

M. Dr. McKinley commenced giving him grain doses of ipecac every hour, dropped dry on the tongue; gave him no food; although slightly nauseated all the time he did not vomit; gave the last dose of ipecac at noon; to have hot milk and cracker when his stomach will receive it. Evening: Patient improving, pulse good, bowels moved several times, no medicine; next day, 15th, losing flesh rapidly, no medicine.

December 16th: Takes hourly doses of ipecac, with one grain calomel in each of the first three doses in the forenoon; bowels moved twice.

December 17th: Abdominal dropsy all gone; patient up and dressed and down stairs; appetite good; tongue nearly normal; commences to-day to take syrup of the iodide of iron, two ounces in six ounces simple syrup, to take a tablespoonful before each meal, and to return the same amount of water to the bottle after each dose; when it becomes tasteless, to commence with the common tincture of iron, two ounces in six of syrup, and take in the same way, keeping the bottle always full by adding water after each dose.

His recovery was complete, and there has been no return of his appetite for alcoholic drinks.

Dr. McElroy's conclusion from this case, and many others reported by Dr. McKinley, are as follows:

"First, That medicine offers the confirmed inebriate relief from the trammels of appetite, with as much certainty as relief from any other pathological condition.

"Second, That what is done by specialists in the treatment of chronic drunkenness can and should be done equally well by the profession at large.

"Third, That reformation by the aid of medicine has a solid and real foundation in changes of structure on which appetite depends, which purely moral reformations lack, and are, therefore, less permanent." *St. Louis Clinical Record.*

TARTAR EMETIC IN BRONCHITIS OF CHILDREN.

Dr. Ringer says: There is a form of bronchitis seen amongst children, where a large number of coarse mucous rales produce loud wheezing with an asthmatic quality of cough. The wheezing is the symptom that the mother is most likely to complain of, and together with the cough, is most intense at night, both almost entirely disappearing during the day. Such cases very readily yield in my practice under the use of tartar emetic given in solution in the proportion of a grain to the pint of water. Of this solution a teaspoonful is given every one or two hours, with the best results; sometimes relieving the noisy wheezing after one or two doses.

Often in children we find a catarrh of the bronchial and intestinal mucous membranes, either co-existing or alternating with each other. When such a condition persists after the employment of the ordinary household remedies, tartar emetic in the same doses of the solution just before mentioned, hourly repeated, will check both catarrhs, without the use of further treatment.—*Medical Brief.*

WHOOPIING-COUGH.

English practitioners speak highly of the use of croton chloral in the treatment of whooping-cough. They claim that it has a marked tendency to shorten the duration of the disease. The dose for a child one year old is one grain every three or four hours. *Medical Brief.*

DR. SIMON (in the *Med. Journal and Exam.*) states that he instantaneously cured a case of hic-cough, which had lasted twenty-six hours, by the inhalation of three drops of nitrite of amyl. *Medical Brief.*

CONTAGIOUSNESS OF SCARLET FEVER.

Dr. Longhurst (*Lancet*), in answer to some questions regarding the contagious character and communicability of scarlet fever, writes that the period in which the infection is most active is the stage of inflammatory fever up to the full development of the eruption; that the intensity subsides with the subsidence of the fever; and that it is not during the stage of desquamation. That the media of communication are the vaporous exhalations from the skin and the breath affecting the surrounding atmosphere and the clothes. That the patient may ordinarily safely rejoin the family circle at the end of the third week.

TREATMENT OF NASAL CATARRH.

Simple as the disease appears, limited as it is to a very small region of the body, and superficial as it remains during its whole course, it has baffled all efforts at speedy cure whenever allowed to penetrate deeply into the complex and wonderful recesses of the nose and its appendages. Ten years of constant experience in the treatment of this disease has failed to bring forth an antidote, a specific cure. In that time, I have, however, succeeded in simplifying the treatment and in shortening considerably the time of its duration.

Success rests principally in the restoration of the functions of the body to a healthy standard; in giving to the blood the fibrine and red corpuscles that have been diminished through the effects of the disease; in removing the stench from the nostrils of the affected one, which has naturally been a barrier between himself and social life, depriving him of its cheerful and healthful influence. Finally, a cure is the reward of the combined efforts of physician and patient.

When the patient is anæmic, with impaired digestion, his liver torpid, I have found a combination of small doses of mercury with iron and quinine to answer very well in restoring the secretions and imparting renewed vigor.

R. Hydr. chl. corros. grs. j-ij;
Tinct. ferri. chlor. ʒj;
Elixir cort. calisayæ (detan-
nized) ʒv. M.