nection with, or as a complication of, influenza, measles, whooping cough or typhoid fever. Sometimes in bronchitis, septicæmia, gout, rheumatism or skin diseases. The treatment is very similar to that of the primary form, ever bearing in mind the disease of which it is a complication. Time will not permit me to go into details. Every case must be made a special study, and the great secret of success lies in knowing when to administer and when to withhold remedies. In these cases chloride of ammonia is a very useful substitute for the carbonate, or they may be given in combination. For adults I generally prefer 5 grs. of each every three or four hours, with from 8 to 12 grs. of quinine a day in divided doses. If cough is troublesome, broken doses of Dover's powder are useful. In infants an occasional emetic is useful. I have never used opium for them. Counter-irritation with camphorated oil, ammonia liniment or mustard is generally necessary. In many cases large sinapisms are preferable to poultices. When the fever subsides one old remedy I have found of special service. It is Basham's mixture, and I generally use it in the following strength: Liq. ammonia acetat. ʒi., acid acetic fort m. iv., tr. ferri. mur. xv., three or four times a day. Some of our text books hold that iron is contra-indicated when the tongue is furred; but I have seen it clear under the administration of this remedy when the other remedies have failed.

Of late an old form of treatment has been revived and advocated by many. I refer to the early administration of veretrum verids, and following later with digitalis. If it means the moderate use of digitalis as a heart tonic, I see no objection to adding the ammonia; but if it means pushing digitalis to the full physiological extent, as some say it does, it seems to me too heroic and if generally adopted is not likely to lessen the mortality rate.

Dr. Clemens, in one of the German medical journals, speaks very highly of the nse of inhalations of chloroform diluted with alcohol in the treatment of severe cases of pneumonia, and claims the immediate alleviation of pain as well as shortening the duration of the disease. His method of administering, the drug is as follows.—A small hall of lightly wound cotton is allowed to absorb ʒij to ʒiij of the alcoholic solution of chloroform. This is then wrapped in loose cotton, and held within about an inch of the face. The inhalation should be interrupted from time to time. He claims he has not lost a case in forty-two years. This might be a very useful addition to our other lines of treatment.

Dr. H. G. Beyer, in the *Med. News*, June 15th, 1889, asks the question, "Can pneumonia be cut short by antipyrin?" and reports two favorable cases, where he gave a single dose of morphia, ⅓ gr. followed in half an hour by antipyrin 30 grs., and concludes by saying that while these two cases prove nothing, they are, to say the least, extremely suggestive. Such heroic doses of antipyrin would, I fear, occasionally cause heart-failure, and might have an unfavorable action on the kidneys.

Dr. Leeming, of New York, recommends a single dose of a teaspoonful of calomel at the outset, in cases of infectious pleuro-pneumonia.

To summarize very briefly, I prefer the expectant plan of treatment, sustaining the vital powers, watching complications, and treating them as they arise, making every case a special study; the very cautious use of opium, digitalis in moderate doses as a heart-tonic, with free stimulation for heart failure.

Correspondence.

MEDICAL EDUCATION IN ONTARIO.

THE UNFAIR STATE-SUBSIDIZING OF ONE TEACHING MEDICAL COLLEGE, WHILE ALL THE OTHERS, DOING EQUALLY GOOD WORK, ARE ENTIRELY SELF-SUSTAINING.

To the Editors of THE CANADA LANCET.

I send you a copy of a letter published in the *"Canadian Practitioner"* of July 16th, in reply to a very strong personal attack made upon me by the editor of that journal, simply because I exercised the right which I possess, in common with every Canadian, of criticising the recent policy of the Government of Ontario, in regard to medical education. A second editorial of much the same style as the first, appeared with my letter. As I consider that every point of importance in both editorials is fully answered in my letter, I shall at present take no further notice of such attacks, which do me no harm, and from their virulence