

fever was preferred to the effects of the remedy. When possible, treatment should be commenced ten days before the usual date of the attack, with 5 grains doses of cinchonidia sulphate three times a day. On the day preceding the usual date of attack, 20 grains should be administered, and the dose increased 10 grains daily until the symptoms are controlled. If the attack does not appear or is controlled, the dose should be gradually diminished. If the patient is not seen until the attack has begun, full doses of the remedy should be given and increased as required. Large doses, or the continuous use of this remedy may cause some nervous disturbance, similar to those produced by quinine. Fifteen or twenty drops of dilute hydrobromic acid given in water, will control the symptoms and should be given when the large doses are reached.

Constriction of the chest and other asthmatic feelings which appear as a later symptom in hay fever patients are greatly relieved by the administration of sulphur. It may be given in solution with cream of tartar and syrup, or in capsules containing ten or twenty grains, every half hour until the attack subsides. Considerable griping and looseness of the bowels follow its administration in some patients. The writer deprecates the use of cocaine by hay fever patients, as many persons suffering from the cocaine habit date their downfall from a cocaine spray prescribed to relieve their nasal distress during an attack of hay fever. Very little relief can be expected from local applications alone, but to supplement internal medication they are of some value. An application of the following combination, acts as a protective to the mucous surfaces and is very cooling.

R Mentholis
 Camphoræ grs. v.
 M—Rub together and add
 Olei. hydrocarbon co. ℥i.

M—Sig. Use with a camel's hair brush 3 or 4 times a day.

(b) Hypertrophic Rhinitis. This is one of the most frequent causes of nasal obstruction, and runs either a sub-acute or a chronic course. In the former the hypertrophy is due to engorgement of the vessels and dilatation of the sinuses; in the latter, some fibrous change takes place. Local medication in the form of sprays is useful in the more recent cases, such as a half per cent. of camphoric acid in watery solution or one per cent. of menthol in benzoinal, continued for several weeks. If considerable discharge accompanies the hypertrophy the spraying should be followed by applications of tannic acid or iodine in a solution of oleum hydrocarbon co. Occasionally the hypertrophy involves not only the mucous membrane covering the turbinated bodies, but also that of the septum. In many of these cases, sprays, applications, or operative measures, seem to aggravate the trouble, as it is gouty or rheumatic in origin. The writer has seen patients who discharged at intervals small, chalky deposits from the nasal mucous membrane. Remedies to correct this condition are indicated, and tartarilithine is one of the best.

When the hypertrophy becomes fibrous in character, minor surgical measures or some caustic must be selected. Powdered nitrate of silver fused to the size of a small bead on the point of a fine applicator is the