

days and the effusion began to disappear. Lastly and most marked of all, the dyspnoea was relieved. The epsom salts produced copious liquid discharges, the glonoin and pilocarpine produced free diuresis and diaphoresis and thus aided materially in absorbing the liquid from the lymph spaces in the pericardium. May 12th (11 a.m.), patient sat up in bed. Temp., pulse, and resp. were normal. Lungs and heart acting well. In three weeks patient was practically as well as ever.

CASE 3.—TUBERCULAR PLEURISY. Mr. R. S., aged 65. Contracted tuberculosis in spring of 1900. Saw him in June of 1900, when he was suffering with an agonizing pain in right axillary region from an aggravating pleurisy of six weeks' duration. Opiates had been given without avail and blistering, cupping and strapping gave only temporary relief. Excessive doses of morphine only partially relieved pain. Applied coating of warm Antiphlogistine to affected part and next day found patient had rested well, notwithstanding the fact no opiate had been given. Each application was peeled off at the end of 24 hours and a fresh coat applied.

The disease steadily progressed, however, and the patient succumbed in October to general tuberculosis. I report this case merely to show that Antiphlogistine's remedial value is of much consequence, even in hopeless cases, where our patients' dying hours may be soothed without blunting their reasoning faculties.

While I would not wish to say, as yet, that Antiphlogistine used often and early will abort pneumonia, pleuritis and pericarditis, I can safely say that it is the most valuable agent I have yet used to shorten these diseases.

ANAESTHESIA OF THE DRUM MEMBER.

DR. G. B. McAULIFFE, in the November, 1902, number of the *New England Medical Monthly*, recommends hydrozone for cleaning the ear and drum prior to the application of the cocain. The conditions favoring this application of cocain are: (1) The removal of foreign substances and loose scales from the drum membrane and canal. (2) Dehydration of the outer layers of the membrane—a dessication which causes molecular contraction and interstices through which the anæsthetic can reach the deeper parts and nerve terminations. (3) The induction of endosmosis. The first condition is met by the use of hydrozone which is stronger and better than any other kind of H₂O₂ preparation in softening and boiling out the debris of the canal and in lessening the resistance of the dermal layer. The hydrozone is subsequently mopped out by