

gout, you have the urine much more implicated than in chronic rheumatism, and so also is the blood. If you are in doubt as to whether a case is one of gout or chronic rheumatism, examine the blood under a microscope for uric acid crystals; if you find these, you may be sure you have gout to deal with. This never occurs in cases of typical rheumatism, but does usually occur in gout. Uric acid crystals in the urine are pathognomonic of gout.

Much more might be said as to these diseases; I have given you only the leading points in the differentiation. The history is of course different in different instances. The history of this patient's case also points clearly to rheumatism. Since this girl came here in June she has improved. Her treatment has been the administration of four lemons daily, a teaspoonful of Rochelle salts once a day, and a tonic mixture consisting chiefly of tincture of calumba, before each meal. In cases of rheumatism, we attempt to maintain an alkaline condition of the blood, and we know, as physiologists, that the vegetable acids are the natural means for maintaining this alkalinity, so that the administration of lemon juice is a perfectly rational method of treatment. Besides this, we find that the so-called anti-rheumatic treatment in cases of chronic rheumatism, has really very little beneficial effect; far better is it to improve the nutrition of the patient; far better is it to give tonics, more particularly the bitter tonic. Additionally we may administer cod-liver oil. I think there is no better remedy in chronic rheumatism than cod-liver oil given continuously, provided that the digestive organs will tolerate it. When anæmia is present, we administer iron; a little iron would do this girl no harm, as she has some of the evidences of anæmia, viz.: pallor of the skin and mucous membranes; but since she has improved under the present plan of treatment, we will continue it until Professor Woodbury, whose patient she is, returns.—Dr. Anders in *Times and Reg.*

#### CATARRHAL FEVER.

This disease embraces two stages, the dry and the moist, and the indications for treatment are somewhat different in each.

To relieve the fever and coryza of the first stage antifebrin is a good remedy. It may be combined with quinine.

R—Antifebrin. . . . . gr. viij—x.  
Quinine, . . . . . gr. v.

M. This will generally insure rest and a moist skin.

A purgative,

R—Hydrarg. chlor. mitis, . . . . gr. v.  
Ipecac, . . . . . gr. j.  
Rhei pulv., . . . . . gr. viij.

M. One dose to be followed by a dose of Epsom salts or castor oil if needed.

Order a bowl of hot water, add a few drops oil turpentine; let the patient inhale the vapor, a shawl or blanket thrown over the head to confine the steam. This often affords much relief. If the throat be sore apply turpentine to the fauces with a swab. After the purgative has acted give

R—Tinct. aconiti rad., . . . . ʒj.  
Vini antimonii, . . . . ʒijss.  
Spt. ether, nitros., . . . . ʒvj.  
Liquor ammon. acetatis, q.s. ad. ʒjv.

One-half teaspoon-to teaspoonful every two to four hours as indicated. Children four to five years of age twenty drops. Opiates are not good for this stage, but if there is much restlessness a dose of Dover's powder may be given. Antikamnia is better. Mustard should be used as a counter-irritant. One part of ground mustard to two of flour. It should be applied frequently during the disease, and when the mustard is not on, a poultice of wheat bran or cloths wrung out of warm water, and over it a layer of oiled silk. Quinine in moderate doses three times a day. The temperature of the room should be kept pleasant. Under this treatment the cough will become loose, fever will subside and dyspnoea and soreness of the chest cease in a day or two. Then give,

R—Syrup scillæ,  
Syrup senagæ,  
Syrup tolut.,  
Tinct. opii. camphorat., . . . . āā ʒj.  
Ammonii chlorid., . . . . ʒij.

M.—Sig.—Teaspoonful every three or four hours. Digitalis comes in well and it may be added to the syrup as indicated.

In small children prompt and efficient measures are often needed to relieve the dyspnoea and other threatening symptoms. Give fluid extract ipecac in doses sufficient to insure free emesis. This may be necessary at intervals for several days, but it must not be given so as to keep the child nauseated, as this interferes with the measures of support, which are important, especially if the child have pertussis. In this disease we must support the strength by using stimulants and rich, nourishing food, and they are indicated early. Besides the usual treatment indicated above the following is a good prescription for *whooping-cough*:

R—Ext. cannabis indicæ, . . . . gr. xv.  
Ext. belladonnæ, . . . . gr. viij.  
Alcohol,  
Glycerin, . . . . . āā. ʒjss.

M.—Sig.—Four or five drops to a child one year old; two years old, five to eight drops three or four times a day.—Dr. Lockhart in *Atlanta Med. and Surg. Jour.*