

already on this case. She is an unusually competent woman, in whom I have the most implicit confidence. Then began one of the hardest battles of some years in my experience. I ordered high enemas of glyco-thymoline in 25 per cent. solution, and warm. Used four ounces at a time, with a soft rubber catheter once every three hours. The child could retain nothing, was in frightful pain, and passing constantly thin, foul-smelling discharges tinged with blood. The child was emaciated to the last degree, and for several days before I was called had been in a semi-conscious state. The poor little baby was a pitiful sight. For nourishment I ordered several combinations to be administered, an ounce at a time, as a rectal clyster following the enemas of glyco-thymoline. I know it is not good practice to give hypodermics to an infant, but this was a grave case. My predecessor had ordered gr. $\frac{1}{64}$ morphine, gr. $\frac{1}{960}$ atropin, sub. q. every four hours, if needed, with strychnine $\frac{1}{240}$ gr., if necessary. I continued this, as the baby was often in intense pain, and there seemed to be no other way. This was my plan of campaign, and I am both thankful and pleased that it was successful. The baby improved from the first, but so slowly that it was scarcely discernible to the parents, but the nurse and myself saw it. After three days the child could take some nourishment per oram. I then gave 2 m. of glyco-thymoline in one ounce of water every two hours before feeding. It began to have short periods of natural rest, and the discharges were in every way improved. At the end of a week (August. 14th) the improvement was quite marked, but we did not relax our vigilance. The hypodermics, except of strychnine, were discontinued. The enemas were continued fifteen days, once every three hours, then at less frequent intervals for a month, then once a day for six weeks. The recovery of the little patient was long and slow, but uneventful. The mother and nurse were devoted, and ably seconded my efforts. At this time the baby is a strong, rosy youngster. It gives me great pleasure to tell you of this case. The experience may be of value, and it certainly proved to my satisfaction at least, the potential possibilities of glyco-thymoline in gastro-intestinal work. May you be speeded in your good work.—By W. O. Corb, M.D., Easthampton, Mass.

THE ROLE OF IRON IN THE NUTRITIVE PROCESS.—It is an established custom of physicians to administer iron whenever a patient with pale, waxy, or sallow complexion complains of extreme exhaustion, muscular feebleness, easily accelerated pulse, aplasia, anorexia and the several symptoms which constitute the characteristic issues of a qualitative or quantitative