The dose of muriate of pilocarpine is from one-fifteenth to one-sixth of a grain, rubbed up in sugar of milk, according to the age and susceptibility, one tenth of a grain being the average. It is probable that the hypodermic method would act quicker and more energetically, but I am well satisfied with the effects obtained when given by the mouth; but I should not hesitate at all to use it hypodermically in desperate cases, mainly with convulsions.

Sweating is not very excessive, even when large doses are administered, and I never saw a case of croup in which the medicine produced any flow of saliva, such as we are accustomed to see in adults. In mild cases, or cases of night croup, mainly in cases of second or third attack, the effect of the pilocarpine (one tenth of a grain) is a sweeping one; a few powders in hourly doses will act like a charm, allaying cough and discomfort, producing rest and sleep.

Diphtheritic croup (laryngeal stenosis) should be treated like any other case of diphtheria, only pilocarpine added to it. In my three cases, to avoid sepsis I used calcium sulphide, one tenth of a grain, every three hours, in conjunction with pilocarpine. But in this variety I think the pilocarpine only acted as an auxiliary, as former cases treated with pilocarpine alone died.

I do not want to be understood that pilocarpine is the only agent in croup to be relied upon; on the contrary, we must treat the symptoms and meet the complications to obtain the best of results.

When the action of the heart becomes weak, as it frequently does, whiskey or brandy are indispensable, either diluted in sweetened water, or in the form of milk-punch, etc. Milk is the main diet in croup, and should be given *ad libitum*.

When the temperature is elevated open the bowels with a few small doses of calomel and prescribe the following:

℞. Acid salicylic ..... ʒ ii;
Sodii bicarbon..... ʒ i;
Glycerinæ,..... ʒ i;
Aquæ, q. s. ad., ... ʒ iv; M.

S. Take one teaspoonful every two or three three hours.

If the urine is high colored and scalding on passing, a little nitrate and chlorate of potassium added will relieve these symptoms promptly.

In some cases I tried the fluid extract of jaborandi, but I never obtained such decisive effects as I did with pilocarpine. I am quite confident that if the muriate of pilocarpine is used in this disease, as stated above, loss of life will be cut down to a minimum.

NOVEL METHOD OF BLEEDING.

Charles Coppinger, F.R.C.S., 114 Upper Merrion st., Dublin. *British Medical Journal*, Sept. 15, 1883.

The patient had been in a state of stupor for twenty-four hours, breathing heavily, but rousing when spoken to, after which she relapsed again. She presented all the symptoms of high arterial tension and an overloaded vascular system; and bleeding seemed clearly indicated. Leeches could not, at once, be obtained, and the lady friends of the patient were horrified at the idea of an operation. Under these circumstances the following plan was adopted, the accomplishment being facilitated by the fact that the patient had been treated, a short time before, for hemicrania, by hypodermic injections of morphia. She was roused up and told that "the needle" was to be inserted into her neck, to which she at once consented. The needle, not of a hypodermic syringe, but of an aspirator, was then introduced into her left jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty. The result was so satisfactory that, after half an hour, the puncture was repeated, and six ounces drawn off, being the full capacity of the aspirator. The patient recovered, and neither she nor her nervous lady friends in the room had any idea that she had been bled, until the matter was subsequently explained to them.

This method seems one that could be resorted to in many cases, especially where the patient is afraid of an operation, even though slight; and it avoids the display of blood, which is so alarming and distressing to those unaccustomed to the sight.

A NEW METHOD OF TREATING SPRAINS.

Dr. Thomas L. Shearer thus writes in the *Lancet*.

Every one who has had sprains to treat in practice must have been at times annoyed by the slowness of recovery to the injured part. This is not so important in hospital patients, many of whom, enjoying the life, diet, etc., of these institutions, do not object to prelonged treatment; but in the wealthier classes in private practice the surgeon must often hear complaints that the injury is so long in recovery. I have had a considerable number of sprained limbs to treat, and, after employing the usual plans of treatment, was led to adopt a new agent—clay. The clay is simply that used for making bricks, free from gravel, dried, and finely pulverized in a mortar. The powdered clay is mixed with water so as to form a thick and moist consistence. This is spread on muslin to the depth of a quater of an inch, and applied entirely around the part. Over this is placed a rubber roller bandage, just lightly enough to keep the dressing from shifting and to retain the moisture. At the end of twenty-four or thirty-six hours the dressing must be renewed. It may be well to relate a few cases by way of illustration.

Case 1. Mr. T——, aged fifty-eight, was thrown from his carriage, and, in addition to other injuries, received a severe sprain of his ankle, completely incapacitating him from motion of any kind. The part was hard, swollen, intensely painful, and throbbing. The dressing, as above described,