

The treatment of this symptom has therefore claimed our attention exclusively during this period. Sometimes it is a mere nervous symptom, which a more powerful nervous impression will cause to disappear. At other times it becomes a severe and obstinate complication. You all perhaps recall the treatment for the hiccough of our childhood,—that is, the taking of three swallows of water without interruption, which is the substitution of one nervous impression for another. Hiccough is a spasmodic contraction of the diaphragm, with a sudden closure of the larynx. A variety of remedies have been recommended: one of the best is counter-irritation in the region of the diaphragm. A large mustard plaster will often answer the purpose. If counter irritation fails, morphia, in doses of one-quarter of a grain three or four times a day, may be employed. Failing in this, chloroform, in the form of the spirit or tincture, may be employed in doses of half a teaspoonful every three or four hours. Hoffman's anodyne is sometimes employed with advantage. Nitrite of amyl is also given with satisfactory results. In administering this remedy, the little glass pearls should always be used, one of them being crushed in a handkerchief and the drug inhaled. Another remedy which has considerable reputation in hiccough is musk. As it is doubtful whether we can now procure pure musk, it is not administered as often as it formerly was. Chloral in combination with bromide of potassium is an excellent remedy. The order in which, under ordinary circumstances, I would use these remedies is the following: counter-irritation with mustard, chloral, opium, chloroform, Hoffman's anodyne, musk, and finally a blister, as we have done in this case. The hiccough has been somewhat improved since the application of the blister. It is intermittent, lasting for a few hours, and then disappearing for several.

During the last few days there has been gradual improvement. The fever has diminished, and the amount of blood in the urine has lessened. This is a specimen of the urine last passed. From its appearance, only, it would be impossible to say whether or not it contains blood. A small quantity of blood in an acid urine gives the liquid a smoky hue, of which this is a fair representation. Sometimes the urine is perfectly clear. This is characteristic of malarial hæmaturia.

We have come to the conclusion that this is a case of remittent malarial fever with typhoid symptoms. As to the cause of these symptoms, it is difficult to say. He may be the subject of septic conditions resulting from his residence, habits, or other causes. Typhoid fever is a form of septic fever, resulting from the absorption into the blood of putrid poisons; but there may be other forms of manifestation of septic fever than the symptoms of typhoid fever. This man may have introduced

into his system septic matters giving rise to the symptoms which he has presented.—*Med. Times.*

SPONDYLITIS. CLINIC BY DR. SAYRE.

Gentlemen: This little child that I now present to you is suffering from spondylitis in the earliest stage.

The parents and other members of the family are perfectly healthy; and this child, beyond the difficulty of the spine, presents a remarkably robust appearance. I am informed that she commenced to complain of pain in her back and side, and of considerable difficulty in breathing, some six months ago, becoming restless, nervous, and irritable. Previous to this she had injured herself in falling from a chair. You will notice that there is a projection of the spine at the eleventh dorsal vertebra, and as she stoops down to pick anything up from the floor, she avoids bending the spine, but flexes the legs upon the thighs and the thighs upon the abdomen, thus squatting down and maintaining the spine in the erect position.

Now, as I lay the child upon her abdomen across my knees, the thighs and arms hanging down on either side, as you see, I slowly separate my knees, and in this manner make gradual traction, by this means extending the spinal column, and relieving the diseased surfaces of the vertebræ from pressure, and thus free the child from pain, and you observe the instantaneous change in her manner of breathing, from the short, quick, jerky respiration, to a deep, full, long inspiration, and the child seems perfectly comfortable. Now by drawing my legs closer together, you notice the immediate return of the previous spasmodic breathing; and now placing one of my hands upon her head, and the other upon her buttocks, and pressing the vertebral column together, she immediately begins to cry with the pain produced, and there is at the same time an instantaneous spasm produced in her legs. Now by gently separating my knees again, and extending the spine, the sobbing ceases, and she states that she is quite comfortable again. You now observe that I am making firm pressure over the spinous processes at the seat of the disease, and, according to all authorities, this should increase the pain; whereas, as you can plainly see, it does not do so. But, on the contrary, when slight extension is made upon the column, and direct pressure with your finger over the projecting spinous processes, there is rather a tendency to relieve the pain, by opening the angle of pressure in front of the vertebræ.

I have found that in these cases of antero-posterior curvature of the spine, by placing the child in this position, and gently pressing downward, at the same time making your traction as I have just described, you relieve the patient. The explanation,