

disease; and there can be no doubt that abstaining from all active interference is far better than to bleed your patient. Molière, on his death-bed cried out to his doctors: "Laissez-moi mourir, mais ne me tuez pas!" and the expectant plan of treatment certainly does not kill the patient, it only allows him to die. In spite, however, of recent authorities for doing nothing, a more active mode of treating cerebral hemorrhage seems to me to be called for.

Your object must be to arrest the further effusion of blood from the ruptured coats of the miliary aneurisms, by causing the vessels to contract. Now, many styptics must be inapplicable for these cases, because the patient cannot swallow, and even if medicines were introduced into his stomach, it seems most doubtful whether they would be absorbed. Nor can the rectum be used for the purpose of affecting the circulation, as there is frequently paralysis of the sphincter ani, and inability of the bowel to retain its contents. The hypodermic mode of administering medicines seems, therefore, to recommend itself, particularly in these cases; and the remedy I think most appropriate for them is ergotine.

There are two kinds of ergotine known to chemists, viz., Wigger's and Bonjean's. The former is insoluble in water, ether, and dilute acids, but soluble in alcohol, strong acetic acid, and caustic potash; and, on account of these peculiarities, it is not suitable for subcutaneous injection. Bonjean's ergotine, on the other hand, is easily soluble in water, and it is this therefore which you should use. I am in the habit of injecting a grain of it every hour, or where the symptoms are very urgent, even every half hour, into the subcutaneous cellular tissue; and, although the experience of a single observer, in a disease like the one now under consideration, cannot count for much, yet I feel justified in recommending you to follow this practice, as being likely to save many lives.

TREATMENT OF CROUP.

"I will mention those remedies which are most frequently used, and which generally prove successful, with a view to show the contrast of these two diseases throughout, rather than to hope to benefit you by any new suggestions. The first effect which we most desire is free emesis, which, if taken in time, gives instantaneous relief. Among the various remedies first and mildest is ipecacuanha, either alone in powder or syrup or combined with tartarized antimony. Mustard is very efficacious, the pulverized sinapis of the Pharmacopœia, in teaspoonful doses given in water. The various nauseating oils are resorted to often with good effect. Last, and perhaps best of all, is powdered alum and syrup, equal quantities of each, given for effect, it may be in teaspoonful

doses every five minutes, until free vomiting of the membrane is produced. When the emetics do not prove satisfactory, cathartics and absorbents are resorted to. Calomel and soda are very beneficial combined together in small doses and frequently repeated. Local applications in croup are very efficacious. Perhaps after the first emetic the child should be put in a warm bath of 96° containing salt and mustard, and, after remaining about ten minutes, taken out, wiped dry, and wrapped up in warm blankets. The counter-irritating action of mustard, if taken early in an attack, acts almost like a charm in its prophylactic effect. Spiritus terebinthinæ is also well worth resorting to, both as an irritant and solvent, in the rapidity with which it is absorbed into the system. Blisters are not necessary nor considered efficacious, as being too slow in their effects. After all the prompt appliances have produced as much irritation as is tolerable, an after-application of an unctuous nature, such as lard and snuff combined, should be worn over the breast for some time, as the disease frequently manifests a disposition to return about the same time for three or more successive days. The patient must be carefully guarded against any change of temperature or vicissitude that might provoke a return of the disease. After the choking paroxysm of the disease has passed away, the patient should take an expectorant to allay the remaining irritation and cough. Perhaps as good a combination as might be suggested for this purpose would be a mixture containing equal parts of syrup of senega, squills, ipecacuanha, acacia, and paregoric. In a few days all the symptoms will disappear, and the patient will be well and hearty."—*Annales de Gynécologie*.

TREATMENT OF DIPHTHERIA.

"I will not stop to enumerate the long list of remedies used, but will confine myself to the method which I have adopted, and with such evident success that I feel glad to announce to any of you who have not followed the same line of treatment that you will be compelled to say 'Eureka.' I am sure I feel quite as enthusiastic in the success of the treatment which I propose to lay down as one of our number is in the treatment of variola with milk-punch and egg-nog. If you are permitted to see the patient within the first few hours of the attack, commence your treatment at once with quinine and aromatic sulphuric acid in doses suitable to the age of the person receiving it. Give freely of solution of chlorate of potassa, as a disinfectant, and perhaps you will not be required to administer any other remedies. If, however, the membrane has become so thickly deposited as not to be affected by the acid and chlorine, you should apply with your own hand a mop,