tory usually. Where a severe racking cough is present, shaking the poor sufferer terribly, it may be necessary to give opiates; but, in the author's experience, such cough is very rarely found with pulmonary phthisis.

The treatment of hæmoptysis is quiet; no movement, no talking. When it arises from the bursting of an aneurismal sac in a cavity, or from an ulcerating process eating into a blood-vessel and opening a communication between the vessel and an open air-tube, syncope alone is likely to arrest it. In congestion of the lung it is often an excellent form of local bleeding. Men of old bled for its relief; now free purgation with mineral salts is in vogue. For small recurrent hœmoptyses the best treatment is to keep the bowels open. Ice, ergot, and dilute sulphuric acid may also be tried; probably they will do no harm. It is a bad plan to feed up a case of recurrent hemorrhage; it only fills the vessels rapidly, to end in more bleeding.

Finally, the management of phthisis pulmonalis, whether the less grave or the more serious conditions, is a good test of the knowledge, skill and tact of the practitioner, who must, like a competent soldier, be able alike to plan a campaign or execute a sudden change of front in an emergency. That is, he must be able to lay down a persisting plan of treatment, and promptly change his plan to meet some intercurrent conditions, as hæmoptysis or acute gastric disturbance.—*Med. Age.*

THERAPEUTICS OF CHOLERA INFANTUM.

Looking over the mortality-records of children, especially in the larger cities of the moderate and warm zones, with the view of ascertainingt he principal etiological factors, the frightful ravages of cholera infantum seem inexplicable in view of its generally acknowledged causative factors. It is apparently in vain that the light of hygienic and sanitary knowledge is persistently, with word and letter, thrown into the dwellings of the poor, the gospel of fresh air and pure water will apparently never enter the crowded tenement-houses, and the high mortality-rate of children during the summer months remains stationary. It is unfair to blame the medical guardians of the community for the meagre results of their curative efforts, as long as even the most ordinary prophylactic measures are systematically ignored, if not ridiculed, by the ignorant portion of the poor public.

We present to our readers in the following a full abstract of a classical essay by Dr. Baginsky, of Berlin, treating of the prophylaxis and therapeutics of cholera infantum.*

The prophylaxis is to begin with the most careful notation of every dyspeptic disturbance during the summer, especially in such children which probably some weeks previously suffered from a dyspeptic catarrh or have just been weaned. The dyspeptic catarrh may or may not be dependent upon dentition, at any rate, it is to be regarded as a serious morbid condition. The foolish view of many mothers, and—it is to be regretted—also of physicians, that diarrhœa in children comes from the teeth, and consequently requires no astringnent or any other treatment, slays annually thousands of young children.

If the catarrh, in spite of strict diet and appropriate remedies, cannot be mastered even after a complete change of nutrition, the child is to be sent to the country under careful medical attendance.

The therapeutics of the affection will vary according to the stage of the latter in which the treatment is begun, and may either be the attack itself or the so-called period of reaction.

The treatment of the choleraic paroxysm is intended (*a*) to check the hyper-excretion, (*b*) to revive the cardiac power, and thus protect the system against the danger of collapse. To satisfy both indications is only possible in the beginning; later, during the stage of existing weakness, the second object engages exclusively the medical attendant. The question whether medicines, which, like opium, subdue the violent intestinal peristalsis, are proper, is to be answered in the affirmative, but only conditionally. Opium is for children of a very tender age a highly dangerous drug; its action is often unquestionably favorable, but is surely harmful where it does no good. Its applicability, then, must be determined by the peculiarities of each single case. If the child is very restless, or if constant whining, violent movements, and expressions of pain when the abdomen is touched, point to abdominal colic, opium has to be resorted to, and is best given in combination with an antiferment, such as calomel, iodoform, resorcine, or bismuth. The tincture of opium is to be given in doses of 2 to 3 drops, the extract in correspondingly smaller doses; Dover's powder and hydropathic applications usually act very well. The more quiet and apathic a child is from the beginning, the softer and flabbier the abdomen, the more the diarrhœa, as it were, passes off insensibly, the less appropriate is opium, the greater the danger to hasten the lethal exit through sopor and somnolence.

The antiferments assist likewise the stoppage of the diarrhœa by eliminating the fermentation of the ingested matters which produced the heightened peristalsis. These remedies may also be employed alone without opium; our expectations though, in this case, must be moderate. Astringents, both the metallic and vegetable ones, are decidedly contraindicated during the choleraic attack, though they are very valuable in the secondary catarrhs.

Rectal washes, consisting of large quantities of lukewarm water, are more effective than generally

* This essay forms the third series of Baginsky's work, entitled "Practical Contributions to the Therapeutics of Diseases of Children." The first series treats of pneumonia and pleurisy, the second of rachitis.