deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitro-muriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL.

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhœa is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen-drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in the mornings and evenings. Diarrhœa is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*N. Y. Med. Record.*

LUPUS OF FACE REMOVED BY EXCISION—TRACHEOTOMY WITHOUT THE TUBE.

Dr. Post presented (N. Y Path. Society) a drawing of an enormous lupus of the face, upon which he had performed an operation of excision. The patient was a German woman, sixty-one years of age, who was an inmate of the Presbyterian Hospital. She had the disease in the region of the nose for several years. At the time she entered the hospital the whole nasal pyramid had been swept away, and the ulceration had involved the integument at the root of the nose and between the eyes, the forehead, and four-fifths of the upper portion of the upper lip. As a precautionary measure against the escape of blood into the trachea, Dr. Post performed tracheotomy without a tube, after the manner proposed by Dr. H. A. Martin, of Boston (Amer. Med. Association Trans., 1878). The patient was fat, had a thick neck, and the subcutaneous vessels were large and numerous. Dr. Post stated in passing that the method of Martin maintained a wider opening than when the tube was used; that there was no irritation from the presence of the foreign body; and lastly, that there was no obstruction from the presence of mucus. From his experience in this case he was led to believe that wearing the tracheal tube after tracheotomy, will be placed in the same category as that of wearing the catheter after urethrotomy. He remembered one case in that connection which had its bearing on the question of wearing the tube after tracheotomy. Many years ago he performed tracheotomy for the temporary relief of malignant disease of the throat. The tube had been worn for a considerable period, and on its removal there was a well-marked ulceration caused by pressure.