

breathing. In cases of recovery the duration of labored breathing was about the same. Convulsions were not observed and coma not until a few hours before death. The mortality, in a series of thirty-two cases observed, was 71 per cent. In nine cases autopsies were made and the findings were negative as regards gross appearances, except injection of the mucosa of the intestine in some cases and acute yellowish areas on the surface of the liver, extending downwards to various depths in the substance. The gall-bladder has in all cases been distended with dark, green, ropy bile. Microscopic examination has only shown fatty degeneration of the liver. Treatment has varied from eliminative to symptomatic, with the employment of strychnine in good doses, epinephrin, and hypodermoclysis of normal salt solution. Treatment is of little avail when sufficient injury has been done to the system, but when this is not the case hypodermoclysis is of value.—*Medical Record*.

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### Acute Coryza

When it is desired to arrest a cold in the head in its evolution, it may be treated three or four times a day with inhalations of the vapour of boiling oxygen water. Where there is much running of the nose, it can be checked by the administration of a quarter of a milligramme (1-250) of atropine, morning and evening.

As abortive treatment, it has been advised to sniff the juice of a lemon, or to inhale a few drops of chloroform and menthol (1-20).

Prof. Hayen recommends the following mixture:

Phenic acid, 1 dr.  
 Liq. ammonia, 1 dr.  
 Proof spirit, 2 dr.  
 Water, 3 dr.

A few drops on blotting paper and inhaled.

The following powder may be snuffed:

Cocain, 6 grs.  
 Menthol, 10 grs.  
 Ground coffee, 20 grs.  
 Boric acid, 3 drs.

Or this:

Menthol, 10 grs.  
 Salol, 40 grs.  
 Boric acid, 2 drs.

Adrenaline is now much employed; two drops of a solution