

of potassium, carbonate or chlorate of potassa, muriate of ammonia, with small doses of wine of ipecac. or tinct. or fluid ext. hyoscyamus. At nights there may be friction over the chest, with or without liniments. I usually order tr. camph., $\frac{1}{2}$ ij; capsici, $\frac{1}{2}$ ss; ol. olivæ, $\frac{1}{2}$ iij; or equal parts of alcohol and ol. terebinth., or Stokes' liniment. At present I almost invariably order some preparation of quinine or cinchona as soon as the cough medicines are laid aside, and often before this is done.

But these are not the cases which demand our greatest skill. The cases requiring most attention and most careful practice are the acute and extensive ones, with fever, cough, restlessness, dyspnoea, orthopnoea, and sleeplessness. Chambers, of London, in acute cases, in adults, affixes a hot jacket poultice and renews it very often, so as to keep a constant moist heat over the entire chest; he also orders inhalations of warm vapor continuously for several days, and as soon as the sputa become free and opaque, gives either bark or quinia. He claims for this treatment great success, great relief from cough and dyspnoea, and a rapid convalescence. Niemeyer and others favor this inhalation; and speak most encouragingly of the results obtained. In acute capillary bronchitis, venesection, leeching, etc., are not now used, unless complicated by pneumonia or pleurisy, and then only with caution. Most if not all authorities appear to agree upon certain things as essential:—

1. Free diaphoresis, warm room, warm coverings, warm drinks, hot foot baths.

2. Warm or hot applications to the chest (Niemeyer even gives hot baths in extreme cases); mustard poultices, hot flannels, etc., are used as hot as can be borne.

3. For cough, morphia, atropia, hydrocyanic acid, chloroform, ether, etc. I greatly prefer bromide of potassium and chloral, used very guardedly.

4. Small doses of ipecac., tartar emetic, etc., in early stages.

5. If the secretions be tough, the alkalies and chlorides.

6. Tonics as soon as fever subsides; blisters, if required; painting with iodine.

In children, I do not think too much stress can be laid on the great value of diaphoresis in the incipient stages. Warm baths, hot flannels, hot poultices, with warm inhalations, if practicable, and warm rooms, are admirable therapeutic agents. I have seen great relief from a bold use of ammon. acet. and nitre, with hot teas. For incessant cough, without much fever, I have seen inhalations of chloroform, repeated 4 or 5 times a day, give complete relief, and this, in one case, in a child five months old. I am almost certain (many of our most prominent Baltimore physicians to the contrary, notwithstanding) that I have procured excellent results by: $\mathcal{R}$ Calomel, gr. $\frac{1}{8}$; tartar emetic, gr. $\frac{1}{16}$ — $\frac{1}{8}$; potass. nit. gr. $\frac{1}{4}$ —j, every 4 or 6 hours, for 2 or 3 days. If, after the acute attack, the cough still continues troublesome, and secretion tenacious, I have found potass. bromid., potass. bicarb., vin. ipecac., and syr. senegæ or scillæ to give favorable results; and also hydrate of chloral,

with potass. brom., if carefully watched. In using any narcotic, in severe cases, great care is necessary to avoid narcotism, if the secretion be at all free.

The dyspnoea, which is a marked feature of the disease, may be produced by two causes: 1. From spasm of the bronchial muscular fibre. Relieved by chloroform, chloral, ether, morphia or opium—some form of narcotic.

2. From occlusion of tubes and filling of air cells by excessive secretion; diagnosed by rales, etc. Assist expulsion by emetics boldly used, with stimulants and supporting treatment in the intervals. Support strength by beef tea, milk, cream, brandy, wine, etc., in small quantities, often repeated; but avoid full meals and prolonged sleep, as the one, by reflex action, may induce spasm and much coughing, and the other permits great accumulation of secretion, and hastens asphyxia.

As fever falls, give bark, quinine, iron, etc. I often prescribe the citrate of quinine and iron dissolved in good sherry wine, and have been much pleased with it.

DR. H. R. NOEL.—*Proceedings Baltimore Medical Society from Philadelphia Med. Reporter.*

ON THE TREATMENT OF ULCERS OF THE LEG.

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The perusal of the valuable reports which have appeared in the Journal on the treatment of ulcers, at the various London Hospitals, induces me to offer a few remarks, in the belief that good will accrue from the further ventilation of the subject.

It seems pretty generally admitted, that the treatment of ulcers of the leg in the out-patient room is unsatisfactory and disheartening. Whilst some instance the intemperate habits, the poorly-fed and over-worked condition of the patients, to account for this want of success, I am more inclined to blame a wide-spread belief in the profession, as expressed by Mr. Lawson, of the Middlesex Hospital, that "for the effectual treatment of all ulcers of the leg, absolute rest of the limb is the first element." Having for some time past been in the habit of curing cases of this kind without requiring the patient to neglect his ordinary duties for a single day, I certainly cannot hold such a belief. If it be possible to cure a large ulcer of the leg without rest, and in quite as short a time, to say the least, as would be required to heal the same by recourse to the horizontal position, what becomes of the theory that absolute rest is necessary?

Moreover, during the time that the patient remains in bed, the circulation through the limb is rendered more efficient, and healing of the ulcer ensues; but no sooner are the ordinary duties resumed, than the old conditions recur, bringing back with them the inevitable ulcer. A cure, therefore, under the absolute rest system, can scarcely be alleged, because it is not permanent; whereas, if an ulcer be healed without rest, it is clear that a cure has been effected, provided similar therapeutic con-