

consequences followed, and it had a good effect upon the appetite. Dr. H. W. Little, of the Presbyterian Hospital, had furnished notes of 3 cases of phthisis for Dr. A. Hadden, and in none was any benefit derived from the use of the remedy.

At the close of the reading of the report, Dr. Hadden remarked that the cases reported as belonging to his service were hardly fair ones, because they were not thoroughly reported. In the first case, the patient had great irritability of the stomach, and had delirium, which he thought was partly due, at least, to discontinuance of opium that had been taken for a long time. The second was a case of fibrous phthisis, which was markedly relieved. In the third case the cough was relieved for a few days, and after that the remedy had no effect whatsoever. He had not used it in private practice, but now saw a reasonable basis for its trial. One reason for the incomplete report of the hospital cases, doubtless, was the fact that while using the drug his term of service expired, and the visiting Physician who followed him did not continue the use of the remedy. Dr. F. A. Castle had furnished full notes of two cases of phthisis in which 6 grains administered twice daily gave marked relief from the cough. The second case illustrated, in a striking manner, the difference in the value of different preparations, Wyeth's being useless, and Merck's efficient. Drs. Billington, Cameron, and Purdy had furnished notes of cases in which temporary relief was obtained by the use of the drug.

The Chairman reported *five* cases of phthisis, in four of which temporary benefit was obtained by the use of the oxalate of cerium, in doses of 10 grains twice a day.

From the well-known sedative effect of the drug upon the stomach, it might reasonably be expected that it would benefit cough by allaying reflex gastric irritation. In addition to that, it was believed that it had a direct sedative effect. The conclusions reached by the Committee were the following:

1. Oxalate of cerium could be safely administered in doses of 10 grains, three times a day, for many days in succession.

2. The only unpleasant symptom, when so

used, was slight dryness of the mouth that appeared after several days.

3. It was probably most efficient when administered dry upon the tongue.

4. Its effects were not produced until two or three days after its use was begun, and lasted for two or three days after the remedy was discontinued.

5. It was most efficacious in the treatment of chronic cough, and the initial dose should be 5 grains.

6. In the majority of cases it had not proved an efficient cough medicine for any considerable length of time, but could be regarded as a valuable agent to be employed in alternation with other remedies.

7. It did not disturb the stomach; on the contrary, it relieved nausea and improved digestion.

8. Different preparations upon the market were not equal in value; and when success was not obtained by one, another should be substituted.

The President spoke of the uncertain action of the remedy in the treatment of the vomiting of pregnancy, and possibly it was due to the fact that he used the Philadelphia preparations, and at the same time used small doses; whereas large doses of a more reliable preparation should have been employed.—*Medical Record*.

COCA IN THE OPIUM HABIT.—Since the publication in these columns of Professor Palmer's article on coca as an antidote to opium-eating, the demand all over the country for the coca has been so great as to put the drug-houses to their best efforts to fill orders. Professor Palmer is daily in receipt of letters asking how the remedy is to be used. He asks us to publish the following: "Coca is to be used as a *substitute* for the opium. It is therefore to be taken as freely as the cravings of the system for opium may demand—table-spoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight." He also asks that patients and physicians will send reports of results to him or to the editors. He suggests that it is best that the drug should be given under the supervision of the family physician, so that any collateral contingencies may be met and counteracted.—*Louisville Med. Jour.*