

majority of the patients will recover if strict attention is given to diet and hygiene, and a mild antiseptic used to sterilize the *prima via*. For the past two years I have followed a plan of treatment in these cases which has proved very satisfactory. After due care has been given to cleanliness, fresh air, sunlight and a suitable diet or lack of diet, Glyco-Thymoline is given by mouth and rectum. This preparation has been chosen for the following reasons:

1. It is pleasant to take and thus easily administered to children.
2. Although a mild antiseptic, it has shown no poisonous effect, even when a large quantity has been absorbed.
3. It is the best of good tonics and favors osmosis from diseased surfaces, thus lessening inflammation and promoting healthy granulation in cases where an ulcerative process has begun.
4. On account of the oily consistency of Glyco-Thymoline, it remains in contact with the mucous membrane for a considerable length of time, thus acting in double capacity of a protective and an absorbent. This latter quality is easily explained by the strong affinity of Glyco-Thymoline for the products of inflammation. The following cases may be of interest to the profession:

CASE 1.—Was called to see Mary P—, aged 8, on July 4th, 1900. Family history tubercular. Pulse, 102; temperature, 100 F. Diarrhea, vomiting, pain, tenderness and tumefaction over small intestines. Dilatation of pupils, loss of appetite, flesh and strength. Night sweats. Other organs healthy. History of recurring attacks every two months for past three years. Gave Glyco-Thymoline, one drachm to four ounces of water every four hours, and high rectal injections in knee-chest position of one-ounce of Glyco-Thymoline in a quart of warm water every eight hours, having the patient retain as much as possible. Diarrhea and vomiting controlled in 36 hours. Convalescence uneventful. Continued Glyco-Thymoline in thirty minim doses three times a day for three weeks, when further medication was considered unnecessary. Prescribed an easily assimilated diet, rest in the open air, and cool sponging of abdomen daily. No return of symptoms to date, May 28th, 1902.

CASE 2.—Saw G. H. F.—, aged 3 months, on August 3rd, 1901. Cholera infantum. Pulse, 170; temperature, 105; respiration, 44. Vomiting and purging of blood and mucus. Tenesmus of rectum. Symptoms of collapse. Ordered hot saline baths, followed by a brisk alcohol rub every two hours. Discontinued all food for thirty-six hours. Gave hypodermics of brandy, thirty minims, every three hours, and twenty minims of Glyco-Thymoline in one drachm of water at the same time. High rectal enemas of one ounce of Glyco-Thymoline to a pint