

in all new or uncommon manifestations of disease, better half a dozen cases in the hands of a thinker than a thousand under the monotonous *régime* of the mere routinist.

From the loaded condition of all the secretions it is evident in these cases that the blood is from some cause seriously poisoned. Whether that poison is produced by a microbe inhaled from the air—a mode of accounting for otherwise quite unaccountable diseases and infections now quite in vogue—or is absorbed from some other source, may some time be demonstrated. The first indication is prompt and efficient elimination by every available channel. Purgation is hardly allowable, in view of the extreme prostration which is so common a feature. Diuretics are both uncertain and inefficient, although they may sometimes be found auxiliary to other measures. The skin and lungs are unquestionably the most efficient organs through which to operate. In case of robust patients, an efficiently managed Turkish or Turko-Russian bath at the outset is one of the promptest measures at command. It relieves congestions, causes rapid elimination, and equalizes the circulation better than any measure I have tried. Few patients are too weak to bear this measure, if it be intelligently adapted to each individual case. When for any reason it is not available, I substitute the full hot bath, and direct that this shall be as hot as can well be borne for five or ten minutes, after which the temperature may be reduced, or the extra hot immersion may be followed by a momentary shower of quite cool water. To the hot bath, as a detergent, I add bicarbonate of potash or soda, or preferably, refined borax and aqua ammonia, or eau de Cologne, which makes it both stimulating and refreshing. If the shower be omitted it should be replaced by a rapid splash, or hand-douche of cool, but not shockingly cold, water—which latter is too often heroically advised.

This is to be followed by a thorough and free use of measures which directly facilitate oxidation of the morbid elements existing—whether *absorbed* or *developed* we need not stop to inquire—in the blood. First of all, place the patient in a large, airy, and well-ventilated room. See to it that the room is not crowded with upholstery—thick, fluffy curtains, plush furniture, and heavy, absorbent carpets. It would be well to observe all the precautions which are deemed desirable in case of the more decidedly infectious disease. The readiest method of disinfecting and rendering the sick-room aseptic is by means of peroxide of hydrogen, which is to be thoroughly sprayed about the room every two or three hours. Simple as the process is, it becomes a most valuable adjunct to other measures. It not only disinfects in a most natural and efficient manner, it also liberates free oxygen in an extremely active or ozonized condition, and thus directly contributes toward the main object.

Any good hand atomizer, which has either glass or hard-rubber tubes, will answer the purpose. Metal tubes are not allowable in connection with the peroxide. In extreme cases a constant spray of peroxide solution (10 to 15 vols.) may be kept up by means of any good nebulizer attached to an air-receiver, worked by a hand-pump.

Add to this free and frequent inhalations of pure oxygen, to the extent of from 15 to 25 gallons per diem. See to it that these inhalations are properly performed, and not left to the careless and inefficient manipulation of an inexperienced nurse or other attendant. To prevent sequelæ, these inhalations should be kept up for a week or two after convalescence has fairly set in. Oxygen will be found to do efficient service in restoring tone to the impoverished blood, and through this to the entire vital organization. It promotes digestion and assimilation, and has no possible drawbacks to its free and persistent use. Sometimes this method, the inhalation of this gas, proves ineffectual—as from the abnormal condition of the respiratory mucous membrane, coupled with imperfect inspiratory efforts on the part of the patient. In these cases it will be amply worth while to take the trouble to administer the gas *per rectum*, or, after Valenzuela, hypodermically. By either of these methods it is quite promptly absorbed, and soon shows its good effects.—*Medical News*.

#### PREScriptions FOR FLATULENCE.

*Journal de Médecine de Paris* gives the following prescriptions for the relief of flatulence:

R. Naphthol,	1 drachm.
Carbonate of magnesium,	1 “
Powdered charcoal,	1 “
Essence of peppermint,	2 drops.

This is to be divided into 15 powders, and 1 taken at the beginning of each meal.

When the flatulency is accompanied by constipation the following may be used:

R. Magnesium,	1 drachm.
Flowers of sulphur,	1 “

To be made into 15 powders, 1 of which is to be taken at each meal.

When diarrhœa accompanies the flatulency:

R. Bicarbonate of sodium,	30 grains.
Prepared chalk,	15 “
Powdered nux vomica,	3 “

May be made into 10 powders, 1 of which is given with each meal.

In still other cases, where neuralgia of the stomach or true gastralgia accompanies the tympanites:

R. Hydrochlorate of cocaine,	4 grains.
Quinine sulphate,	6 drachms.
Cinnamon water,	8 ounces.

Dissolve, and order a tablespoonful every two or three hours.—*Med. News*.