

and I remember a practitioner telling me he had given, as he said, the hypophosphite of soda, and it caused such rapid breaking down of the lung that he determined to have nothing more to do with hypophosphites in phthisis. It turned out to be the hypophosphite of potash that he had been giving. The lime hypophosphite acts often remarkably well in cases where secretion is profuse. The daughter of a medical man was cured of bad diarrhoea by hypophos. calcis. The lime salt checks profuse sweating and also diarrhoea. The dose should not exceed five grains, and it answers best when given with five to ten drops of the saccharated solution of lime, glycerine, and sometimes syrup of tolu.

Very rarely indeed have I found, when the hypophosphite fails to remove an apex catarrh or inflammatory deposit, that I have gained by changing to such medicines as tartarated antimony in very small dose, iodide of potassium, or some form of mercury. Once or twice a change of treatment has been eminently unsatisfactory; in one case clearly disastrous.

Passing over such drugs as the mineral acids, creosote, and guaiacol, which are often useful as tonics in some cases, I must say a word on the use of the inhaling respirator. This mode of treatment first came to my notice more than ten years ago. A patient, who had been at Ventnor Hospital, showed me the simple form of inhaling respirator used by Dr. Sinclair Coghill at that hospital. This method of treatment has now been greatly extended, and I believe it to be trustworthy and efficient. Most here present know the form of respirator now in use, and the use of the respirator with iodoform and eucalyptus oil, as devised by my colleague, Dr. Vincent Harris, has proved most useful in the treatment of early phthisis.

The patient should, after clearing his lungs as much as possible in the morning by cough, wear the perforated zinc respirator invented by Dr. Burney Yeo, and keep it on for an hour; again in the middle of the day, and a short time at night. Nothing appears to me so useful as iodoform with ether, alcohol, or eucalyptus oil. This is soothing and excites no cough. Next to this comes the best German creosote, with or without ethylic alcohol. Thymol, carbolic acid, and iodine are all inferior to the above.

Next to these inhalations—I would not say inferior to them—I place persistent, and even severe, counter-irritation as a means of treatment too much forgotten. We have seen a remarkable arrest of phthisis of an active kind in a young woman in the Victoria Park Hospital from croton liniment used eight years ago. The linimentum terebinthinæ aceticum of St. John Long is still deserving of a high place, especially in chronic disease of the lung base.

I would like to have said a word on the use of drugs in early and late hæmoptysis, and on the great value of occasional emetics, but I think I have said enough for the present.—*British Medical Journal.*

THE INSOMNIA OF CONTINUED FEVERS AND ITS TREATMENT.—In the earlier stages of these fevers insomnia is pretty certain to accompany the hyperthermia, while sleep often attends a fall in the temperature. It would seem that overheated blood is itself inimical to sleep by exciting the cerebrum. Cold bathing—the cold or tepid bath—and antipyretics quiet the nervous disturbances and promote sleep. Hence, for the restlessness and insomnia of typhoid there is often no better treatment than a cold bath of about fifteen minutes' duration, and during the bath cold water may be poured on the head in cases of extreme pyrexia with restlessness and delirium. In some cases the bath may be of longer duration. Where the cold bath is impracticable, some one of the new antipyretics may be tried. These antipyretics, though they undoubtedly have a marked action on the thermogenetic and thermotaxic heat centres, which are under abnormal irritation by the fever-poison, an action which is extended to the higher cerebral centres, certainly do not affect the infectious agent, and hence the course of the fever is not influenced by them. Their prolonged use is probably attended by some cardiac depression (an evil to be especially shunned in fevers), and the best clinical authorities are shy of them, seeing no permanent advantage in the continued administration of these medicaments, but possible mischief. In regard to pure hypnotics, chloral is undoubtedly the best. Sometimes in the later stages of the fever twenty drops of deodorized tincture of opium is of service. Sulphonal, chloramide, and the newer hypnotics, are