

hundred, very little should be allowed. The patient should, then, lie or sit in the open air and sunshine, and keep up the deep breathing, as constantly as possible.

The skin, ever in deep sympathy with the mucous membrane of the lungs, and as, in a measure, a respiratory organ, demands attention. When, as often is needed in advanced cases, nightly inunctions, as of cod-liver oil, with, perhaps, creosote, for purposes of nutrition and anti-intoxication, are employed, then a morning wash is most essential, followed by a cool, tonic "rub down."

My special medicaments are few in number. Inunctions of the sulphur or iodous combinations or compounds, especially over the diseased lung, well rubbed in, I think useful, often. Direct injections of such, or of the various oils, diluted, into the lungs, per larynx and trachea, I have practiced with, considerably, in very far advanced cases, with apparently decided benefit. And I have found so simple a remedy as a drop or two of oil *Sylvestris* on a grain of sugar, taken just before a meal, prevent the necessity of leaving the table for a paroxysm of coughing, and perhaps emesis.

But the cough can only be safely, and it always can be allayed, and also night-sweats and fever abated and eventually overcome, by pure, cool or cold fresh air, night and day, out doors and in. For allaying temporarily an irritating cough, I commonly use a soothing inhalent—menthol, camphor, dissolved in ol. eucalyptus or other of the more soothing essential oils. If the expectoration be tenacious, a little ammonia or potash may be added; if copious, an astringent inhalent. I use only the simple, old style inhaler: an open-mouthed bottle with two glass tubes, one for the admission of air, the other with a small mouthpiece to hold between the lips when inhaling.

And diarrhea and emesis can only be effectually prevented by a judicious, well adapted diet.

With these details little need be said on the special "Cases in Practice."

One of the worst cases, perhaps the worst, the farthest "gone," apparently most hopeless, I have had, was that of one Grace E. M—. The facts concerning this case, nearly all came out under oath in the County Court of York, a year ago last November, and are hence public property. They were largely published in the *Evening Telegram* and other papers. Miss M—. of Gladstone, near London, became tuberculous after measles; was treated many months by physicians near home and in London, with, nevertheless, gradual failure in health. She then tried to get into the Sanitarium at Gravenhurst; but being so "far gone," as she stated, the medical examiner in Toronto would not "pass" her for admission there; but advised