratory muscles would set in. He was worn out, and entirely despondent. The temperature was normal and the pulse 100. The bowels were kept freely open with calomel, senna and salts.

Thinking that the causes which had given rise to the former attacks of angina pectoris might be identical with those which originated and kept up the present singultus, and knowing what an excellent remedy nitro-glycerin is for the former form of spasm, Dr. Schultz concluded to try this drug in the case. One drop of a one per cent. solution was given at 8 A.M. of the tenth day, and repeated at 9 A.M. A moderate degree of bursting headache set in immediately on swallowing the dose, the hiccough became easier and rarer, and by 9.30 o'clock had ceased entirely. The medicine was continued every two hours. At 2 P.M., after drinking a glass of iced milk, the spasms again appeared, but yielded quickly to a new dose. During the afternoon and the night there was only an occasional hiccough, but on the eleventh day a short attack appeared at 2 and 6 P.M. The medicine was steadily continued. The spasmodic movements now ceased entirely. On the twelfth day an occasional dose of the nitro glycerin was exhibited and a tonic of iron, muriatic acid, quinine, and nux vomica begun; on the next day the former was dropped entirely.