

fore, is kept to some extent under the influence of cinnamon, for a period of a fortnight after the febrile stage has passed. It is well, however, to give the drug in smaller doses to begin with so as to accustom the patient gradually to its very pungent taste. By commencing with a dose of two and a half minims and increasing it to four or five minims, in the course of a few days the likelihood of vomiting being induced by the cinnamon is materially diminished. Care should be taken that the quality of the drug is above reproach. The better quality of oil is distilled from the cinnamon bark. It tends to become darker on keeping and its odor is by no means unpleasant. Cinnamon oil of an inferior quality is distilled from the leaves of the tree. It is usually lighter in color than that prepared from the bark and it is very much less expensive. This inferior oil should never be used medicinally, as patients do not take it so well and its action is probably less efficient.

The nausea and consequent repugnance to the taste of cinnamon which some patients evince may usually be overcome by using some discrimination in respect to the dosage at the commencement, coupled with the exercise of a little tact and persuasion on the part of the nurse. Should, however, the pungent flavor of the drug still continue to be a source of complaint, the difficulty can be obviated by giving the oil in gelatin capsules. Some patients, however, do not swallow these cachets very readily, and prefer to take it made up in the ordinary way as an emulsion. With a dose of from three to five minims, administered every two hours, the system soon becomes fairly saturated with the cinnamon. Its characteristic odor is very noticeable in the breath, in the exhalation from the skin, and is readily detectable in the stools in most cases. In the urine, however, the odor of cinnamon can rarely, if ever, be detected.

Being desirous of estimating the antiseptic influence which cinnamon oil is capable of exerting on the growth of the typhoid bacillus, one of my colleagues, Dr. A. F. Cameron, kindly undertook an investigation into the question. Working with a 1 per cent. emulsion of cinnamon oil in distilled water containing the minimum necessary amount of mucilage and a twenty-four hours' broth culture of the bacillus, which agglutinated readily with a 1 in 200 dilution of typhoid serum, the procedure adopted by Dr. Cameron was as follows: A number of tubes containing five cubic centimetres of neutral peptone broth, after the addition of varying amounts of the cinnamon emulsion, were inoculated with a loopful of the culture and incubated at 37 degrees C. These were examined both as regards the appearance of the broth and