

Progress of Medical Science.

HOW TO CURE FITS OF SNEEZING.

John Martin, L.K.Q.C.P.I., L.R.C.S.I., writes to the *British Medical Journal*: In the issue of the *British Medical Journal* of December 27, 1879, the above heading having attracted my attention I was very much interested to find the course of procedure recommended agrees to a certain extent, the principle being the same, with the practice I have adopted for years. Since my schoolboy days I have known that if the nostril of the affected side be stopped early enough, as by pressure with the finger on the ala nasi, there will be no sneeze. During more recent years, when I have been suffering from irritation of my schneiderian membrane so as to annoy me, I have selected out and placed a good "chamomile flower" in each nostril. I find that it not only acts as a respirator, but the flower gives off a very grateful aroma, which I consider beneficial from its soothing influence. These flowers are inexpensive, and can be obtained of all sizes. They will be found, I believe, very useful if placed lightly within the nostril. Although I have practiced this little idea for some time, I did not consider it worthy of recording till I observed the communication of Mr. S. M. Bradley in this journal. I may add that during the past autumn I was much annoyed with continuous irritation of my schneiderian membrane, to which the foregoing only gave temporary relief. After trying many things, I bethought myself of trying extract of belladonna; the small dose of half a grain of this drug produces its toxic effects on me, drying up the secretions of my feces, etc. Although it is now more than two months since I took my dose I continue free from anything unusual in this way. I may say that the irritation complained of did not amount to sneezing, but to a raw sensation on inhalation, which I found was very annoying. I was, therefore, very much pleased when I found that the irritation produced by my dose terminated in complete resolution. Should these hints be of any benefit to mankind I will be more than compensated.

RULES FOR THE TREATMENT OF CROUP.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the

commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered *primæ viæ*, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes