

CASE IV.—*Pharyngitis*—Miss D. F., aged 17 years, complained of fever, hoarseness, cough, and soreness in throat. Culture of reddened throat did not reveal any streptococci or Klebs-Löffler bacilli. Glyco-heroin, given every three hours, cured in two days. The after-cough was removed in four more days, by the administration of Glyco-heroin in doses of one teaspoonful every six hours.

CASE V.—*Acute bronchitis*.—Carl F., aged 22 years; chills, fever, soreness of throat, pain on swallowing; cough dry, no expectoration; Glyco-heroin, one teaspoonful every two hours, promoted expectoration, changed the character of the cough, and gave relief in a most happy manner. In my opinion there is no doubt that patient would have ended up in a pneumonia, unless he was relieved inside of 48 hours. As regards his cough, character of it was so completely changed that the bronchial disease seemed to "flow from him," as it were.

In whooping cough, 22 cases from my case-book show that I prescribed Glyco-heroin with permanent and speedy results, given in doses of five and ten drops, as indicated, to these little sufferers. It seemed to be borne well and efficaciously. Readers do not care much for the recital of cases; bare facts are meat from which all can subsist with profit. Glyco-heroin (Smith) is far superior to codeine, as sedative, in affections where a direct action upon the respiratory center is looked for. For, certainly, its action must be direct where it is noted that respiration is deepened and prolonged. No vomiting, no nausea, no headache, no depressing of powers of mind and body, no untoward symptoms. Glyco-heroin is *par excellence* the remedy for conditions affecting the respiratory organs, whether in children or adults, in the weakly and in the strong.

HEPATIC COLIC AND GASTRIC CATARRH SUCCESSFULLY TREATED BY LAVAGE OF THE STOMACH WITH HYDROZONE.

By FRANCIS H. WEISMANN, M.D., New York City.

THE patient, an engineer by profession, of fair size and weight, about 45 years old, of temperate habits, nervous temperament, has been a severe sufferer of hepatic colic and catarrh of the stomach for several years. Although having a fair appetite, the patient had frequent attacks of vomiting a large quantity of mucus and bile.

In addition to the above symptoms, he was troubled with periodical attacks of hepatic colics, which were so severe that I was induced to diagnose his trouble as being caused by the presence of gall stones.