

and indeed in all cases of the kind we are considering, we shall do wisely to give quinine in doses of one to two grains, three or four times a day. It is a valuable adjunct to the opium treatment. I am accustomed to give it in effervescence in the following form, which seems agreeable and refreshing to patients:—℞. Potassæ bicarb. gr. cxx.; ammoniæ carb. gr. xxxii.; syrupi aurantii ʒiv; aquæ ad ʒviii. M. ft. mist.—℞. Quinæ sulph. gr. ix.; acid citrici gr. cxx. In pulvi. vi. One of the powders, dissolved in water, and mixed with a sixth part of the mixture, to be taken three or four times a day.

In children and young people, when an attack of coryza is attended with decided feverishness, and particularly if the throat is involved, and its mucous membrane is found red and swollen, great benefit will follow the administration of a few doses of aconite. Indeed, aconite is extremely valuable in all the ephemeral and symptomatic fevers of children and young people. I am in the habit of using Schieffelin's pilules of Duquesnil's aconitine $\frac{1}{100}$ gr. in each. I give one of these every two hours for three doses, and stop. Or you may give from one to three minims of the tincture (according to the age of the patient) every hour for three or four doses, and stop. My own experience of aconite teaches me that it is a drug which either produces an immediately beneficial effect, or is of no value. It is also a drug which is of much value in the initial stage of many febrile maladies, but of little or no use in advanced stages. I should advise you, with regard to the internal use of aconite, to adopt this rule: give it only in a few doses at a time, and in the initial stages of disease; never increase this dose largely, with the hope of obtaining better results from a large dose than you have been able to get with a small one. It is of more apparent benefit in throat catarrhs than in nasal or laryngeal catarrhs. I should rely, in the treatment of acute coryza, rather on opium and quinine; but in children, and in persons who cannot take opium or quinine, you may give aconite, in the way I have stated, with advantage.

Camphor is a popular remedy for coryza; a few drops of the spirits of camphor, dropped on sugar or taken in water, every half hour, will in certain persons arrest a cold in the head, if taken in the initial stage; but it is useless when the stage is passed, and not to be compared in efficacy with opium or morphia, given in the manner I have enjoined. Several cases are on record of poisoning by so-called homœopathic tincture of camphor, taken, in repeated doses, for this purpose.

There is what is called the *dry* cure, which was introduced by Dr. C. J. B. Williams. It consists in stopping the supplies of all liquids; and so, by not adding any water to the blood, while the system withdraws from the blood the fluid required for the natural secretions, the quantity of fluid in the blood vessels is diminished and the local hypercæmia thereby lessened. The catarrh ceases because the supply of fluid to the blood is

cut off! The amount of fluid permitted was a tablespoonful of milk or tea with the morning and evening meals, and a wine glassful of water at bedtime. But this has never been a popular method—the remedy appearing to many persons worse than the disease.

(3) Lastly, we have to consider the action of *Remedies applied Locally*. It is rarely necessary to apply any local treatment to acute nasal catarrhs, such treatment is more useful in the chronic forms of catarrh.

A common and popular method of attempting to cut short an attack of coryza is to inhale the vapor given off by a mixture of ammonia, carbolic acid, and rectified spirit. This mixture is dropped upon some absorbent substance introduced into a bottle and the vapor given off is inhaled by the nostrils. When there is much distress from swelling and dryness of the nasal mucous membrane, relief may be obtained by the inhalation of moist soothing vapors; the vapors of hot water, or of infusion of camomile, or of elder flowers, or of the decoction of poppy heads. These vapors may be inhaled from the orifice of a narrow-mouthed jug, which, together with the mouth and nose of the patient are covered with a towel, or they may be conducted directly to the nostrils by an india rubber tube connecting with the steam generating apparatus.

When the secretion is profuse and the nostrils feel blocked up, benefit is sometimes obtained by the application of a warm spray of a weak solution of common salt or carbonate of soda (2 to 6 grains to the ounce), or Ems' water, for a quarter of an hour at a time, for four or five times a day. Some have strongly recommended the snuffing up of a powder composed of bismuth, tragacanth powder and morphine, in the early stage of nasal catarrh. But many persons object strongly to the introduction of a sticky powder into the nostrils.

You will often find during or after an attack of acute nasal catarrh, that the catarrhal condition will extend into the pharynx and spread not unfrequently to the mucous membrane of the upper part of the larynx. The patient will then complain of an uncomfortable feeling in the throat, especially in swallowing his saliva, and he will often also be tormented by a troublesome tickling cough. This cough is generally aggravated during and after meals, and is particularly annoying on lying down in bed at night. On looking into the throat you will usually find the soft palate and uvula somewhat relaxed, a spongy aspect about the tonsils, and the mucous membrane of the pharynx redder than usual and covered with whitish mucus in patches or streaks. The reason why, in some of these cases, the patient only complains of cough when he assumes the horizontal position is because then the larynx falls back against the posterior wall of the pharynx, and the drainage of the catarrhal secretion from the pharynx instead of flowing off by the œsophagus, trickles into the aperture of the larynx, and so excites