

were four motions and the patient was sick once. On December 2nd the highest temperature was 100° , and there were eight motions, with one attack of vomiting. On the 3rd the highest temperature was 99° , and there were eight motions. After this the patient rapidly improved; there was no more vomiting, and the bowels were relieved only once or twice a day, the motions being formed and free from blood and mucus.

The first chart shows the temperature and general condition of the patient a few days before the injection.

The next chart illustrates the condition a few days after the injection.

The patient made an uninterrupted recovery. From the 8th to the 17th there were no motions and there was no vomiting. The temperature was normal, and he gained weight at the rate of about 8 lbs. a week. He was placed on solid food, with vegetables, and on Christmas Day had for dinner a plentiful helping of turkey and pudding. On December 26th he was able to get up, and left the hospital on January 4th, 1905, apparently in perfect health.

I have had four similar cases in private practice, but of these I have no notes. For the preliminary injection, a solution of borax will be found better than boracic acid, as it is less irritating, and more speedily clears away the mucus.—WILLIAM MURRELL, M.D., F.R.C.P., in the *Birmingham Medical Review*.

Hay Fever and Its Treatment.

Vasomotor rhinitis is due to irritation of the nasal mucosa by pollen, dust, or smoke. Sudden weather changes, neurotic heredity, uricemia and other nasal affections predispose. The affection occurs at all ages in periodic, sudden annual recurrent paroxysms, chiefly in summer and autumn. The symptoms include pricking and stinging sensations in the nose; persistent sneezing and cough; headache, paroxysms of asthma (usually about fourth week), simulating bronchial form and sudden and apparently causeless onset. More or less complete nasal stenosis, due to swelling of mucous membrane; dyshagia, sense of suffocation; epiphora and itching lids; photophobia, insomnia, general irritability and nervousness; there may be slight fever. The secretion is thin and serious (never mucopurulent) and profuse, tending to collect in the lower part of the nostrils. The mucous membrane is greatly swollen, bluish-gray, glassy, opalescent and water logged, as in acute rhinitis, with excessive hyperesthesia, as shown with a probe, particularly at lower posterior part of the septum and inferior turbinate bones. The inferior turbinate bodies are situated higher than normal. The eyes are suffused, and there is often